in the second se	5								
	00	n Be	eturn of Orga	nded to May 15, nization Exempt	From I	ncom	ne Tax	OMB No. 1	545-0047
orm	99	Under sec	ction 501(c), 527, or 494	17(a)(1) of the Internal Revenuse security numbers on this form	ue Code (exe	cept priva	ate foundatio		18
epart	ment of th Revenue	Treasury		v/Form990 for instructions ar				Open to Inspec	
		18 calendar year, or		JUL 1, 2018 and	dending J	UN 30), 2019		
Ch	eck if plicable:	C Name of organizatio			. i.	D Emp	loyer identifi	cation number	
	Address change	FOOD BANK	OF WESTERN 1	NEW YORK, INC.					
	Name change Initial	Doing business as			1	1		470820	-
	return Final	Number and street 91 HOLT ST	(or P.O. box if mail is not d	elivered to street address)	Room/suite	E Telep	hone numbe 716)		05
	return/ termin- ated	City or town, state	or province, country, and	d ZIP or foreign postal code		G Gross		31,883	,527
-	Amended return Applica-	BUFFALO, 1	NY 14206-229 of principal officer: Tag	93 ra A. Ellis			his a group re subordinates		XN
	tion pending	same as C a	above			H(b) Are	all subordinates ir	ncluded? Yes	
Та	x-exem	ot status: X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or 527	-	escares est contractor contractor	list. (see instruc	tions)
		WWW.FOODB					oup exemptio		NT. NT
Fo	rm of or	anization: 🔀 Corpora	ation Trust A	Association Other	L Year	of formatio	on: 1982 N	State of legal do	micile; IN
a	tl S	ummary			htain	nutri	tions	food and	
	1 Br	efly describe the organ	nization's mission or mos	st significant activities: <u>To</u> contracted sources	and ef	ficie	ently d	istribut	e
	2 Cł	eck this box	if the organization disc	ontinued its operations or disp	osed of more	e than 25%	% of its net as	ssets.	
			ers of the governing bod						3
				overning body (Part VI, line 1b)					3
				year 2018 (Part V, line 2a)					5
				/)					130
				column (C), line 12					0
				n 990-T, line 38					0
\dagger						Prior	Year	Current	/ear
	8 Co	ntributions and grants	(Part VIII, line 1h)			23,00	09,225.	22,485	,881
		gram service revenue				1,35	50,735.	2,090	
		3		4, and 7d)		30	59,411.		,235
			and the second	3c, 9c, 10c, and 11e)			5,012.		,035
		10 million (10 mil		al Part VIII, column (A), line 12)		24,73	34,383.	24,645	,821
+			nts paid (Part IX, column			19,74	41,028.	19,717	,152
			embers (Part IX, column				0.		0
	-		1 Land Land Land Bar	(Daut IV askumm (A) lines E 10)	2,10	00,768.	2,062	,990
maindy	16 D	feesional fundraising	foos (Part IX, column (A)	line 11e)	/		2,000.		0
	Ioa Pr	sel fundraising expense	as (Part IX, column (D)	, line 11e) $677,8$	851.	and the second			
5				d, 11f-24e)		1.50	65,492.	1,584	.727
				t IX, column (A), line 25)			09,288.	23,364	
		5/	and the second				25,095.	1,280	
	19 Re	venue less expenses.	Subtract line 18 from lin	e 12	B		Current Year	End of Y	
l	00 T	- I	10)				51,813.	14,040	
Pal		al assets (Part X, line					25,974.		,811
Fund Balances		al liabilities (Part X, lin					25,839.	13,720	and the second se
A DESCRIPTION OF		t assets or fund balan	ces. Subtract line 21 fro	m line 20		10,00	25,055.	10,120	/010
			t I have examined this retur	n, including accompanying schedu	les and statem	ents and t	o the hest of m	v knowledge and	belief, it i
				cer) is based on all information of v				y momougo and	
		na complete. Declaration				T	121:	20/19	
		Signature of officer	HALA CE				Date		
ign		Tara A. E.	llis, Presid	ent & CEO					
ere		Type or print name an							
		int/Type preparer's name		Preparer's signature		Date	Check	PTIN	
aid				Eugene G. Kersl	hner 1	2/19	/19 if self-employ	P00601	324
aid		igene G. Kei		Besaw & Kershne			Firm's EIN	16-1468	
- C.,					ar nng			TO T400	502
se ()nly F		Bryant Woods erst, NY 142				Phone no 71	6-630-24	.00
			and the second sec				r 110118 110. / L	X Yes	
lay	the IRS		th the preparer shown at						
200	1 12-31-	LHA For Paperw	ork Reduction Act Not	ice, see the separate instruc	tions.	. ~		Form 9	90 (201

See Schedule O for Organization Mission Statement Continuation

Form	FOOD BANK OF WESTERN NEW YORK, INC. 22-2470820 Page 2
Pa	rt 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: TO OBTAIN NUTRITIOUS FOOD AND SUPPORT FROM PUBLIC AND PRIVATE SOURCES AND EFFICIENTLY DISTRIBUTE THESE RESOURCES TO THE HUNGRY IN WESTERN NEW YORK THROUGH OUR MEMBER AGENCIES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
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	
	The Food Bank of WNY provides nutritious food and support to hungry
	children, adults, seniors and veterans through its hunger-relief programs and network of 307 partner agencies throughout Cattaraugus,
	Chautauqua, Erie and Niagara counties. In any given month, the Food
	Bank of WNY and its partner agencies assist as many as 129,000
	individuals. In Fiscal Year 2018-2019, the Food Bank of WNY distributed
	nearly 12.9 million pounds of food, enough to provide more than 10.7
	million meals. Thanks to the dedication and generosity of donors,
	volunteers, and community partners, we are changing the lives of many
	for the better. We believe that everyone has a role in eradicating
	hunger within our community and we strive for a hunger-free Western New York.
41-	
4b	(Code:)(Expenses \$1,790,704. including grants of \$) (Revenue \$) Agency Assistance and Operations Support - Funds received from New York
	State Hunger Prevention and Nutrition Assistance Program, Private
	Sources and Food Bank Designated Board Funds provide for Food,
	Equipment and Operational Assistance to affiliated Agency Programs.
4c	(Code:) (Expenses \$) (Revenue \$)
	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 21,989,504.
<u>4e</u>	Total program service expenses ► 21,989,504. Form 990 (2018)
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	2 219 795314 8777.0 2018.05010 FOOD BANK OF WESTERN NEW YO 8777 0 1

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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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
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? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		- 23
0	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
-	Schedule D, Part III	8		x
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		х
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	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	44.		x
d	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
<u>م</u>	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		x
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i>	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	Х	
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Form 990 (2018)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			<u> </u>
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
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		X
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):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		x
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		<u> </u>
	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		Х
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		37	
Pa	Note. All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Fai	Check if Schedule Q 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		100	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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Form 990	
Part V	Sta

			Yes	No					
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 56								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	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	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		X					
b	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).								
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	50							
Ua	any contributions that were not tax deductible as charitable contributions?	6a		x					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Ua							
D.	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	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d								
е									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h									
8									
_	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.								
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Initiation fees and capital contributions included on Part VIII, line 12 10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-							
	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
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	-							
	Enter the amount of reserves on hand								
	a Did the organization receive any payments for indoor tanning services during the tax year?								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		x					
	excess parachute payment(s) during the year?	15							
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
10	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2018)

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Form	990	(2018))
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FOOD BANK OF WESTERN NEW YORK, INC.

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

X

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

			~ 	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3	0		
	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 0.				
b	Enter the number of voting members included in line 1a, above, who are independent		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the				
	of officers, directors, or trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X
5	Did the organization become aware during the year of a significant diversion of the organization's as				X X
6	Did the organization have members or stockholders?		6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea				<u>-</u> -
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code.)		1	
-				Yes	No
	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such c				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b	X	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	ly before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		10	v	
				X X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise. Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y		12b	_ <u>^</u>	
С			10-	x	
2	in Schedule O how this was done			X	
3 4	Did the organization have a written whistleblower policy?			X	
4 5	Did the process for determining compensation of the following persons include a review and approv		14	- 23	
5	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•			
2	The organization's CEO, Executive Director, or top management official		15a	x	
	Other officers or key employees of the organization		15a	<u></u>	X
5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		100		
62	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with a			
	taxable entity during the year?		16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				
	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright NY$				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	nd 990-T (Section 501(c)(3)s onlv) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.	in Schedule O)	, . <u>,</u>		
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	,	nd finar	ncial	
	statements available to the public during the tax year.	annot of interest policy, a	na ma	isiai	
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records			
.0	LUCIAN WIZA - 716-852-1305				
	91 HOLT STREET, Buffalo, NY 14206-2293		-	000	(0.2.1)
2006	5 12-31-18		Forn	n 990	(2018
Q 1	6 219 795314 8777.0 2018.05010 FOOD BANK OF W		ידים ר	י הר	
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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, and 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.

(A)	(B)	(C)						(D)	(F)		
Name and Title	Average			sition k more than one			Reportable	Reportable	Estimated		
	hours per	box	, unle cer an	ss pe	rson i	is bot	h an	compensation	compensation	amount of	
	week		er an	uau	recio	n/trus	lee)	from	from related	other	
	(list any	recto						the	organizations	compensation	
	hours for related	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		and related	
	below	d ual t	itiona	_	nploy	st coi	5			organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5	
(1) MICHAEL J. PRENDERGAST	1.00										
PAST CHAIR (JUL-FEB)		Х		Х				0.	0.	0.	
(2) Richard Grimm	1.00										
PAST CHAIR		Х		Х				0.	0.	0.	
(3) JERRY SHELDON	1.00										
CHAIRPERSON		Х		Х				0.	0.	0.	
(4) MATT MCAFEE	1.00										
VICE CHAIRMAN (JUL-FEB)		Х		Х				0.	0.	0.	
(5) ERIC J. DECKER	1.00							_		_	
VICE CHAIRMAN		Х		Х				0.	0.	0.	
(6) STEVEN JEZIORO	1.00							_		_	
TREASURER (JUL-FEB)		Х		х				0.	0.	0.	
(7) ROBERT ROMEO	1.00										
TREASURER (FEB-JUN)		Х		Х				0.	0.	0.	
(8) TIM WANGLER	1.00										
SECRETARY (JUL-FEB)		X		Х				0.	0.	0.	
(9) KAREN MERKEL	1.00										
SECRETARY (FEB-JUN)	1 00	X		Х				0.	0.	0.	
(10) DAVID SMITH	1.00										
CAC CO-CHAIR (FEB-JUN)	1 00	X		Х				0.	0.	0.	
(11) MICHELE MEHAFFY	1.00			37				0			
CAC CO-CHAIR (FEB-JUN)	1 00	X		Х				0.	0.	0.	
(12) NANCY M. BLASCHAK	1.00	x						0.	0.	0.	
DIRECTOR (13) TIMOTHY BOYLE	1.00	^						0.	0.	0.	
DIRECTOR	1.00	x						0.	0.	0.	
(14) DAVID CRISP	1.00							0.		.	
DIRECTOR	1.00	x						0.	0.	0.	
(15) CAROL DENYSSCHEN, PHD, RD, MPH	1.00										
DIRECTOR		x						0.	0.	0.	
(16) JOHN S. EAGLETON	1.00										
DIRECTOR		x						0.	0.	0.	
(17) KRISTEN HANSON	1.00										
DIRECTOR		x						0.	0.	0.	
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Form 990 (2018) FOOD BANI	K OF WES	STI	ERN	I N	IEW	Υ	201	RK, INC.	22-24	708	320	Pa	ige 8
Part VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C		es (continued)				
(A) Name and title	(B) Average hours per week	box	not c , unle	(C Posit heck n ss pers id a dir	tion nore f son is	than o s both	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo	(F) imate ount c other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	orga	om the nizatio relate	e on ed
(18) LOUIS M. JACOBS	1.00	<u> </u>			-						-		
DIRECTOR	1 00	X			_			0.		0.			0.
(19) VINCENT MIRANDA DIRECTOR	1.00	x						0.	(ο.			0.
(20) JAMEL PERKINS DIRECTOR	1.00	x						0.		0.			0.
(21) BARRIE YOCHIM	1.00									-			
DIRECTOR		х						0.	(0.			0.
(22) KEITH R. BOOKBINDER	1.00												•
DIRECTOR (JUL-FEB) (23) ALLEN BROWN	1.00	X						0.	(0.			0.
DIRECTOR (JUL-FEB)	1.00	x						0.		0.			0.
(24) GLENA A. BUTLER	1.00												
DIRECTOR (JUL-FEB)		х						0.	(0.			0.
(25) STEPHANIE GETER	1.00	v						0.	,				0
DIRECTOR (JUL-FEB) (26) VINCENT O. HANLEY	1.00	X			_			0.		0.			0.
DIRECTOR (JUL-FEB)	1.00	x						0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part V								203,937.		0.		7,56	
d Total (add lines 1b and 1c)								203,937.		0.	27	7,56	56.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	nose	liste	ed ab	ove	e) wh	no re	eceived more than \$10	0,000 of reportable				1
											•	Yes	No
3 Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s				-	• •			•			3		x
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	tion	anc	d ot	•					
and related organizations greater than \$15			•								4	X	
5 Did any person listed on line 1a receive or a	•						elat	ed organization or indiv	idual for services		5		х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piele Schedui	eji	or su	ματημ	Jers	011.				···	5		- 21
1 Complete this table for your five highest co										ensa	tion fr	om	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith c	or w	ithir	ŭ	year.		(C)		
(A) (B) Name and business address NONE Description of serv								services	Сс	ompen		۱	
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	iot lii	mite	d to t	thos (se lis)	stec	above) who received r	nore than				
See Part VII, Section		tir	nua	ati	or	1 5	she	eets		F	-orm 9	90 (2	:018)

See	Part	VII,	Section	А	Continuation	sneets	Form
832008 12-31-18							

	NK OF WE	STI	ERI	1 1	NEV	N S	ZOF	RK, INC.	22-247	0820
Part VII Section A. Officers, Directors, T	rustees, Key E	mplo	byee	es, a	nd H	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		Position (check all that apply)					Reportable	Reportable	Estimated
	hours	(c	heck	c all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				Highest compensated employee		the	organizations	compensation
	(list any hours for	Individual trustee or director				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			Isated		(00-2/1099-00130)		and related
	organizations	truste	Institutional trustee		yee	mper				organizations
	below	idual	ution	5	Key employee	est co	er			5
	line)	Indiv	Instit	Officer	Keye	Highe	Former			
(27) RAMON MORALES	1.00							_		
DIRECTOR (JUL-FEB)		Х						0.	0.	0.
(28) MICHAEL NOWICKI	1.00									
DIRECTOR (JUL-FEB)		Х						0.	0.	0.
(29) SCOTT C. TERHAAR	1.00									
DIRECTOR (JUL-FEB)		Х						0.	0.	0.
(30) LATONYA DIGGS	1.00									
DIRECTOR (FEB-JUN)		X						0.	0.	0.
(31) DOMINIC EUSANIO	1.00									
DIRECTOR (FEB-JUN)		Х						0.	0.	0.
(32) JOSHUA KREBS	1.00									
DIRECTOR (FEB-JUN)		X						0.	0.	0.
(33) ED NEGRON	1.00									
DIRECTOR (FEB-JUN)		X						0.	0.	0.
(34) CLIFF NELSON	1.00									
DIRECTOR (FEB-JUN)		X						0.	0.	0.
(35) TODD POHLMAN	1.00									
DIRECTOR (FEB-JUN)		Х						0.	0.	0.
(36) BOB RUMPL	1.00									
DIRECTOR (FEB-JUN)		Х						0.	0.	0.
(37) JEFFREY RUSSO	1.00									
DIRECTOR (FEB-JUN)		Х						0.	0.	0.
(38) JEFFREY STEVENS	1.00									
DIRECTOR (FEB-JUN)		X						0.	0.	0.
(39) LAMONT WILLIAMS	1.00									
DIRECTOR (FEB-JUN)		Х						0.	0.	0.
(40) MARY ELLEN FRANDINA	1.00									
DIRECTOR (FEB-JUN)		X						0.	0.	0.
(41) TARA ELLIS	40.00									
PRESIDENT & CEO				Х				140,128.	0.	11,540.
(42) PAULA MERCURIO	40.00									
PAST CHIEF FINANCIAL OFFICER				Х				63,809.	0.	16,026.
Total to Part VII, Section A, line 1c		<u></u> .	<u></u>	<u></u>	<u></u>	<u></u>		203,937.		27,566.

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					WESTERN 1	NEW YORK,	INC.	22-2470	820 Page 9
Pa	rt V								_
	_	_	Check if Schedule O cont	tains a response	e or note to any lin	e in this Part VIII	/D) '		
						(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	1	а	Federated campaigns	1a					
Gra		b	Membership dues	1b					
Am (с	Fundraising events	1c	244,477.				
lar lar		d	Related organizations	1d					
ini,		е	Government grants (contribut	tions) 1e	3,251,381.				
rio S	·	f	All other contributions, gifts, gran	its, and					
ibu			similar amounts not included abo	ve 1f	18,990,023.				
du		g	Noncash contributions included in lines	s 1a- 1f: \$	15,063,751.				
<u>a C</u>		h	Total. Add lines 1a-1f			22,485,881.			
					Business Code				
e	2	а	PROGRAM FEES		624200	1,513,843.	1,513,843.		
e vi		b	SHARED MAINTENANCE FEE	IS	624200	541,838.	541,838.		
enu Se		С							
Program Service Revenue		d							
<u>g</u>		е							
			All other program service revenue			35,059.	35,059.		
		g	Total. Add lines 2a-2f		►	2,090,740.			
	3		Investment income (including						
	other similar amounts)				►	139,123.			139,123.
	4		Income from investment of ta	x-exempt bond	proceeds				
	5		Royalties		🕨				
				(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	7,130,233	·				
		b	Less: cost or other basis	7 107 101					
		_	and sales expenses	7,197,121					
			Gain or (loss)			-66,888.			-66,888.
en		 d Net gain or (loss) a Gross income from fundraising events (not 				-00,000.			-00,000.
Other Revenue			including \$ 244						
Re			contributions reported on line	-					
Jer			Part IV, line 18						
₹			Less: direct expenses		· /	2 0 2 5			2 025
			Net income or (loss) from fund	•	····· ►	-3,035.			-3,035.
	9	a	Gross income from gaming ad						
		L.	Part IV, line 19						
			Less: direct expenses						
			Gross sales of inventory, less	•					
	10	a	and allowances						
		h	Less: cost of goods sold						
			Net income or (loss) from sale						
ł		<u> </u>	Miscellaneous Revenu		Business Code				
ŀ	11	a							
		a b			1				
		č							
			All other revenue						
			Total. Add lines 11a-11d						
	12	_	Total revenue. See instructions			24,645,821.	2,090,740.	0.	69,200.
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FOOD BANK OF WESTERN NEW YORK, INC.

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22-2470820 Page 9

Part IX Statement of Functional Expenses

FOOD BANK OF WESTERN NEW YORK, INC.

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

ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B)	(C)	(D)
	I	Program service expenses	Management and general expenses	Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,717,152.	19,717,152.		
Grants and other assistance to domestic individuals. See Part IV, line 22				
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
Benefits paid to or for members				
	001 500			
E Contraction of the second	231,503.		231,303.	
persons (as defined under section $4958(f)(1)$) and				
	1,354,013.	957,789.	146,782.	249,442
Pension plan accruals and contributions (include	, ,,,=,,		. ,	
section 401(k) and 403(b) employer contributions)	75,569.	48,364.	12,847.	14,358
Other employee benefits	284,058.	196,074.		35,156
Payroll taxes	117,847.	70,273.	28,459.	19,115
Fees for services (non-employees):				
Management				
F	22 012		22 012	
	32,912.		32,912.	
	39,814.	16,665.	19,399.	3,750
	,	,		
E Contraction of the second	145,174.	44,544.	9,091.	91,539
Travel	27,071.	11,725.	6,134.	9,212
Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
Conferences, conventions, and meetings	16,636.	11,473.	5,163.	
Interest				
	211 151	200 210	10 011	
	52,902.	49,700.	5,154.	
above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
VEHICLES	172,938.	172,938.		
PRINTING AND PUBLICATIO	171,260.			171,260
OTHER OPERATION EXPENSE	168,074.	70,151.	96,205.	1,718
REPACK, REPROCESS AND V				
All other expenses				82,301
Total functional expenses. Add lines 1 through 24e	23,364,869.	21,989,504.	697,514.	677,851
Joint costs. Complete this line only if the organization				
Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2018
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 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 0.) VEHICLES PRINTING AND PUBLICATIO OTHER OPERATION EXPENSE REPACK, REPROCESS AND V All other expenses Total functional expenses. Add lines 1 through 24e	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(r(1)) and persons (as defined under section 4958(r(1)) and defined as defined under section 4958(r(1)) and defined as defined as defined under section 4958(r(1)) and defined as defined as defined as defined under section 4958(r(1)) and defined as defined as defined as defined under section 4958(r(1)) and defined as defined a	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 231, 503. Compensation of current officers, directors, trustees, and key employees 231, 503. 231, 503. Compensation of current officers, directors, trustees, and key employees 231, 503. 231, 503. Other sataries and wages 1, 354, 013. 957, 789. 146, 782. Pension plan acruals and contributions (include section 40(k) and 40(k) employee contributions) Chter employee benefits 75, 569. 48, 364. 12, 847. Payroli taxes Fees for services (non-employees): Management Legal 32, 912. 284, 058. 196, 074. 52, 828. Accounting 32, 912. 32, 912. 32, 912. 100. 100. Information technology 39, 814. 16, 6655. 19, 399. 145, 174. 44, 544. 9, 091. Information technology Cocupancy 16, 636. 11, 473. 5, 163. 12, 844. Payments to affiliates 27, 071. 11, 725. 6, 134. 1311, 154. 298, 310. 12, 844. Depreciation, depletion, and amortization ro

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	2	Savings and temporary cash investments	971,152.	2	3,982,036.
	3	Pledges and grants receivable, net	302,193.	3	264,220.
	4	Accounts receivable, net	68,758.	4	235,327.
	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 contributin			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	1,990,129.
	9	Prepaid expenses and deferred charges	25 502	9	1,990,129. 24,196.
		Land, buildings, and equipment: cost or other		-	,
	iou	basis Complete Part VI of Schedule D 10a 5,409,469			
	h	basis. Complete Part VI of Schedule D10a5,409,469Less: accumulated depreciation10b4,023,069	1.497.332.	10c	1,386,400.
	11	Investments - publicly traded securities		11	3,922,664.
	12	Investments - other securities. See Part IV, line 11		12	1,612,575.
	13	Investments - program-related. See Part IV, line 11	-	13	1,012,010
	13 14			14	
	14 15	Intangible assets		14	
		Other assets. See Part IV, line 11		16	14,040,631.
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	010 000	17	266,488.
	17 10	Accounts payable and accrued expenses			200,4000
	18 10	Grants payable	100 004	18 19	53,323.
	19 00	Deferred revenue			55,525.
	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.			
	00	Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24 05	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		0.5	
	~~	Schedule D	325,974.	25	319,811.
	26	Total liabilities. Add lines 17 through 25	525,974.	26	519,011.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
	07	complete lines 27 through 29, and lines 33 and 34.	10,617,656.	07	11,101,713.
	27	Unrestricted net assets	1 600 102	27	2,619,107.
	28	Temporarily restricted net assets		28	2,019,107.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
	00	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	13 700 000
	33	Total net assets or fund balances		33	13,720,820.
	34	Total liabilities and net assets/fund balances	12,551,813.	34	14,040,631.
					Form 990 (2018)

FOOD BANK OF WESTERN NEW YORK, INC. 22-2470820 Page 11

1

2

(B) End of year

623,084.

3,982,036.

(A)

Beginning of year 3,249,650.

971,152.

Check if Schedule O contains a response or note to any line in this Part X Cash - non-interest-bearing 1 2 Savings and temporary cash investments 3 Pledges and grants receivable, net

Form 990 (2018)

Part X Balance Sheet

Assets

Liabilities

Net Assets or Fund Balances

	1990 (2018) FOOD BANK OF WESTERN NEW YORK, INC.	22-2	470820	Pa	ge 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,64				
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,36				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,28				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,22				
5	Net unrealized gains (losses) on investments	5	21	4,0	29.		
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	13,72	0,8	20.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
			_	Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?	-	3a	Х	1		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х			
			_	000			

Form **990** (2018)

832012 12-31-18

SCHEDULE A	
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Department of the Treasury

nal Rev

1	Form	990	or	990-EZ
1		550		

e 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.

OMB No. 1545-0047
2018
Open to Public Inspection

intern	arrieve		➤ Go to www.irs.go\	/Form990 for instruction	ons and th	ne latest i	nformation.		Inspection			
Nan	ne of	the organization FOOD	BANK OF W	ESTERN NEW Y	ORK.	INC.			identification number $2 - 2470820$			
Pa	rt I	Reason for Public					ee instruction					
The	orgar	nization is not a private found		-	-							
1		A church, convention of ch				•						
2	\square	A school described in sect					·//· ·//·					
3	\square	A hospital or a cooperative					ii).					
4	\square	A medical research organiz)(iii). Enter	the hospital's name.			
•		city, and state:						.,,,				
5		An organization operated for	or the benefit of a co	llege or university owned	d or operat	ted by a d	overnmental	unit descrik	oed in			
Ŭ		section 170(b)(1)(A)(iv). (0				iou by u g	ovonninontai					
6		A federal, state, or local go		nental unit described in •	section 17	70(b)(1)(A)	(v)					
	X	An organization that norma						the general	public described in			
•		section 170(b)(1)(A)(vi). (C			ioni a gov	onninontai		ano gonorai				
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	\square					ad in coniu	inction with a	land-arant	college			
5		An agricultural research organization described in section 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			ally receives: (1) more	than 33 1/3% of its sur	port from	contributi	ons member	shin fees a	and aross receipts from			
		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		ively to test for public sa	fetv See	section 50)9(a)(4).					
12	\square	An organization organized	-	•	•			arry out the	e purposes of one or			
		more publicly supported or	-	•	-			-				
		lines 12a through 12d that										
а		Type I. A supporting orga							<i>r</i> aivina			
		the supported organization		-	•	-						
		organization. You must o										
b		Type II. A supporting org			tion with it	s support	ed organizati	on(s), by ha	ivina			
		control or management of					-		-			
		organization(s). You mus			•							
с		Type III functionally inte	-		in connec	tion with, a	and functiona	ally integrate	ed with,			
		its supported organizatio						, ,				
d		Type III non-functionally						rted organi	zation(s)			
		that is not functionally inf										
		requirement (see instruct	tions). You must con	nplete Part IV, Sections	A and D,	and Part	V .					
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III				
		functionally integrated, o	r Type III non-functio	nally integrated supporti	ing organi:	zation.						
f	Ente	er the number of supported	organizations									
g		vide the following information		ed organization(s).								
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount o	-	(vi) Amount of other			
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)			
Tota	al											

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

Schedule A (Form 990 or 990-EZ) 2018 FOOD BANK OF WESTERN NEW YORK, INC. 22-2470820 Page 2 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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) > (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') 22, 025, 411. 24, 530, 285. 22, 868, 721. 23, 009, 225. 22, 485, 881. 114, 919, 523. 2 Tax revenues levid for the organization without charge 22, 025, 411. 24, 530, 285. 22, 868, 721. 23, 009, 225. 22, 485, 881. 114, 919, 523. 3 The value of services or facilities furnished by a governmental unit to the organization included on file 1 that axceeds 28% of the amount shown on line 11, column (f) and that exceeds 28% of the amount shown on line 11, column (f) and the set to the intervent form line 4 114, 919, 523. 114, 919, 523. 6 Public support. actions from line 4 114, 919, 523. 114, 919, 523. 114, 919, 523. 7 Amounts from line 4 114, 919, 523. 114, 919, 523. 114, 919, 523. 114, 919, 523. 8 Organization include on line 1 that axceeds 28% of the amount shown on line 11, column (f) and the set to the intervent of files and the set to the amount shown on line 11. 114, 919, 523. 114, 919, 523. 7 Arounts from line 4 47, 485. 56, 675. 80, 928. 116, 122. <td< th=""><th>Sec</th><th>ction A. Public Support</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	Sec	ction A. Public Support						
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17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	17a							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization		-			-	-	-	
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b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	b	10% -facts-and-circumstances tes	t - 2017. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or
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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	18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17t	o, check this box a	nd see instruction	

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 FOOD BANK OF WESTERN NEW YORK, INC. 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
Ŭ	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
7	ization'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							
	Amounts included on lines 1, 2, and							
	3 received from disgualified persons							
t	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.)							
	ction B. Total Support						-	
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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.)							
	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,	
	check this box and stop here							
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
15	Public support percentage for 2018 (line 8, column (f), c	divided by line 13,	column (f))		15	%	
16	Public support percentage from 2017	' Schedule A, Part	III, line 15			16	%	
See	ction D. Computation of Invest	stment Incom	e Percentage					
17	Investment income percentage for 20)18 (line 10c, colur	nn (f), divided by l	ine 13, column (f))		17	%	
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%	
	33 1/3% support tests - 2018. If the					33 1/3%, and line	17 is not	
	more than 33 1/3%, check this box a						▶□	
b	33 1/3% support tests - 2017. If the						and	
	line 18 is not more than 33 1/3%, che							
20	Private foundation. If the organization							
	2023 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 16							

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **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.*
- 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.
- **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.*
- **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.
- **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.*
- 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).*
- 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).
- **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.**
- **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.**
- 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.**
- **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 10b below.*
 - **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.)

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Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 FOOD BANK OF WESTERN NEW YORK, INC. Part IV Supporting Organizations (continued)

	Supporting organizations (continued)			• •
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		<u> </u>
	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		
380	tion B. Type I Supporting Organizations		Vac	No
4	Did the directory tructory or membership of one or more supported exceptions have the neuror to		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			
0	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,	6		
800	supervised, or controlled the supporting organization.	2		
260	tion C. Type II Supporting Organizations		V-	N1.
			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	4		
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		Ver	NI-
_	Did the exception provide to each of its supracted exceptions, but the last due of the fifth work of the		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	~		
800	supported organizations played in this regard.	3		
-	tion 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 yea(see instructions)			
a L	The organization satisfied the Activities Test. <i>Complete</i> line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	L The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		NI -
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported examination (c) to which the examination was reappopulately if "Year" then in Part VI identify			
	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	0		
	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	C 1		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in</i> 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		
832025	5 10-11-18 Schedule A (Form 9	90 or 99	90-EZ)	2018
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Schedule A (Form 990 or 990 EZ) 2018 FOOD BANK OF WESTERN NEW YORK INC 22 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 22

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) 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):			
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-functional	y integrat	ted Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990 EZ) 2018 FOOD BANK OF WESTERN NEW YORK, INC.

Par	V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	1
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	· · · ·		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
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	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
с	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
U	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
'				
0	and 4c. Breakdown of line 7:			
8				
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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Part VI	(Form 990 or 990-EZ) 2018 FC	ion Dura data d			out II line = 10	Dout IL line 17	22-2470	
	Supplemental Informat Part IV, Section A, lines 1, 2, 3	0, 3c, 4b, 4c, 5	ne explanations i a. 6. 9a. 9b. 9c. 1	equired by Pa 11a, 11b, and	art II, line 10 11c: Part IV	; Part II, line 1/a c , Section B. lines	1 and 2: Part III, line	e 12; Section C.
	line 1; Part IV, Section D, lines	2 and 3; Part I\	/, Section E, lines	s 1c, 2a, 2b, 3	Ba, and 3b; F	Part V, line 1; Part	V, Section B, line	1e; Part V
	Section D, lines 5, 6, and 8; an (See instructions.)	d Part V, Sectio	on E, lines 2, 5, a	nd 6. Also co	mplete this p	part for any addition	onal information.	
2028 10-11-	8					Schedu	le A (Form 990 o	r 990-EZ
				21				
1 1 1 0	795314 8777.0	20	18.05010	FOOD I	BANK OF	WESTERN	NEW YO 8	777 (

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury nal Revenue S

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Name of the organizat	tion	Employer identification number							
	FOOD BANK OF WESTERN NEW YORK, INC.	22-2470820							
Organization type (ch	neck one):	·							
Filers of:	Section:								
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust not treated as a private foundation								
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
	ation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	al Rule. See instructions.							
General Rule									
•	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot m any one contributor. Complete Parts I and II. See instructions for determining a contrib								
Special Rules									
sections 509 any one cont	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
year, total co	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),								

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _____ > \$_

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

15581219 795314 8777.0

Employer identification number

22 - 2470820

FOOD BANK OF WESTERN NEW YORK, INC.

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$2,812,454.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$3,891,137.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2018

Ζ, ο U, -)(

Employer identification number

(d)

Date received

FOOD BANK OF WESTERN NEW YORK, INC.

22-2470820

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (a) (c) No. (b) FMV (or estimate) from Description of noncash property given (See instructions.) Part I FOOD PRODUCTS 2

			12/31/18
			, 0, 10
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
3453 11-08-18	24	Schedule B (Form	990, 990-EZ, or 990-PF)

Fart III Exclusively religious, charitable, etc., controlutions to organizations described in action 501(6)(7)(6), or (10) that total more than \$1,000 ININ competing har it, and the total accurate inputs, charitable, etc., controlutions of \$1,000 or less for the vec (ice tractal, and) > \$	from any one contributor. Complete columns (a) through (e) and the foll completing Part III, enter the total of exclusively religious, charitable, etc., contributions Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of the part I (b) Purpose of gift (c) Use of the part I (c) Use of the part I (c) Use of the part I (c) Tra (c) Tra (c) Tra <th>lowing line entry. Fo s of \$1,000 or less fo of gift Insfer of gift</th> <th>n 501(c)(7), (8), or (10) that total more than \$1,000 for organizations or the year. (Enter this info. once.) ► \$ (d) Description of how gift is held</th>	lowing line entry. Fo s of \$1,000 or less fo of gift Insfer of gift	n 501(c)(7), (8), or (10) that total more than \$1,000 for organizations or the year. (Enter this info. once.) ► \$ (d) Description of how gift is held						
trom any one contributor. Complete coulture (a) through (b) and the following line entry. For organizations counted by the twin (furth line and b) > § a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (e) Transfer of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (c) Transfer of gift Transferce's name, address, and ZIP + 4 Relationship of transferor to transferce (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (form (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (form) (b) Purpose of gift	from any one contributor. Complete columns (a) through (e) and the foll completing Part III, enter the total of exclusively religious, charitable, etc., contributions Use duplicate copies of Part III if additional space is needed. a) No. (b) Purpose of gift (c) Use of the part II (b) Purpose of gift (c) Use of the part II (e) Tra (e) Tra (a) No. Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of the part II	lowing line entry. Fo s of \$1,000 or less fo of gift Insfer of gift	or organizations or the year. (Enter this info. once.) ▶ \$						
ovpeste Pett, ent te total advances y rationals, e.combutes of \$1,000 or lies for his yest, plantilists, each PS	a) No. Transferee's name, address, and ZIP + 4 (c) Use of gift (c) Use (c) U	of gift	or the year. (Enter this info. once.) ► \$ (d) Description of how gift is held 						
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		-							
454, 11-09-19 Oct-a-trile D /F 000 F7 000		-							
	454 11-08-18		Schedule B (Form 990, 990-EZ, or 990						

SCHEDULE D

(Form	990)
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Nam	e of the organization FOOD BANK OF WESTERN NEW YORK, INC •	Employer identification number 22-2470820
Par	t 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.	•
		(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 ful	nde
5	are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
U	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	-
Par		
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 a historical	v important land area
	Protection of natural habitat	
	Preservation of open space	
2		enconvetion accoment on the last
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	Held at the End of the Tax Year
-	day of the tax year.	
	Total number of conservation easements	
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, 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 orga	inization during the tax
4	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?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	tion easements during the year
7	Amount of expanses insurred in menitoring, inspecting, handling of violations, and enforcing concervation a	ecomente during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation e \$	asements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
0		
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
9	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	
	conservation easements.	rganization's accounting for
Par	t 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.	
12	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art
14	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance o	
	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	halance sheet works of art historical
b	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public set	
		ervice, provide the following amounts
	relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	*
0	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain	
2		
~	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	¢
	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
		Schedule D (FOTH 390) 2018
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Pa	t III Organizations Maintaining C		•						,	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	are a sign	ificant use o	of its colle	ction ite	ms	
	(check all that apply):									
а	Public exhibition	d		hange program						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	•	•	•		• •	n Part XIII			
5	During the year, did the organization solicit of								_	
	to be sold to raise funds rather than to be ma						Ye		No	
Pai	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.									
12	Is the organization an agent, trustee, custod		liany for contribution	s or other asse	te not inc					
Ia							🗌 Ye	• [No	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					5 _		
D		and complete the for	lowing table.				Am	ount		
~	Beginning balance					1c	7.111	Junt		
	Additions during the year					1d				
	Distributions during the year					1e				
f						1f				
	Ending balance Did the organization include an amount on F	orm 990 Part X line	21 for escrow or c	ustodial accour	nt liability		Ye	s [No	
	If "Yes," explain the arrangement in Part XIII.					• • • • • • • • • • • • • • • • • • • •		Ē		
Pa								····· <u> </u>		
		(a) Current year	(b) Prior year	(c) Two years b		Three years	back (e)	Four yea	rs back	
1a	Beginning of year balance	5,134,215.	3,893,448.			1,531,5			8,832.	
	Contributions	42,794.	1,000,221.			1,549,			, 3,399.	
	Net investment earnings, gains, and losses	276,361.	264,953.	335,	675.	61,		5'	7,082.	
	Grants or scholarships	,		,		,				
	Other expenditures for facilities									
	and programs	26,177.	24,407.	18,	081.	9,5	515.		7,411.	
f	Administrative expenses	,				·			· · · · ·	
	End of year balance	5,427,193.	5,134,215.	3,893,	448.	3,133,	913.	1,53	1,902.	
2	Provide the estimated percentage of the cur									
а	Board designated or quasi-endowment	100.00	%	"						
	Permanent endowment	%								
	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse		ation that are held a	and administere	d for the	organizatior	n			
	by:	Ũ				0		Yes	s No	
	(i) unrelated organizations						3	a(i)	X	
	(ii) related organizations							(ii)	X	
b	If "Yes" on line 3a(ii), are the related organiza							b		
4	Describe in Part XIII the intended uses of the						·····		_ _	
Pa	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, F	Part X, lin	e 10.				
	Description of property	(a) Cost or ot basis (investm		or other (other)		imulated ciation	(d) I	3ook va	lue	
1a	Land		,	3,134.	-1	•		L43,	134.	
	Buildings			2,572.	2,56	3,834.		778,		
	Leasehold improvements				_,	-,				
	Equipment		1.92	3,763.	1,45	9,235.		164,	528.	
	Other				_, _0	-,_00		/		
	Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	10c)			1	386,	400.	
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Schedule D (Form 990) 2018

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			90) 2018					WESTE	RN NEW	I YORK,	INC	•	22	-2470820) Page 3
Part			tments -												
(-) Do										11b. See Fo				.	
			curity or cate					(b) Book	value	(c) Me	thod of va	aluation	n: Cost or end	d-of-year marke	t value
			tives				–								
(2) Close (3) Oth		ia eqi	uity interests	s											
		н						2.3	9,148.	End-	of-Ye	ear	Market	Value	
			INCOME	E BON	JDS				3,427.				Market		
(C)								-/	• / / •						
(D)															
(E)															
(F)															
(G)															
(H)															
			qual Form 99					1,61	2,575.						
Part			tments -	-											
						wered "	res" on			11c. See Fo					
		(a) D	escription of	finvestr	nent			(b) Book	value	(c) Me	thod of va	aluation	n: Cost or end	d-of-year marke	t value
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
<u>(7)</u> (8)															
(9)															
	Col. (b) r	nust e	qual Form 99	0. Part X.	. col. (E	3) line 13.									
Part			r Assets.		, <u> </u>	,,									
	c	ompl	ete if the org	ganizatio	on ans	wered "	res" on	Form 990,	Part IV, line	11d. See Fo	orm 990, F	Part X,	line 15.		
							(a) De	scription						(b) Book	value
(1)															
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Part			r Liabiliti), i ait	л, сог. <u>(</u> L	5) 11110 1	5.)							
					on ans	wered "\	∕es" on	Form 990.	Part IV. line	11e or 11f.	See Form	1 990. I	Part X, line 25	j.	
1.				Descriptio						(b) Book va		, .		-	
	Federa	al inco	ome taxes												
(2)															
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			nust equal F						🕨						
	-		•							•				that reports the	
orga	anizatio	on's li	ability for un	ncertain	tax po	sitions u	nder Fl	N 48 (ASC	740). Checł	chere if the t	text of the	e footn		provided in Pa	
													Sch	edule D (Form	990) 2018

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Sche	edule D (Form 990) 2018 FOOD BANK OF WESTERN NEW YORK,	INC.	22-	2470820 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements W			
	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	24,900,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments 2a	214,029.		
b				
с				
d		40,585.		
е			2e	254,614.
3	Subtract line 2e from line 1		3	24,645,821.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с			4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)		5	24,645,821.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements V	Vith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	23,405,454.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a			
b				
с				
d		40,585.		
е	Add lines 2a through 2d		2e	40,585.
3	Subtract line 2e from line 1		3	23,364,869.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.) 4b			
с	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	23,364,869.
Pa	rt XIII Supplemental Information.			
Prov	ide 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; Parl	t X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional in	formation.		

Part XI, Line 2d - Other Adjustments:	
Fundraising expenses reclassed to offset revenue	40,585.
Part XII, Line 2d - Other Adjustments:	
Fundraising expenses reclassed to offset revenue	40,585.

Schedule D (Form 990) 2018

SCHEDULE G	Suppleme	ntal Info	rmation Reg	garding	Fund	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)							Part IV, line 17, 18, c rm 990-EZ, line 6a.	or 19,	, or if the	2018
Department of the Treasury	U U	i yanizatio	Attach to F							Open to Public
Internal Revenue Service		to www.ir	s.gov/Form990	for instr	uction	s and	the latest informat	ion.		Inspection
Name of the organization	FOOD BA		WESTERN						22-2470	
	complete this par		if the organizati	on answe	ered "Y	'es" oi	n Form 990, Part IV,	line 1	7. Form 990-E2	I filers are not
c Phone solici d In-person so 2 a Did the organization	ions email solicitations tations vlicitations on have a written o red in Form 990, P) highest paid indiv	or oral agree art VII) or e viduals or e	ef g ement with any in ntity in connection ntities (fundraise] Solicitat] Solicitat] Special individual ion with p	tion of tion of fundra (incluc rofessi	non-g gover iising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees	Yes	
(i) Name and addres or entity (fund			(ii) Activity		(iii) fundr have cu or con contribu	trol of	(iv) Gross receipts from activity	to (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
					Yes	No				
Total 3 List all states in wh	ich the organizatio	n is registe	red or licensed	to solicit (contrib		s or has been notifier	d it ie	exempt from r	aistration
or licensing.	ion the organizatio	in is registe							exempt nom	gistration
LHA For Paperwork R	eduction Act Not	ce, see the	e Instructions f	for Form	990 or	990-1	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2018

832081 10-03-18

22-2470820 Page 2 Schedule G (Form 990 or 990-EZ) 2018 FOOD BANK OF WESTERN NEW YORK, INC.

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.

		(a) Event #1	(h) Event #0	(c) Other events	ots greater than \$5,000
		(a) Event #1 SWEET	(b) Event #2 WALK OFF	None	(d) Total events
		CHARITY	HUNGER	None	(add col. (a) through
				(total number)	col. (c))
Ine		(event type)	(event type)	(total number)	
Revenue	Gross receipts	202,168.	79,859.		282,027
2	Less: Contributions	164,618.	79,859.		244,477
3	Gross income (line 1 minus line 2)	37,550.			37,550
4	Cash prizes				
s 2	Noncash prizes				
Direct Expenses	Rent/facility costs				
7 Itect	Food and beverages				
8	Entertainment				
9	Other direct expenses		12,025.		40,585
-	Direct expense summary. Add lines 4 throug		,•_=•,	•	40,585
11					-3,035
Part					.,
	\$15,000 on Form 990-EZ, line 6a.		, , , ,	1	
1)			(b) Pull tabs/instant	(a) Other coming	(d) Total gaming (add
		(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
- 1	Gross revenue				
n 2	Cash prizes				
3	Noncash prizes				
ц Н					
2 3 3 4 4	Rent/facility costs				
5	Other direct expenses				
-		Yes %	Yes %	Yes %	
6	Volunteer labor	No	□ No	No	
7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		▶	
8	Net gaming income summary. Subtract line	7 from line 1, column (d)			
9 En	nter the state(s) in which the organization cond	ucts gaming activities:			
a Is	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes N
	"No," explain:				
b If '					
b If					
b If					
_	ere any of the organization's gaming licenses r	evoked, suspended, or t	erminated during the tax	year?	Yes No
 0a We			-		Yes No
0a We	ere any of the organization's gaming licenses r "Yes," explain:		-		Yes N
0a We			-		Yes No
0a We b If ' 	"Yes," explain:		-		
Da We b If '			-		Yes N

15581219 795314 8777.0

Sch	nedule G (Form 990 or 990-EZ) 2018 FOOD BANK OF WESTERN NEW YORK, INC. 22-2-	470820) Page 3
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 No
13	Indicate the percentage of gaming activity conducted in:		
а	a The organization's facility	13a	%
b	o 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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
b	o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party \$		
с	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		
		Yes	No No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Ра	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	t III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
83208	Schedule G (Form	990 or 990	D-EZ) 2018
	32		

15581219 795314 8777.0

iedule G art IV	(Form 990 or 990-EZ) Supplemental Info	FOOD BANK OF	WESTERN	NEW YO	KK, INC.	22-2470820 F	Pa
	- approximation						
						Schedule G (Form 990 or 9	00

15581219 795314 8777.0

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Gov	rants and Oth vernments, an ete if the organizatio ► Go to www.ir	nd Individua	ls in the Ŭni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization							Employer identification number
	OF WESTE	RN NEW YORK	, INC.				22-2470820
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records criteria used to award the grants or assi	stance?			· · · · ·			
2 Describe in Part IV the organization's pro							
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than		· · · · · · · · · · · · · · · · · · ·			(f) Method of	1	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
14 HOLY HELPERS SHARING COMMITTEE							WITH THE COST OF FOOD FOR
1345 INDIAN CHURCH ROAD							THE ORGANIZATION'S
WEST SENECA, NY 14224	16-0746847		6,545.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
ALL SAINTS FOOD PANTRY SVDP							WITH THE COST OF FOOD FOR
30 HERITAGE COURT							THE ORGANIZATION'S
LOCKPORT, NY 14094	53-0196617		25,399.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
ALTAMONT VETERAN PROGRAM							WITH THE COST OF FOOD FOR
30 WYOMING AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14215	14-1708881		9,597.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
ANTIOCH BAPTIST FOOD PANTRY							WITH THE COST OF FOOD FOR
1327 N. FILLMORE AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14211	16-1189974		53,202.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
AREA CHRISTIAN ACTION - FINDLEY							WITH THE COST OF FOOD FOR
2862 NORTH ROAD							THE ORGANIZATION'S
FINDLEY LAKE, NY 14736	16-1119647		16,789.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
AREA CHRISTIAN ACTION - SHERMAN							WITH THE COST OF FOOD FOR
109 CHURCH STREET							THE ORGANIZATION'S
SHERMAN, NY 14781	16-1119647		15,273.	0.			SERVICES.
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table				►
3 Enter total number of other organization	s listed in the line	l table					►
LHA For Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) FOOD BANK OF WESTERN NEW YORK, INC.

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Part II Continuation of Grants and Other		vernments and Orga	-	nited States (Sch	edule I (Form 990), Pa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
ASHVILLE FOOD PANTRY							WITH THE COST OF FOOD FOR
2180 NORTH MAPLE STREET							THE ORGANIZATION'S
ASHVILLE, NY 14710	31-1813333		73,670.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
B.L.E.S. FOOD PANTRY BUFF LUTH EM							WITH THE COST OF FOOD FOR
SER – 900 GENESEE STREET –							THE ORGANIZATION'S
BUFFALO, NY 14211	16-1400251		44,721.	٥.			SERVICES.
· · · · · ·							TO PROVIDE ASSISTANCE
BELLE CENTER FOOD PANTRY							WITH THE COST OF FOOD FOR
104 MARYLAND STREET							THE ORGANIZATION'S
BUFFALO, NY 14201	16-1559032		29,828.	0.			SERVICES.
			,				TO PROVIDE ASSISTANCE
BETHLEHEM LUTHERAN CHURCH FOOD							WITH THE COST OF FOOD FOR
PANTRY - 48 PERRIN STREET -							THE ORGANIZATION'S
FAIRPORT, NY 14450	16-0928704		9,657.	0.			SERVICES.
			, -				TO PROVIDE ASSISTANCE
BLACK ROCK/RIVERSIDE FOOD PANTRY							WITH THE COST OF FOOD FOR
357 ONTARIO STREET							THE ORGANIZATION'S
BUFFALO, NY 14207	22-3290969		44,749.	0.			SERVICES.
			,	- •			TO PROVIDE ASSISTANCE
BPK ABATE ELEMENTARY SCHOOL							WITH THE COST OF FOOD FOR
1625 LOCKPORT STREET							THE ORGANIZATION'S
NIAGARA FALLS, NY 14305	22-2470820		8,065.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK AJ SCHMIDT							WITH THE COST OF FOOD FOR
9455 LAKE SHORE ROAD							THE ORGANIZATION'S
ANGOLA, NY 14085	22-2470820		5,027.	0.			SERVICES.
	22 24/0020		5,027.	•.			TO PROVIDE ASSISTANCE
BPK BLASDELL ELEMENTARY							WITH THE COST OF FOOD FOR
3780 SOUTH PARK AVENUE							THE ORGANIZATION'S
	22-2470820		5,395.	0.			SERVICES.
BLASDELL, NY 14219	22-24/0020		5,395.	· ·			TO PROVIDE ASSISTANCE
BPK BPS 18							WITH THE COST OF FOOD FOR
750 WEST AVENUE							THE ORGANIZATION'S
	22.2470000		10.010	_			
BUFFALO, NY 14213	22-2470820		12,013.	0.			SERVICES.

Schedule I (Form 990)

Schedule I (Form 990) FOOD BANK OF WESTERN NEW YORK, INC.

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Schedule I (Form 990) FOOD BANK	. OF WESIE	KN NEW IORN	, INC.				32-24/0020 Page
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
BPK BPS 3							WITH THE COST OF FOOD FOR
255 Porter Ave							THE ORGANIZATION'S
BUFFALO, NY 14201	22-2470820		6,036.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK BPS 37 FUTURES PREP							WITH THE COST OF FOOD FOR
295 CARLTON STREET							THE ORGANIZATION'S
BUFFALO, NY 14204	22-2470820		7,749.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK BPS 45 INTERNATIONAL SCHOOL							WITH THE COST OF FOOD FOR
141 HOYT STREET							THE ORGANIZATION'S
BUFFALO, NY 14213	22-2470820		9,860.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK BPS 6							WITH THE COST OF FOOD FOR
414 SOUTH DIVISION STREET							THE ORGANIZATION'S
BUFFALO, NY 14204	22-2470820		8,851.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK BPS 65 ROOSEVLET ECC							WITH THE COST OF FOOD FOR
249 SKILLEN STREET							THE ORGANIZATION'S
BUFFALO, NY 14207	22-2470820		5,540.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK BPS 94 WEST HERTEL ACADEMY							WITH THE COST OF FOOD FOR
489 HERTEL AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14207	22-2470820		8,918.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK CHARTER SCHOOL FOR APPLIED							WITH THE COST OF FOOD FOR
TECHNOLOGIES - 2303 KENMORE AVENUE							THE ORGANIZATION'S
- BUFFALO, NY 14207	22-2470820		6,798.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK CLEVELAND HILL							WITH THE COST OF FOOD FOR
105 Mapleview Rd.				_			THE ORGANIZATION'S
BUFFALO, NY 14225	22-2470820		6,640.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK DUNKIRK SCHOOL 3							WITH THE COST OF FOOD FOR
742 LAMPHERE STREET				_			THE ORGANIZATION'S
DUNKIRK, NY 14048	22-2470820		6,074.	0.			SERVICES.

Schedule I (Form 990)

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Schedule I (Form 990) FOOD BAI	NY OL MEDIE	KN NEW IORK	, INC.				22-2470620 Page
Part II Continuation of Grants and Oth	ner Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
BPK GOWANDA ELEMENTARY							WITH THE COST OF FOOD FOR
10674 PROSPECT STREET							THE ORGANIZATION'S
GOWANDA, NY 14070	22-2470820		7,689.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK LOVE SCHOOL							WITH THE COST OF FOOD FOR
50 EAST 8TH STREET							THE ORGANIZATION'S
JAMESTOWN, NY 14701	22-2470820		10,963.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK MARYVALE PRIMARY							WITH THE COST OF FOOD FOR
1 NAGEL DRIVE							THE ORGANIZATION'S
BUFFALO, NY 14225	22-2470820		6,774.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK NIAGARA CHARTER SCHOOL							WITH THE COST OF FOOD FOR
1725 Clinton St							THE ORGANIZATION'S
BUFFALO, NY 14206	22-2470820		5,752.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK SILVERCREEK CENTRAL							WITH THE COST OF FOOD FOR
1 DICKINSON ST							THE ORGANIZATION'S
SILVER CREEK, NY 14136	22-2470820		11,189.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BPK UNION EAST							WITH THE COST OF FOOD FOR
3550 UNION ROAD							THE ORGANIZATION'S
CHEEKTOWAGA, NY 14225	22-2470820		5,255.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BREAD OF LIFE HEALING WORD							WITH THE COST OF FOOD FOR
MINISTRIES - 1006 WEST THIRD							THE ORGANIZATION'S
STREET - JAMESTOWN, NY 14701	62-0484177		38,100.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BREAD OF LIFE OUTREACH							WITH THE COST OF FOOD FOR
8745 SUPERVISOR AVE							THE ORGANIZATION'S
COLDEN, NY 14033	27-3172986		37,437.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
BROCTON-PORTLAND FOOD PANTRY							WITH THE COST OF FOOD FOR
7081 EAST RTE. 20							THE ORGANIZATION'S
PORTLAND, NY 14769	14-1490510		41,376.	0.			SERVICES.

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Schedule I (Form 990) FOOD BANK	. OF WESIE	KN NEW IORF	, INC.			2	32-2470620 Page
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
BUFFALO PEACE HOUSE							WITH THE COST OF FOOD FOR
4263 ST FRANCIS DRIVE							THE ORGANIZATION'S
HAMBURUG, NY 14075	61-1681692		5,670.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
BUFFALO URBAN LEAGUE PANTRY							WITH THE COST OF FOOD FOR
86 PINE STREET							THE ORGANIZATION'S
BUFFALO, NY 14204	16-0743940		23,002.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
C.A.O. OF ERIE CO PANTRY							WITH THE COST OF FOOD FOR
167 HUMBOLDT PARKWAY							THE ORGANIZATION'S
BUFFALO, NY 14214	16-0911473		41,160.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
CARE -N- SHARE FOOD PANTRY							WITH THE COST OF FOOD FOR
3628 RANSOMVILLE ROAD							THE ORGANIZATION'S
RANSOMVILLE, NY 14131	35-0877568		29,097.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
CASSADAGA FOOD PANTRY							WITH THE COST OF FOOD FOR
25 MAPLE AVENUE							THE ORGANIZATION'S
CASSADAGA, NY 14718	35-0877568		12,514.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
CATHOLIC CENTRAL FOOD PANTRY							WITH THE COST OF FOOD FOR
350 DEWEY AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14214	53-1096617		78,223.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
CATHOLIC CHARITIES - FRANKLINVILLE							WITH THE COST OF FOOD FOR
FOOD PANTRY - 28 PARK SQUARE -							THE ORGANIZATION'S
FRANKLINVILLE, NY 14737	53-0196617		16,488.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
CATHOLIC CHARITIES - FULTON - ST.							WITH THE COST OF FOOD FOF
BRIDGET - 170 FULTON STREET -							THE ORGANIZATION'S
BUFFALO, NY 14204	53-0196617		39,282.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
CATHOLIC CHARITIES - LACKAWANNA							WITH THE COST OF FOOD FOR
PANTRY - 75 CALDWELL STREET -							THE ORGANIZATION'S
LACKAWANNA, NY 14218	16-0743251		100,925.	٥.			SERVICES.

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Schedule I (Form 990) FOOD BANK	OF WESTE	RN NEW YORK	, INC.			2	2-2470820 Page 1		
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
CATHOLIC CHARITIES LOVEJOY PANTRY & OR - 139 NORTH OGDEN - BUFFALO,	53-1096617		00.760	0			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S		
NY 14206	53-1096617		88,768.	0.			SERVICES.		
CATHOLIC CHARITIES RICH ST. FOOD PANTRY - 930 GENESEE STREET - BUFFALO, NY 14211	53-0196617		25,728.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.		
	55 0150017		20,720.	••			TO PROVIDE ASSISTANCE		
CATHOLIC CHARITIES SOUTH BUFFALO PANTRY – 920 TIFFT STREET –							WITH THE COST OF FOOD FOR THE ORGANIZATION'S		
BUFFALO, NY 14220	16-0743251		97,166.	0.			SERVICES.		
CATT C.A.OFOOD PANTRY 25 JEFFERSON STREET							TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S		
SALAMANCA, NY 14779	16-0910303		94,191.	0.			SERVICES.		
CATT C.A.OTHE LIGHTHOUSE S.K.							TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR		
25 JEFFERSON STREET							THE ORGANIZATION'S		
SALAMANCA, NY 14779	16-0910303		32,339.	0.			SERVICES.		
CATT CAO-DOMESTIC VIOLENCE SHELTER CONFIDENTIAL – SEE MEMO SALAMANCA, NY 14779	16-0910303		27,908.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.		
,							TO PROVIDE ASSISTANCE		
CATT CAO-KINLEY HILL SHELTER 25 CHURCH STREET SALAMANCA, NY 14779	16-0910303		28,216.	0.			WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.		
	10 0010000		20,210.				TO PROVIDE ASSISTANCE		
CATTARAUGUS FOOD PANTRY 11 WASHINGTON STREET							WITH THE COST OF FOOD FOR THE ORGANIZATION'S		
CATTARAUGUS, NY 14719	16-1478183		44,669.	0.			SERVICES.		
· · · ·						1	TO PROVIDE ASSISTANCE		
CEDAR GROVE FOOD PANTRY							WITH THE COST OF FOOD FOR		
100 OLD MARYVALE DRIVE							THE ORGANIZATION'S		
CHEEKTOWAGA, NY 14225	16-1554921		8,838.	0.			SERVICES.		

Schedule I (Form 990)

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Schedule I (Form 990) FOOD DAINA	. OF WESIE	KN NEW IORA	., INC.			2	22-24/0620 Page
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAUTAUQUA DISTRIBUTION SITE (TO PROVIDE ASSISTANCE
CHAUT DIST) - 2485 Falconer							WITH THE COST OF FOOD FOR
Frewsburg Road - FALCONER, NY							THE ORGANIZATION'S
14700	22-2470820		46,391.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
CHAUTAUQUA DISTRIBUTION SITE (CATT							WITH THE COST OF FOOD FOR
DIST) - 2485 Falconer Frewsburg							THE ORGANIZATION'S
Road - FALCONER, NY 14700	22-2470820		36,754.	0.			SERVICES.
			, ,				TO PROVIDE ASSISTANCE
CITIZENS COMMUNITY DEVELOPMENT							WITH THE COST OF FOOD FOR
134 WILLIAM STREET							THE ORGANIZATION'S
BUFFALO, NY 14204	16-1025108		34,957.	٥.			SERVICES.
,			, -				TO PROVIDE ASSISTANCE
CITY MISSION - SHELTER							WITH THE COST OF FOOD FOR
100 EAST TUPPER STREET							THE ORGANIZATION'S
BUFFALO, NY 14203	16-0743965		16,223.	٥.			SERVICES.
/			, -	-			TO PROVIDE ASSISTANCE
CITY MISSION SOCIETY INC. PANTRY							WITH THE COST OF FOOD FOR
100 EAST TUPPER STREET							THE ORGANIZATION'S
BUFFALO, NY 14203	16-0743965		11,773.	0.			SERVICES.
			, -	-			TO PROVIDE ASSISTANCE
CITY MISSION SOCIETY INCD.R.							WITH THE COST OF FOOD FOR
100 EAST TUPPER STREET							THE ORGANIZATION'S
BUFFALO, NY 14203	16-0743965		18,138.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
COLDSPRING COMMUNITY FOUNDATION							WITH THE COST OF FOOD FOR
234 GLENWOOD AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14208	23-7002419		12,804.	0.			SERVICES.
			,				TO PROVIDE ASSISTANCE
COMMUNITY ACTION INFORMATION							WITH THE COST OF FOOD FOR
CENTER - 103 WOHLERS AVENUE -							THE ORGANIZATION'S
BUFFALO, NY 14208	16-1272242		145,714.	0.			SERVICES.
	10 12/2242		113,714.	0.			TO PROVIDE ASSISTANCE
COMMUNITY KITCHEN (AT THE TRADING							WITH THE COST OF FOOD FOR
POST) - 38 FRANKLIN ST -							THE ORGANIZATION'S
SPRINGVILLE, NY 14141	16-1478183		16,327.	0.			SERVICES.
, MI 14141	1 10 14/0103		10,527.	U.			PURATCED.

FOOD BANK OF WESTERN NEW YORK, INC.

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Schedule I (Form 990) FOOD BANK OF WESTERN NEW YORK, INC.							22-2470820 Page 1		
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	anizations in the U	nited States (Scho	edule I (Form 990), Pa I	art II.) T			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
COMMUNITY MISSIONS OF NIAGARA							TO PROVIDE ASSISTANCE		
FRONTIER COMMUNITY KITCHEN - 1570							WITH THE COST OF FOOD FOR		
BUFFALO AVENUE - NIAGARA FALLS, NY							THE ORGANIZATION'S		
14303	16-0788242		28,556.	٥.			SERVICES.		
							TO PROVIDE ASSISTANCE		
COMMUNITY MISSIONS, INCPANTRY							WITH THE COST OF FOOD FOR		
1590 BUFFALO AVENUE							THE ORGANIZATION'S		
NIAGARA FALLS, NY 14303	16-0788242		44,835.	0.			SERVICES.		
							TO PROVIDE ASSISTANCE		
CONCERNED PARENTS COUNCIL/ST.							WITH THE COST OF FOOD FOR		
LUKES - 314 EAST FERRY STREET -							THE ORGANIZATION'S		
BUFFALO, NY 14208	16-1004825		32,137.	0.			SERVICES.		
	10 1004025		52,157.	•.			TO PROVIDE ASSISTANCE		
CORNERSTONE MANOR SHELTER							WITH THE COST OF FOOD FOR		
CONFIDENTIAL							THE ORGANIZATION'S		
	16-0743965		15,233.	0.			SERVICES.		
BUFFALO, NY 14203	10-0743905		15,235.	0.			TO PROVIDE ASSISTANCE		
CREEKSIDE CHAPEL FOOD PANTRY							WITH THE COST OF FOOD FOR		
2523 FIVE MILE ROAD			1.5.004				THE ORGANIZATION'S		
ALLEGANY, NY 14706	35-0877568		16,904.	0.			SERVICES.		
							TO PROVIDE ASSISTANCE		
DAYTON FOOD PANTRY							WITH THE COST OF FOOD FOR		
9586 RAILROAD AVE							THE ORGANIZATION'S		
DAYTON, NY 14041	31-1813333		81,612.	0.			SERVICES.		
							TO PROVIDE ASSISTANCE		
DELEVAN COMMUNITY FOOD PANTRY							WITH THE COST OF FOOD FOR		
21 DELEVAN AVENUE							THE ORGANIZATION'S		
DELEVAN, NY 14042	31-1813333		21,075.	0.			SERVICES.		
							TO PROVIDE ASSISTANCE		
DELIVERANCE TEMPLE FOOD PANTRY							WITH THE COST OF FOOD FOR		
179 SHERMAN STREET							THE ORGANIZATION'S		
BUFFALO, NY 14212	16-6088744		22,667.	0.			SERVICES.		
							TO PROVIDE ASSISTANCE		
DIVINE MERCY FOOD PANTRY							WITH THE COST OF FOOD FOR		
2437 NIAGARA STREET							THE ORGANIZATION'S		
NIAGARA FALLS, NY 14303	16-0747359		36,841.	0.			SERVICES.		

Schedule I (Form 990) FOOD BANK OF WESTERN NEW YORK INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
DURHAM MEMORIAL CENTRAL CITY CAFE							WITH THE COST OF FOOD FOF
174 EAGLE STREET							THE ORGANIZATION'S
BUFFALO, NY 14204	16-1341423		11,730.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
EDEN-NORTH COLLINS FOOD PANTRY							WITH THE COST OF FOOD FOF
2059 FRANKLIN STREET							THE ORGANIZATION'S
NORTH COLLINS, NY 14111	22-2478253		32,832.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
EDISON STREET MANNA FROM HEAVEN							WITH THE COST OF FOOD FOR
28 EDISON AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14215	16-1068790		27,884.	Ο.			SERVICES.
							TO PROVIDE ASSISTANCE
EVANGEL FOOD PANTRY							WITH THE COST OF FOOD FOR
8180 GREINER ROAD							THE ORGANIZATION'S
WILLIAMSVILLE, NY 14221	44-0577787		96,723.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
EVERGREEN HEALTH SERVICES							WITH THE COST OF FOOD FOR
206 SOUTH ELMWOOD AVENUE-4TH FLOOR							THE ORGANIZATION'S
BUFFALO, NY 14201	16-1202971		113,208.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
EVERGREEN HEALTH SERVICES							WITH THE COST OF FOOD FOR
JAMESTOWN - 31 WATER STREET -							THE ORGANIZATION'S
JAMESTOWN, NY 14701	16-1202971		12,591.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
EXPRESSWAY ASSEMBLY OF GOD FOOD							WITH THE COST OF FOOD FOR
PANTRY - 260 EGGERT ROAD -							THE ORGANIZATION'S
BUFFALO, NY 14215	22-2442415		21,863.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
FAITH BASED FELLOWSHIP BOX STREET							WITH THE COST OF FOOD FOR
378 BOX STREET							THE ORGANIZATION'S
BUFFALO, NY 14211	01-0607507		25,501.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
FAITH BASED FELLOWSHIP WILLIAM							WITH THE COST OF FOOD FOR
STREET - 722 WILLIAM STREET -							THE ORGANIZATION'S
BUFFALO, NY 14206	01-0607507		28,517.	Ο.			SERVICES.

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Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
FAITH UNITED METHODIST CHURCH							WITH THE COST OF FOOD FOR
1449 QUAKER ROAD							THE ORGANIZATION'S
BARKER, NY 14012	31-1813333		27,223.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
FALCONER DISTRIBUTION SITE							WITH THE COST OF FOOD FOR
2485 Falconer Frewsburg Road							THE ORGANIZATION'S
FALCONER, NY 14733	22-2470820		16,036.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
FAMILY HELP CENTER							WITH THE COST OF FOOD FOR
60 DINGENS STREET							THE ORGANIZATION'S
BUFFALO, NY 14206	22-2219511		65,718.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
FIRST BAPTIST CHURCH OF NEWFANE							WITH THE COST OF FOOD FOR
FOOD PANTRY - 6047 EAST AVENUE -							THE ORGANIZATION'S
NEWFANE, NY 14108	15-0509747		27,937.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
FIRST SHILOH BAPTIST CHURCH							WITH THE COST OF FOOD FOR
15 PINE STREET							THE ORGANIZATION'S
BUFFALO, NY 14204	22-3335025		36,283.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
FISH OF EAST AURORA, INC.							WITH THE COST OF FOOD FOR
960 EAST MAIN STREET							THE ORGANIZATION'S
EAST AURORA, NY 14052	16-0975994		45,533.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
FORESTVILLE FOOD PANTRY, INC.							WITH THE COST OF FOOD FOR
3 PARK STREET							THE ORGANIZATION'S
FORESTVILLE, NY 14062	45-3027843		26,186.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
FREWSBURG FOOD CUPBOARD							WITH THE COST OF FOOD FOR
11 INSTITUTE ST. P.O. BOX 973							THE ORGANIZATION'S
FREWSBURG, NY 14738	45-3125862		7,316.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
FRIENDS OF NIGHT PEOPLE							WITH THE COST OF FOOD FOR
394 HUDSON STREET							THE ORGANIZATION'S
BUFFALO, NY 14201	16-1086657		19,960.	٥.			SERVICES.

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							TO PROVIDE ASSISTANCE
FRIENDS OF NIGHT PEOPLE -							WITH THE COST OF FOOD FOR
SALVATION ARMY GRANT ST 394							THE ORGANIZATION'S
HUDSON STREET - BUFFALO, NY 14201	16-1086657		7,928.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
FRIENDS OF NIGHT PEOPLE FOOD							WITH THE COST OF FOOD FOR
PANTRY - 394 HUDSON STREET -							THE ORGANIZATION'S
BUFFALO, NY 14201	16-1086657		21,773.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
GENESIS HOUSE							WITH THE COST OF FOOD FOR
107 SOUTH BARRY ST							THE ORGANIZATION'S
OLEAN, NY 14760	16-1457018		9,815.	Ο.			SERVICES.
							TO PROVIDE ASSISTANCE
GENESIS HOUSE 2							WITH THE COST OF FOOD FOR
107 SOUTH BARRY ST							THE ORGANIZATION'S
OLEAN, NY 14760	16-1457018		5,791.	Ο.			SERVICES.
							TO PROVIDE ASSISTANCE
GOOD SHEPHERD FOOD PANTRY							WITH THE COST OF FOOD FOR
96 JEWETT PARKWAY							THE ORGANIZATION'S
BUFFALO, NY 14214	16-0743985		78,733.	Ο.			SERVICES.
							TO PROVIDE ASSISTANCE
GOWANDA LOVE, INC.							WITH THE COST OF FOOD FOR
64 EAST MAIN STREET							THE ORGANIZATION'S
GOWANDA, NY 14070	01-0677260		6,638.	Ο.			SERVICES.
`							TO PROVIDE ASSISTANCE
GRACE LUTHERAN CHURCH PANTRY							WITH THE COST OF FOOD FOR
174 CAZENOVIA STREET							THE ORGANIZATION'S
BUFFALO, NY 14210	41-1568678		26,039.	Ο.			SERVICES.
· ·			, ,	-			TO PROVIDE ASSISTANCE
GREATER WORKS CHRISTIAN FELLOWSHIP							WITH THE COST OF FOOD FOR
210 SOUTHAMPTON							THE ORGANIZATION'S
BUFFALO, NY 14208	20-4587478		14,709.	Ο.			SERVICES.
,			,				TO PROVIDE ASSISTANCE
GROUP MINISTRIES							WITH THE COST OF FOOD FOR
1333 JEFFERSON AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14208	16-1421247		11,391.	0.			SERVICES.

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Schedule I (Form 990) FOOD BAINK	OF WESIE	KN NEW IORK	, INC.			2	22-24/0620 Page 1
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
HARVEST FIELD OUTREACH CENTER							WITH THE COST OF FOOD FOR
406 W.STATE STREET							THE ORGANIZATION'S
OLEAN, NY 14760	35-1268508		76,916.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
HEART, LOVE & SOUL INC. FOOD							WITH THE COST OF FOOD FOR
PANTRY - 939 ONTARIO AVENUE -							THE ORGANIZATION'S
NIAGARA FALLS, NY 14305	16-1200127		10,662.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
HINSDALE / ISCHUA FOOD PANTRY							WITH THE COST OF FOOD FOR
3628 MAIN ST							THE ORGANIZATION'S
HINSDALE, NY 14743	16-6098616		13,557.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
HISPANICS UNITED OF BUFFALO							WITH THE COST OF FOOD FOR
254 VIRGINIA STREET							THE ORGANIZATION'S
BUFFALO, NY 14201	16-1243094		60,037.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
HUMBOLDT PARKWAY BAPTIST CHURCH							WITH THE COST OF FOOD FOR
790 HUMBOLDT PARKWAY							THE ORGANIZATION'S
BUFFALO, NY 14211	16-1303200		37,644.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
JERICHO ROAD COMMUNITY HEALTH							WITH THE COST OF FOOD FOR
CENTER - 184 BARTON STREET -							THE ORGANIZATION'S
BUFFALO, NY 14213	42-1571876		15,628.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
JOSEPH PROJECT MOBILE F.P.							WITH THE COST OF FOOD FOR
437 MASTEN AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14209	16-1450334		73,474.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
LIMESTONE CARROLTON FOOD PANTRY							WITH THE COST OF FOOD FOR
N MAIN STREET/ R/CARROLLTON HWY BDO	E Contraction of the second se						THE ORGANIZATION'S
LIMESTONE, NY 14753	55-0881869		14,059.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
LITTLE PORTION FRIARY							WITH THE COST OF FOOD FOR
1305 MAIN STREET							THE ORGANIZATION'S
BUFFALO, NY 14209	16-1202510		8,430.	0.			SERVICES.

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Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
LIVING WATER FELLOWSHIP							WITH THE COST OF FOOD FOR
383 PINE RIDGE ROAD							THE ORGANIZATION'S
CHEEKTOWAGA, NY 14225	16-1468498		82,299.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
LOAVES & FISHES SOUTHERN TIER F.P.							WITH THE COST OF FOOD FOR
753 PROSPECT AVENUE							THE ORGANIZATION'S
OLEAN, NY 14760	16-0056368		45,059.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
LOVE ALIVE BAPTIST CHURCH							WITH THE COST OF FOOD FOR
145 LEWIS STREET							THE ORGANIZATION'S
BUFFALO, NY 14206	37-1664671		5,227.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
MACEDONIA BAPTIST CHURCH PANTRY							WITH THE COST OF FOOD FOR
237 E. NORTH STREET							THE ORGANIZATION'S
BUFFALO, NY 14204	11-1189061		13,283.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
MATT URBAN CENTER FOOD PANTRY							WITH THE COST OF FOOD FOR
1081 BROADWAY							THE ORGANIZATION'S
BUFFALO, NY 14212	16-1067572		25,952.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
MEAL TIME-FRIENDS OF NIGHT PEOPLE							WITH THE COST OF FOOD FOR
21 WESTMINSTER							THE ORGANIZATION'S
BUFFALO, NY 14215	16-1086657		8,375.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
MISSIONARY OUTREACH CALVARY							WITH THE COST OF FOOD FOR
1184 GENESEE STREET							THE ORGANIZATION'S
BUFFALO, NY 14211	22-2510842		19,722.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
MOCHA CENTER							WITH THE COST OF FOOD FOR
1092 MAIN STREET							THE ORGANIZATION'S
BUFFALO, NY 14209	16-1380149		29,168.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
MY PLACE HOME (TEMPLE OF CHRIST							WITH THE COST OF FOOD FOR
CHURCH) - 1230 GENESEE STREET -							THE ORGANIZATION'S
BUFFALO, NY 14211	20-5885452		12,852.	٥.			SERVICES.

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Part II Continuation of Grants and Other A	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	urt II.)	1
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							TO PROVIDE ASSISTANCE
NATIVE AMERICAN COMM.SERVICES							WITH THE COST OF FOOD FOF
1005 GRANT STREET							THE ORGANIZATION'S
BUFFALO, NY 14207	16-1043710		19,352.	Ο.			SERVICES.
							TO PROVIDE ASSISTANCE
NEIGHBOR TO NEIGHBOR FOOD PANTRY							WITH THE COST OF FOOD FOF
9495 PROSPECT ROAD							THE ORGANIZATION'S
FORESTVILLE, NY 14062	32-0406067		51,521.	Ο.			SERVICES.
							TO PROVIDE ASSISTANCE
NETWORK OF RELIGIOUS COMMUNITIES							WITH THE COST OF FOOD FOF
1272 DELAWARE AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14209	16-0743975		41,647.	Ο.			SERVICES.
							TO PROVIDE ASSISTANCE
NEW BEGINNINGS FOOD PANTRY							WITH THE COST OF FOOD FOF
100 WILLOW RIDGE DRIVE							THE ORGANIZATION'S
AMHERST, NY 14228	16-1077366		33,268.	Ο.			SERVICES.
							TO PROVIDE ASSISTANCE
NEW COVENANT TABERNACLE F.P.							WITH THE COST OF FOOD FOF
345 McCONKEY DRIVE							THE ORGANIZATION'S
BUFFALO, NY 14223	16-1199630		93,841.	Ο.			SERVICES.
			,				TO PROVIDE ASSISTANCE
NEW COVENANT UNITED CH. OF CHRIST							WITH THE COST OF FOOD FOF
459 CLINTON STREET							THE ORGANIZATION'S
BUFFALO, NY 14204	16-1199630		33,411.	0.			SERVICES.
			,				TO PROVIDE ASSISTANCE
NEWFANE COMMUNITY FOOD PANTRY							WITH THE COST OF FOOD FOF
3455 EWINGS ROAD							THE ORGANIZATION'S
NEWFANE, NY 14108	53-0196617		19,951.	Ο.			SERVICES.
,			,				TO PROVIDE ASSISTANCE
NIACAP LOCKPORT PANTRY							WITH THE COST OF FOOD FOF
180 WASHBURN STREET							THE ORGANIZATION'S
LOCKPORT, NY 14094	16-0919885		30,489.	0.			SERVICES.
,							TO PROVIDE ASSISTANCE
NIAGARA COMMUNITY ACTION PROGRAM -							WITH THE COST OF FOOD FOF
			1			1	
NORTH TONAWANDA - 265 FALCONER							THE ORGANIZATION'S

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Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	irt II.)	
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NIAGARA COMMUNITY ACTION PROGRAM-ROSE MARRA - 564 19TH STREET - NIAGARA FALLS, NY 14301	16-0919885		55,409.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NIAGARA COUNTY FOOD DISTRIBUTION 2201 PINE AVENUE NIAGARA FALLS, NY 14301	16-0919885		106,169.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NIAGARA GOSPEL RESCUE MISSON DINING ROOM - 1317 PORTAGE ROAD - NIAGARA FALLS, NY 14301	42-1731548		16,971.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NORTH BUFFALO FOOD PANTRY 2 WALLACE AVENUE BUFFALO, NY 14214	41-1568278		15,154.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NORTH TONAWANDA INTER-CHURCH FOOD PANTRY - 100 RIDGE ROAD - NORTH TONAWANDA, NY 14120	22-2534763		24,493.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NORTHPOINTE COUNCIL INC. FIRST STEP CRISIS CENTER - 2470 Allen Avenue - NIAGARA FALLS, NY 14303	16-0975994		15,739.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NORTHSIDE FOOD PANTRY 663 LAKEVIEW AVENUE JAMESTOWN, NY 14701	31-1813333		13,875.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
O.L.V. ST VINCENT DePAUL SOCIETY 767 RIDGE ROAD LACKAWANNA, NY 14218	16-0747359		21,269.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
OLD FIRST WARD - BUFFALO RIVER FOOD PANTRY - 62 REPUBLIC STREET - BUFFALO, NY 14204	22-2264220		76,063.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

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OF WEDIE		, inc.				2-24/0020 Page
Assistance to Go	vernments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	art II.)	1
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD FOR
						THE ORGANIZATION'S
55-0881869		80,225.	٥.			SERVICES.
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD FOR
						THE ORGANIZATION'S
22-2478153		70,386.	Ο.			SERVICES.
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD FOR
						THE ORGANIZATION'S
22-2478153		64,998.	Ο.			SERVICES.
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD FOR
						THE ORGANIZATION'S
31-1813333		14,937.	٥.			SERVICES.
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD FOR
						THE ORGANIZATION'S
16-1306559		10,861.	Ο.			SERVICES.
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD FOR
						THE ORGANIZATION'S
31-1813333		24,128.	Ο.			SERVICES.
		,				TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD FOR
						THE ORGANIZATION'S
16-1067575		16,097.	0.			SERVICES.
		, -				TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD FOR
						THE ORGANIZATION'S
36-2167731		61 666	0.			SERVICES.
			°.			TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD FOR
					1	
1 1						THE ORGANIZATION'S
	Assistance to Go (b) EIN 55-0881869 22-2478153 22-2478153 31-1813333 16-1306559 31-1813333	Assistance to Governments and Orga (b) EIN (c) IRC section 55-0881869	Assistance to Governments and Organizations in the U (b) EIN (c) IRC section if applicable (d) Amount of cash grant 55-0881869 80,225. 22-2478153 70,386. 22-2478153 64,998. 31-1813333 14,937. 16-1306559 10,861. 31-1813333 24,128. 16-1067575 16,097.	Assistance to Governments and Organizations in the United States (Schering in applicable (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance 55-0881869 80,225 0. 22-2478153 70,386 0. 31-1813333 14,937. 0. 31-1813333 24,128. 0. 31-1813333 24,128. 0.	(b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 55-0881869 80, 225. 0. 22-2478153 70, 386. 0. 22-2478153 64, 998. 0. 31-1813333 14, 937. 0. 31-1813333 24, 128. 0. 16-1067575 16, 097. 0.	Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation on-cash assistance (g) Description of non-cash assistance 55-0881869 80,225 0. (g) Description of non-cash assistance (g) Description of non-cash assistance 22-2478153 70,386 0. (g) Description of non-cash assistance 22-2478153 70,386 0. (g) Description of non-cash assistance 31-1813333 14,937 0. (g) Description of non-cash assistance 31-1813333 14,128 0. (g) Description of non-cash assistance 31-1813333 16,097 0. (g) Description of non-cash assistance

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		KN NEW IORF	-				2-2470020 Page
Part II Continuation of Grants and Othe	r Assistance to Go	vernments and Orga	nizations in the U	nited States (School	edule I (Form 990), Pa I	art 11.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
RAYMOND COMMUNITY CHURCH							WITH THE COST OF FOOD FOF
6597 RAPIDS ROAD							THE ORGANIZATION'S
LOCKPORT, NY 14094	16-0836795		8,964.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
REFUGE TEMPLE CHURCH							WITH THE COST OF FOOD FOR
943 JEFFERSON AVE							THE ORGANIZATION'S
BUFFALO, NY 14204	16-1613503		15,000.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
RESPONSE TO LOVE CENTER PANTRY							WITH THE COST OF FOOD FOR
130 KOSCIUSZKO STREET							THE ORGANIZATION'S
BUFFALO, NY 14212	20-8083508		33,358.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
RESPONSE TO LOVE SOUP KITCHEN							WITH THE COST OF FOOD FOR
130 KOSCIUSZKO STREET							THE ORGANIZATION'S
BUFFALO, NY 14212	20-8083508		16,088.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
RESTORATION SOCIETY-HARBOR HOUSE							WITH THE COST OF FOOD FOR
66 ENGLEWOOD AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14214	16-1047189		5,473.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
RESURRECTION LIFE							WITH THE COST OF FOOD FOR
2145 OLD UNION ROAD							THE ORGANIZATION'S
CHEEKTOWAGA, NY 14227	22-2561812		172,608.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
RESURRECTION LUTHERAN PANTRY							WITH THE COST OF FOOD FOR
3 DOAT STREET							THE ORGANIZATION'S
BUFFALO, NY 14211	41-1568278		35,523.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
RIPLEY COMMUNITY COUNCIL FOOD							WITH THE COST OF FOOD FOR
PANTRY - 12 NORTH STATE STREET -							THE ORGANIZATION'S
RIPLEY, NY 14775	36-4587340		17,375.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
S.B.C.FOUNDATION							WITH THE COST OF FOOD FOF
18 CHURCH STREET							THE ORGANIZATION'S
LACKAWANNA, NY 14218	20-0907432		9,189.	0.			SERVICES.

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Schedule I (Form 990) FOOD BAI	IV OF MEDIE	KN NEW IORN	, INC.				32-24/0620 Page
Part II Continuation of Grants and Othe	er Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	i
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
SALVATION ARMY - ANEW CENTER							WITH THE COST OF FOOD FOR
83 S. MAIN STREET							THE ORGANIZATION'S
JAMESTOWN, NY 14701	13-5562351		8,540.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
SALVATION ARMY - BUFFALO							WITH THE COST OF FOOD FOR
960 MAIN STREET							THE ORGANIZATION'S
BUFFALO, NY 14202	13-5562351		53,013.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
SALVATION ARMY - DUNKIRK							WITH THE COST OF FOOD FOR
704 CENTRAL AVENUE							THE ORGANIZATION'S
DUNKIRK, NY 14048	13-5562351		45,143.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
SALVATION ARMY - JAMESTOWN							WITH THE COST OF FOOD FOR
83 S. MAIN STREET							THE ORGANIZATION'S
JAMESTOWN, NY 14701	13-5562351		145,380.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
SALVATION ARMY - KENSINGTON							WITH THE COST OF FOOD FOR
21 WESTMINSTER AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14215	13-5562351		30,397.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
SALVATION ARMY - LOCKPORT							WITH THE COST OF FOOD FOR
50 COTTAGE STREET							THE ORGANIZATION'S
LOCKPORT, NY 14094	13-5562351		36,490.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
SALVATION ARMY - NIAGARA FALLS							WITH THE COST OF FOOD FOR
7018 BUFFALO AVENUE							THE ORGANIZATION'S
NIAGARA FALLS, NY 14304	13-5562351		29,739.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
SALVATION ARMY - TEMPLE CORPS							WITH THE COST OF FOOD FOR
187 GRANT STREET							THE ORGANIZATION'S
BUFFALO, NY 14213	13-5562351		65,101.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
SALVATION ARMY - TONAWANDA							WITH THE COST OF FOOD FOR
46 BROAD STREET							THE ORGANIZATION'S
TONAWANDA, NY 14150	13-5562351		51,414.	0.			SERVICES.

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						2-2470820 Ра
stance to Gov	vernments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	irt II.)	
(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD
						THE ORGANIZATION'S
-5562351		9,282.	Ο.			SERVICES.
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD
						THE ORGANIZATION'S
-2470820		7,253.	٥.			SERVICES.
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD
						THE ORGANIZATION'S
-2470820		14,834.	Ο.			SERVICES.
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD
						THE ORGANIZATION'S
-2470820		9,626.	Ο.			SERVICES.
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD
						THE ORGANIZATION'S
-7367697		10,312.	Ο.			SERVICES.
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD
						THE ORGANIZATION'S
-2513966		22,863.	Ο.			SERVICES.
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD
						THE ORGANIZATION'S
-0196617		47,271.	Ο.			SERVICES.
						TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD
						THE ORGANIZATION'S
-5562351		34,000.	Ο.			SERVICES.
		, ,				TO PROVIDE ASSISTANCE
						WITH THE COST OF FOOD
						THE ORGANIZATION'S
-0877568		16,827.	Ο.			SERVICES.
	tance to Gov (b) EIN -5562351 -2470820 -2470820 -2470820 -2470820 -2470820 -2513966 -0196617 -5562351	tance to Governments and Organ (b) EIN (c) IRC section if applicable -5562351	(b) EIN (c) IRC section if applicable (d) Amount of cash grant -5562351 9,282. -2470820 7,253. -2470820 14,834. -2470820 9,626. -7367697 10,312. -2513966 22,863. -0196617 47,271. -5562351 34,000.	tance to Governments and Organizations in the United States (Scher (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance -5562351 9,282 0. -2470820 7,253 0. -2470820 14,834 0. -2470820 9,626 0. -2470820 10,312 0. -2470820 9,626 0. -2470820 9,626 0. -2470820 9,626 0. -2470820 9,626 0. -2470820 9,626 0. -2470820 9,626 0. -2470820 9,626 0. -2470820 9,626 0. -213966 22,863 0. -2513966 47,271 0. -5562351 34,000 0.	tance to Governments and Organizations in the United States (Schedule 1 (Form 990), Pa (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) .5562351 9, 282. 0. . .2470820 7, 253. 0. . .2470820 14, 834. 0. . .2470820 9, 626. 0. . .2470820 9, 626. 0. . .2470820 9, 626. 0. . .2470820 9, 626. 0. . .2470820 9, 626. 0. . .2513966 22, 863. 0. . .0196617 47, 271. 0. . .5562351 34,000. 0. .	tance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (f) Method of valuation (book, FW) (g) Description of non-cash assistance 5562351 9, 282. 0. (c) Part II.) (c) Part II.) (c) Description of non-cash assistance 2470820 7, 253. 0. (c) Part II.) (c) Description of non-cash assistance 2470820 7, 253. 0. (c) Part II.) (c) Part II.) 2470820 9, 626. 0. (c) Part II.) (c) Part II.) 2470820 9, 626. 0. (c) Part II.) (c) Part II.) 2470820 9, 626. 0. (c) Part II.) (c) Part II.) 2470820 9, 626. 0. (c) Part II.) (c) Part II.) 2513966 22, 863. 0. (c) Part II.) (c) Part II.) 2513966 22, 863. 0. (c) Part II.) (c) Part II.) 25562351 34, 000. 0. (c) Part II.) (c) Part II.)

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FOOD FOR

		RN NEW YORE	-				2-2470820 Pag
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	anizations in the U	nited States (Sche I	edule I (Form 990), Pa I	irt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
SOUTHERNTIER FOOD PANTRY @ TRADING							WITH THE COST OF FOOD F
POST – 38 FRANKLIN STREET –							THE ORGANIZATION'S
SPRINGVILLE, NY 14141	16-1478183		53,790.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
SOUTHTOWNS CHRISTIAN FOOD PANTRY							WITH THE COST OF FOOD F
6619 SOUTHWESTERN BLVD.							THE ORGANIZATION'S
LAKEVIEW, NY 14085	16-1323928		52,255.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
SPRINGVILLE-CONCORD FOOD PANTRY							WITH THE COST OF FOOD F
56 EAST MAIN STREET							THE ORGANIZATION'S
SPRINGVILLE, NY 14141	16-0763156		12,383.	٥.			SERVICES.
,			, -				TO PROVIDE ASSISTANCE
SR.MARY JOSETTE FOOD PANTRY							WITH THE COST OF FOOD F
240 PINE RIDGE ROAD							THE ORGANIZATION'S
CHEEKTOWAGA, NY 14225	16-0871487		86,908.	0.			SERVICES.
,,			,				TO PROVIDE ASSISTANCE
ST. CASIMIR CHURCH FOOD PANTRY							WITH THE COST OF FOOD F
1833 CLINTON STREET							THE ORGANIZATION'S
BUFFALO, NY 14206	35-0883494		18,332.	0.			SERVICES.
50111110, NI 14200	33 0003494		10,332.	· · ·			TO PROVIDE ASSISTANCE
ST. CHRISTOPHER PARISH PANTRY							WITH THE COST OF FOOD F
530 ELLICOTT CREEK ROAD							THE ORGANIZATION'S
	53-0196617		10 002	0.			SERVICES.
TONAWANDA, NY 14150	22-0130011		18,883.	0.			
							TO PROVIDE ASSISTANCE
ST. ELIZABETH ANN SETON FOOD							WITH THE COST OF FOOD F
CLOSET - 336 WASHINGTON AVENUE -							THE ORGANIZATION'S
DUNKIRK, NY 14048	53-0196617		120,934.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. FAUSTINA'S GATE							WITH THE COST OF FOOD F
263 CLAREMONT AVENUE							THE ORGANIZATION'S
TONAWANDA, NY 14223	53-0196617		16,710.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. JOHN DE LA SALLE COMMUNITY							WITH THE COST OF FOOD F
CARE - 8477 BUFFALO AVE - NIAGARA							THE ORGANIZATION'S
		1	40 - 40			1	

Schedule I (Form 990)

SERVICES.

FALLS, NY 14304

43,748.

53-0196617

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Schedule I (Form 990) FOOD BANK	OF WESLE	KN NEW IORK	, INC.			2	22-24/0020 Page 1
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
ST. JOSEPH OUTREACH							WITH THE COST OF FOOD FOR
1413 PINE AVENUE							THE ORGANIZATION'S
NIAGARA FALLS, NY 14301	53-0196617		24,797.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. LAWRENCE OUTREACH PANTRY							WITH THE COST OF FOOD FOR
1520 E. DELAVAN AVE.							THE ORGANIZATION'S
BUFFALO, NY 14215	22-2617944		70,195.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. LUKES MISSION OF MERCY							WITH THE COST OF FOOD FOR
325 WALDEN AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14211	16-1422964		123,279.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. MARTHA'S PANTRY							WITH THE COST OF FOOD FOR
10 FRENCH ROAD							THE ORGANIZATION'S
DEPEW, NY 14043	53-0196617		17,545.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. PATRICK PANTRY							WITH THE COST OF FOOD FOR
1119 WILLIAM STREET							THE ORGANIZATION'S
BUFFALO, NY 14206	53-0196617		29,926.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. PAUL'S EPISCOPAL FOOD PANTRY							WITH THE COST OF FOOD FOR
99 S. ERIE STREET							THE ORGANIZATION'S
MAYVILLE, NY 14757	31-1629166		17,652.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. PAUL'S TIGER'S DEN FOOD PANTRY							WITH THE COST OF FOOD FOR
4007 MAIN STREET							THE ORGANIZATION'S
BUFFALO, NY 14226	16-0758594		8,351.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. PETER & PAUL PARISH OUTREACH							WITH THE COST OF FOOD FOR
36 PINE STREET							THE ORGANIZATION'S
HAMBURG, NY 14075	53-0196617		40,767.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. PHILLIPS EPISCOPAL CHURCH							WITH THE COST OF FOOD FOR
15 FERNHILL AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14215	16-0743985		29,226.	Ο.			SERVICES.

Schedule I (Form 990) FOOD BANK OF WESTERN NEW YORK INC Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
ST. SIMON'S PANTRY AT THE GENESIS							WITH THE COST OF FOOD FOF
CENTER - 2161 SENECA STREET - REAR							THE ORGANIZATION'S
- BUFFALO, NY 14210	31-1629169		84,329.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. SIMON'S SOUP KITCHEN							WITH THE COST OF FOOD FOF
2161 SENECA STREET - REAR							THE ORGANIZATION'S
BUFFALO, NY 14210	31-1629169		9,690.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. SUSAN CENTER DINING ROOM							WITH THE COST OF FOOD FOR
31 WATER STREET SUITE 130							THE ORGANIZATION'S
JAMESTOWN, NY 14701	22-2635294		14,877.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. VINCENT DEPAUL - ST. AMELIA							WITH THE COST OF FOOD FOF
210 ST. AMELIA DRIVE							THE ORGANIZATION'S
TOWN OF TONAWANDA, NY 14150	16-0747359		11,014.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
ST. VINCENT DEPAUL DINING ROOM							WITH THE COST OF FOOD FOR
1298 MAIN ST.							THE ORGANIZATION'S
BUFFALO, NY 14209	16-0747359		21,839.	0.			SERVICES.
			,				TO PROVIDE ASSISTANCE
ST. VINCENT DEPAUL ST. FRANCIS OF							WITH THE COST OF FOOD FOF
ASSISI - 73 ADAM STREET -							THE ORGANIZATION'S
TONAWANDA, NY 14150	16-0747359		12,331.	0.			SERVICES.
,			,				TO PROVIDE ASSISTANCE
ST. VINCENT DEPAUL ST. TIMOTHY'S							WITH THE COST OF FOOD FOF
565 EAST PARK DRIVE							THE ORGANIZATION'S
TONAWANDA, NY 14150	16-0747359		18,465.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
T.J.DULSKI COMMUNITY CENTER							WITH THE COST OF FOOD FOR
129 LEWIS STREET							THE ORGANIZATION'S
BUFFALO, NY 14206	16-1067572		52,270.	0.			SERVICES.
,			, -, -, -, -, -, -, -, -, -, -, -, -,	••			TO PROVIDE ASSISTANCE
TABERNACLE FOOD PANTRY							WITH THE COST OF FOOD FOR
3185 ORCHARD PARK ROAD							THE ORGANIZATION'S
	16-6033757		41,994.	0.		1	SERVICES.

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Schedule I (Form 990) FOOD BAIN	K OF WESIE	KN NEW IORK	, INC.			2	22-2470620 Page 1
Part II Continuation of Grants and Othe	r Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
TASTE OF FAITH FOOD PANTRY							WITH THE COST OF FOOD FOR
594 WINSLOW AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14211	16-1495312		117,475.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
TOWN SQUARE FOOD PANTRY							WITH THE COST OF FOOD FOR
2710 N.FOREST ROAD							THE ORGANIZATION'S
GETZVILLE, NY 14068	16-0743251		39,198.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
TREE OF LIFE FOOD CUPBOARD							WITH THE COST OF FOOD FOR
825 FOREST AVENUE							THE ORGANIZATION'S
JAMESTOWN, NY 14701	16-1308144		8,851.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
TRI COMMUNITY FOOD PANTRY							WITH THE COST OF FOOD FOR
722 TERRACE BOULEVARD							THE ORGANIZATION'S
DEPEW, NY 14043	56-2449780		72,579.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
TRIBAL ADVOCATE SENECA NATION							WITH THE COST OF FOOD FOR
11 THOMAS INDIAN SCHOOL DRIVE							THE ORGANIZATION'S
IRVING, NY 14081	16-1182115		5,074.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
TRINITY BAPTIST CHURCH OUTREACH							WITH THE COST OF FOOD FOR
2930 BAILEY AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14215	16-1170752		7,939.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
TRINITY PANTRY							WITH THE COST OF FOOD FOR
5448 BROADWAY ST							THE ORGANIZATION'S
LANCASTER, NY 14086	16-0743985		56,115.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
TWICE FED FOOD PANTRY							WITH THE COST OF FOOD FOR
6813 MAIN STREET							THE ORGANIZATION'S
CHERRY CREEK, NY 14723	31-1813333		9,427.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
U.C. of E COMMUNITY FOOD PANTRY							WITH THE COST OF FOOD FOR
53 ELIZABETH STREET							THE ORGANIZATION'S
ELLICOTTVILLE, NY 14731	16-0743117		26,921.	0.			SERVICES.

22-2470820 Page 1

Schedule I (Form 990) FOOD BANK	OF WESLE	KN NEW IORK	, INC.			2	22-24/0620 Page 1
Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							TO PROVIDE ASSISTANCE
U.P.CFOOD PANTRY							WITH THE COST OF FOOD FOR
67 LAKE AVENUE							THE ORGANIZATION'S
BLASDELL, NY 14219	16-0743117		20,285.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
UNIVERSITY PRESBYTERIAN CHURCH							WITH THE COST OF FOOD FOR
3330 MAIN STREET							THE ORGANIZATION'S
BUFFALO, NY 14214	16-0743117		28,695.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
UPPER ROOM CHURCH OF GOD IN CHRIST							WITH THE COST OF FOOD FOR
131 FLORIDA STREET							THE ORGANIZATION'S
BUFFALO, NY 14208	42-1571876		30,873.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
URBAN CHRISTIAN MINISTRIES							WITH THE COST OF FOOD FOR
967 JEFFERSON AVENUE							THE ORGANIZATION'S
BUFFALO, NY 14204	16-0975278		37,564.	0.			SERVICES.
							TO PROVIDE ASSISTANCE
URBAN DINER (FRIENDS OF NIGHT 2)							WITH THE COST OF FOOD FOR
385 PADEREWSKI DRIVE							THE ORGANIZATION'S
BUFFALO, NY 14212	16-1085567		13,569.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
VALLEY COMMUNITY ASSOCIATION							WITH THE COST OF FOOD FOR
PANTRY - 93 LEDDY STREET -							THE ORGANIZATION'S
BUFFALO, NY 14210	16-0964724		17,371.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
VALLEY VIEW BAPTIST CHURCH PANTRY							WITH THE COST OF FOOD FOR
5416 ROUTE 353							THE ORGANIZATION'S
LITTLE VALLEY, NY 14755	16-0910303		14,834.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
WARMING HOUSE ST BONAVENTURE							WITH THE COST OF FOOD FOR
3261 West State Road							THE ORGANIZATION'S
ST. BONAVENTURE, NY 14778	16-0743150		8,125.	٥.			SERVICES.
							TO PROVIDE ASSISTANCE
WEST SENECA COMMUNITY FOOD PANTRY							WITH THE COST OF FOOD FOR
3951 SENECA STREET							THE ORGANIZATION'S
WEST SENECA, NY 14224	16-0743985		18,585.	Ο.			SERVICES.

22-2470820	Page 1
	I aye I

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United Sta	s (Schedule I)	(Form 990)	, Part II.)	
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTFIELD COMMUNITY KITCHEN 101 EAST MAIN STREET							TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOF THE ORGANIZATION'S
WESTFIELD, NY 14787	16-1468413		6,478.	Ο.			SERVICES.
WESTFIELD FOOD PANTRY 101 EAST MAIN STREET WESTFIELD, NY 14787	16-1468413		7,737.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOF THE ORGANIZATION'S SERVICES.
WILSON COMMUNITY FOOD PANTRY 359 LAKE STREET WILSON, NY 14172	31-1629166		12,179.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOF THE ORGANIZATION'S SERVICES.
WORD OF LIFE MINISTRIES 1941 HYDE PARK BLVD NIAGARA FALLS, NY 14305	16-1335391		27,632.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOF THE ORGANIZATION'S SERVICES.

 Part III
 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

 Part III can be duplicated if additional space is needed.
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (e) Method of valuation (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 (a) Type of grant or assistance
 (b) Number of recipients
 (c) Amount of cash grant
 (d) Amount of non-cash assistance
 (book, FMV, appraisal, other)
 (f) Description of noncash assistance

 Image: Cash grant
 Image: Cash

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

GRANT FUND USAGE IS REVIEWED MONTHLY BY MANAGEMENT IN THE ACCOUNTING

DEPARTMENT. ADHERENCE TO PREDETERMINED SELECTION CRITERIA ENSURES THAT

FUNDS ARE GRANTED ONLY TO ORGANIZATIONS WHOSE PROGRAMS ALIGN WITH THE

MISSION OF REACHING THE HUNGRY IN THE WESTERN NEW YORK COMMUNITY AND FOR

QUALIFIED CHARITABLE PURPOSES.

Page 2

SCHEDULE J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Dotation of the form 900, Part I Complete if the organization nervered 'Yes' for form 900, Part IV, line 23.	-0047
Complete if the organization answered "Y6s" on Form 990, Part IV, line 23. Open to PL Name of the organization FOOD BANK OF WESTERN NEW YORK, INC. Employer identification 22-2470820 Part I Questions Regarding Compensation 22-2470820 Image of the organization FOOD BANK OF WESTERN NEW YORK, INC. 22-2470820 Part I Questions Regarding Compensation 22-2470820 Image of 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. Image of the organization regarding these items. Image of the organization and gross-up payments Heating and the organization require substantiation provided any of the following version and residence for personal use Payments for business use of personal use Image of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or relimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 1b 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization require substantiation prior to reimbursing or allowing expenses incurred by al directors, trustees, and officers, including the filing organization used to establish the compensation committee 2 3 Indicate which, if any, of the following the filing organization use	Q
Department true Treatry Internet Neurose Service Description Description Description Name of the organization FOOD BANK OF WESTERN NEW YORK, INC. Employer identification 22-2470820 Part I Questions Regarding Compensation 22-2470820 Part I Questions Regarding Compensation provided any of the following to or for a person listed on Form 990, Part VI, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Ye Part I outer travel Housing allowance or residence for personal use Discretionary spending account Personal services (such as maid, chauffeur, cheft) b If any of the boxes on line 1 a 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 trustees, and officers, including the EGUExecutive Director, regarding the items checked on line 1a? 2 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to establish compensation consultant Compensation survey or study Approval by the board or compensation committee 4a 4 During the year, did any person larged complexition way account any supplement and ongularitation see a severance payment from, a supplemental nonqualified terimement plan? 4a 4 During the year, did any person larged complexitions must complete line	U
Interview Co to www.irs.gov/Form990 for instructions and the latest information. Imspective Name of the organization FOOD BANK OF WESTERN NEW YORK, INC. 22-2470820 Part I Questions Regarding Compensation 22-2470820 Image: Check the appropriate 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. Image: Check the appropriate 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. Image: Check the appropriate 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 explain. Yee Indicate which, if any, of the following the filing organization follow a written policy regarding payment or reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the tems checked on line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation committee Implementation survey or study CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization is establish compensation committee Approval by the board or compensation committee Indicate which, if any, of the following the filing organization survey or study	
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Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Image: 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 Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on 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	s No
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establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee 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: 	
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: 4a b Participate in, or receive payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c c Participate in, or receive payment from, an equity-based compensation arrangement? 4c if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 5a Only section 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: 5a a The organization? 5a b Any related organization? 5a f "Yes" on line 5a or 5b, describe in Part III. 6a 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: 6a a <	
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: 4a a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c Only section 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: 5a a The organization? 5a b Any related organization? 5b if "Yes" on line 5a or 5b, describe in Part III. 6a 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: 6a a The organization? 6a 6a b <t< td=""><td></td></t<>	
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: 4a a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment form, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 0nly section 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: 5a a The organization? 5a b Any related organization? 5b if "Yes" on line 5a or 5b, describe in Part III. 5b 6a 6 Any related organization? 6a if "Yes" on line 6a or 6b, describe in Part III. 6a	
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: 4a a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 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: 5a a The organization? 5a b Any related organization? 5a f "Yes" on line 5a or 5b, describe in Part III. 6a 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: 5a a The organization? 6a b Any related organization? 6a c 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:	
organization or a related organization: 4a a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c Only section 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: 5a a The organization? 5b b Any related organization? 5b a The organization? 6a b Any related organization? 6a c The organization? 6a b Any related organization? 6a	
a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c Only section 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: 5a a The organization? 5b b Any related organization? 5b a The organization? 5b b Any related organization? 6a c The organization? 6a b Any related organization? 6a	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. 4c Only section 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: 5a a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 5b 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: 6a b Any related organization? 5b If "Yes" on line 6a or 6b, describe in Part III. 6a	
c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: 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: 5a a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 5b 6 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: 5b a The organization? 5a b Any related organization? 5b if "Yes" on line 5a or 5b, describe in Part III. 6a b Any related organization? 6a if the organization? 6a 6a b Any related organization? 6b if "Yes" on line 6a or 6b, describe in Part III. 6b	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Image: Construct on the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: 5a a The organization? 5b b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 5a 5b 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: 6a a The organization? 5b 5b If "Yes" on line 6a or 6b, describe in Part III. 6a 6a	X
Only section 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: 5a a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 5b 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: 6a a The organization? 6a b Any related organization? 6a f "Yes" on line 6a or 6b, describe in Part III. 6a	X
 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? b Any related organization? 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? a The organization? a The organization? b Any related organization? contingent on the net earnings of: a The organization? b Any related organization? contingent on the net earnings of: a The organization? b Any related organization? contingent on line 6a or 6b, describe in Part III. 	
 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? b Any related organization? 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? a The organization? a The organization? b Any related organization? contingent on the net earnings of: a The organization? b Any related organization? contingent on the net earnings of: a The organization? b Any related organization? contingent on line 6a or 6b, describe in Part III. 	
contingent on the revenues of: 5a a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 5b 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: 6a a The organization? 6a b Any related organization? 6b contingent on line 6a or 6b, describe in Part III. 6b	
a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 5b 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: 6a a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 6b	
b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 5b 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: 6a a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 6b	v
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? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	X
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: 6a a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 6a	
contingent on the net earnings of: 6a a The organization? 6b b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 6b	
a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 6b	
b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 6b	x
If "Yes" on line 6a or 6b, describe in Part III.	X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	
not described on lines 5 and 6? If "Yes," describe in Part III	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued 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	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53.4958-6(c)?	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule J (Form 99	90) 2018

832111 10-26-18

22-2470820

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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) TARA ELLIS	(i)	140,128.	0.	0.	0.	11,540.	151,668.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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	(ii)								
	(i)								
((ii)								

Page 3

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

18

Department of the Treasury	
Internal Revenue Service	

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

FOOD BANK OF WESTERN NEW YORK, INC.

Employer identification number 22-2470820

ſ 20

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contrib	etermini	•	s
	-		items contributed	Form 990, Part VIII, line 1g				
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							
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	Х	167	15,028,059.	COST			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	Х	136					
26	Other (PROFESSIONAL)	Х	1					
27	Other \blacktriangleright (ADVERTISING)	Х	1	1,056.	COST			
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for o	contributions				
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowled	gement 29				
							Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d which isn't required to be ι	ised for			
	exempt purposes for the entire holding period?	·				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribution	utions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to sol	icit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) 2018

832141 10-18-18

describe in Part II.

15581219 795314 8777.0

	this part for any ac	Iditional informat	tion.	the number			
2 10-18-1	18					Schedule M	(Form 990)

FOOD BANK OF WESTERN NEW YORK, INC.

22 - 2470820

Page **2**

15

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. ► Go to www.irs.gov/Form990 for the latest information.

INC.



Form 990, Part I, Line 1, Description of Organization Mission:

FOOD BANK OF WESTERN NEW YORK,

these resources to the hungry in Western New York through our member

agencies.

Form 990, Part VI, Section B, line 11b:

A copy of 990 is made available to the Board prior to filing.

Form 990, Part VI, Section B, Line 12c:

THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE BOARD TO ENSURE COMPLIANCE. ALL BOARD MEMBERS SIGN THE CONFLICT OF INTEREST POLICY EACH FISCAL YEAR.

Form 990, Part VI, Section B, Line 15a:

THE SALARY OF THE CEO IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS

ANNUALLY. APPROPRIATE SALARY IS DETERMINED USING SALARY DATA FROM SIMILAR

ORGANIZATIONS AND INDUSTRY BENCHMARKS.

Form 990, Part VI, Section C, Line 19:

THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.

Form 990 Part XII, line 2c

The organization has not changed its oversight process for the

financial statement audit or the selection process for an independent

auditor.

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2018)

 832211
 10-10-18

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2018.05010 FOOD BANK OF WESTERN NEW YO 8777_0_1

(Rev. January 2019)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

•	File a	senarate	application	for ea	ch return	

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

						Enter filer's identifying number			
Type of print	Name of exempt organization or other filer, see instructions. FOOD BANK OF WESTERN NEW YORK, INC.				Employer identification number (EIN) or $22 - 2470820$				
-									
File by th due date filing you	for Number, street, and room or suite no. If a P.O. box,	tions.	Social se	curity numb	er (SSN)				
return. Se instructio		City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
Enter t	he Return Code for the return that this application is for (file a separa	ate application for each return)			01			
Applic	ation	Return	Application			Return			
ls For		Code	Is For	Code					
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)	07					
Form 9	90-BL	02	Form 1041-A	08					
Form 4	720 (individual)	03	Form 4720 (other than individual)	09					
Form 9	90-PF	04	Form 5227	10					
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11					
Form 9	90-T (trust other than above) LUCIAN WIZA	06	Form 8870	12					
box 1 I t	is is for a Group Return, enter the organization's four dig . If it is for part of the group, check this box ▶ request an automatic 6-month extension of time until he organization named above. The extension is for the or Calendar year or X tax year beginning JUL 1, 2018 f the tax year entered in line 1 is for less than 12 months, Change in accounting period	and atta ganization's , an	$\frac{1}{2}$ $\frac{15}{2020}$, to file s return for: d ending JUN 30, 2019	f all memb	pers the extern npt organizat				
3a I	f this application is for Forms 990-BL, 990-PF, 990-T, 472	0, or 6069,	enter the tentative tax, less						
2	any nonrefundable credits. See instructions.			3a	\$	0.			
bl	this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
e	stimated tax payments made. Include any prior year overpayment allowed as a credit.				\$	0.			
сE	c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by					-			
using EFTPS (Electronic Federal Tax Payment System). See instructions.			3c	\$	0.				
instruc			,	3453-EO a		. ,			
LHA	For Privacy Act and Paperwork Reduction Act Notice	e, see instr	uctions.		Form 8	868 (Rev. 1-2019)			