

Extended to May 15, 2020

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**


B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FOOD BANK OF WESTERN NEW YORK, INC.		D Employer identification number 22-2470820
	Doing business as		E Telephone number (716) 852-1305
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 31,883,527.
	91 HOLT STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14206-2293		H(c) Group exemption number ▶	
F Name and address of principal officer: Tara A. Ellis same as C above			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.FOODBANKWNY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1982 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To obtain nutritious food and support from public and private sources and efficiently distribute		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	56
	6 Total number of volunteers (estimate if necessary)	6	1302
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	23,009,225.	22,485,881.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,350,735.	2,090,740.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	369,411.	72,235.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,012.	-3,035.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	24,734,383.	24,645,821.	
14 Benefits paid to or for members (Part IX, column (A), line 4)	19,741,028.	19,717,152.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
16a Professional fundraising fees (Part IX, column (A), line 11e)	2,100,768.	2,062,990.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 677,851.	2,000.	0.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,565,492.	1,584,727.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,409,288.	23,364,869.	
19 Revenue less expenses. Subtract line 18 from line 12	1,325,095.	1,280,952.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	12,551,813.	14,040,631.
	22 Net assets or fund balances. Subtract line 21 from line 20	325,974.	319,811.
		12,225,839.	13,720,820.

Part II Signature Block

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

Sign Here	Signature of officer 	Date 12/20/19			
	Tara A. Ellis, President & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Eugene G. Kershner	Preparer's signature Eugene G. Kershner	Date 12/19/19	Check if self-employed <input type="checkbox"/>	PTIN P00601324
	Firm's name ▶ Chiampou Travis Besaw & Kershner LLP	Firm's EIN ▶ 16-1468002			
	Firm's address ▶ 45 Bryant Woods North Amherst, NY 14228	Phone no. 716-630-2400			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: 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? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 20,198,800. including grants of \$ 19,717,152.) (Revenue \$ 2,090,740.) 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.

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 \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 21,989,504.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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 during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
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 "Yes," 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 provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 "Yes," 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, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (30); 1b Enter the number of voting members included in line 1a, above, who are independent (30); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records LUCIAN WIZA - 716-852-1305 91 HOLT STREET, Buffalo, NY 14206-2293

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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL J. PRENDERGAST PAST CHAIR (JUL-FEB)	1.00	X		X				0.	0.	0.
(2) Richard Grimm PAST CHAIR	1.00	X		X				0.	0.	0.
(3) JERRY SHELDON CHAIRPERSON	1.00	X		X				0.	0.	0.
(4) MATT MCAFEE VICE CHAIRMAN (JUL-FEB)	1.00	X		X				0.	0.	0.
(5) ERIC J. DECKER VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(6) STEVEN JEZIORO TREASURER (JUL-FEB)	1.00	X		X				0.	0.	0.
(7) ROBERT ROMEO TREASURER (FEB-JUN)	1.00	X		X				0.	0.	0.
(8) TIM WANGLER SECRETARY (JUL-FEB)	1.00	X		X				0.	0.	0.
(9) KAREN MERKEL SECRETARY (FEB-JUN)	1.00	X		X				0.	0.	0.
(10) DAVID SMITH CAC CO-CHAIR (FEB-JUN)	1.00	X		X				0.	0.	0.
(11) MICHELE MEHAFFY CAC CO-CHAIR (FEB-JUN)	1.00	X		X				0.	0.	0.
(12) NANCY M. BLASCHAK DIRECTOR	1.00	X						0.	0.	0.
(13) TIMOTHY BOYLE DIRECTOR	1.00	X						0.	0.	0.
(14) DAVID CRISP DIRECTOR	1.00	X						0.	0.	0.
(15) CAROL DENYSSCHEN, PHD, RD, MPH DIRECTOR	1.00	X						0.	0.	0.
(16) JOHN S. EAGLETON DIRECTOR	1.00	X						0.	0.	0.
(17) KRISTEN HANSON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LOUIS M. JACOBS DIRECTOR	1.00	X						0.	0.	0.
(19) VINCENT MIRANDA DIRECTOR	1.00	X						0.	0.	0.
(20) JAMEL PERKINS DIRECTOR	1.00	X						0.	0.	0.
(21) BARRIE YOCHIM DIRECTOR	1.00	X						0.	0.	0.
(22) KEITH R. BOOKBINDER DIRECTOR (JUL-FEB)	1.00	X						0.	0.	0.
(23) ALLEN BROWN DIRECTOR (JUL-FEB)	1.00	X						0.	0.	0.
(24) GLENA A. BUTLER DIRECTOR (JUL-FEB)	1.00	X						0.	0.	0.
(25) STEPHANIE GETER DIRECTOR (JUL-FEB)	1.00	X						0.	0.	0.
(26) VINCENT O. HANLEY DIRECTOR (JUL-FEB)	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								203,937.	0.	27,566.
d Total (add lines 1b and 1c)								203,937.	0.	27,566.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

See Part VII, Section A Continuation sheets

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RAMON MORALES DIRECTOR (JUL-FEB)	1.00	X						0.	0.	0.
(28) MICHAEL NOWICKI DIRECTOR (JUL-FEB)	1.00	X						0.	0.	0.
(29) SCOTT C. TERHAAR DIRECTOR (JUL-FEB)	1.00	X						0.	0.	0.
(30) LATONYA DIGGS DIRECTOR (FEB-JUN)	1.00	X						0.	0.	0.
(31) DOMINIC EUSANIO DIRECTOR (FEB-JUN)	1.00	X						0.	0.	0.
(32) JOSHUA KREBS DIRECTOR (FEB-JUN)	1.00	X						0.	0.	0.
(33) ED NEGRON DIRECTOR (FEB-JUN)	1.00	X						0.	0.	0.
(34) CLIFF NELSON DIRECTOR (FEB-JUN)	1.00	X						0.	0.	0.
(35) TODD POHLMAN DIRECTOR (FEB-JUN)	1.00	X						0.	0.	0.
(36) BOB RUMPL DIRECTOR (FEB-JUN)	1.00	X						0.	0.	0.
(37) JEFFREY RUSSO DIRECTOR (FEB-JUN)	1.00	X						0.	0.	0.
(38) JEFFREY STEVENS DIRECTOR (FEB-JUN)	1.00	X						0.	0.	0.
(39) LAMONT WILLIAMS DIRECTOR (FEB-JUN)	1.00	X						0.	0.	0.
(40) MARY ELLEN FRANDINA DIRECTOR (FEB-JUN)	1.00	X						0.	0.	0.
(41) TARA ELLIS PRESIDENT & CEO	40.00			X				140,128.	0.	11,540.
(42) PAULA MERCURIO PAST CHIEF FINANCIAL OFFICER	40.00			X				63,809.	0.	16,026.
Total to Part VII, Section A, line 1c								203,937.		27,566.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	244,477.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	3,251,381.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	18,990,023.				
	g Noncash contributions included in lines 1a-1f: \$		15,063,751.				
	h Total. Add lines 1a-1f		22,485,881.				
Program Service Revenue	2 a PROGRAM FEES	Business Code	624200	1,513,843.	1,513,843.		
	b SHARED MAINTENANCE FEES		624200	541,838.	541,838.		
	c						
	d						
	e						
	f All other program service revenue		480000	35,059.	35,059.		
	g Total. Add lines 2a-2f			2,090,740.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			139,123.		139,123.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			-66,888.		-66,888.
	8 a Gross income from fundraising events (not including \$ 244,477. of contributions reported on line 1c). See Part IV, line 18	a			37,550.		
		b Less: direct expenses			40,585.		
		c Net income or (loss) from fundraising events			-3,035.		-3,035.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			24,645,821.	2,090,740.	0.	69,200.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	19,717,152.	19,717,152.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	231,503.		231,503.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,354,013.	957,789.	146,782.	249,442.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,569.	48,364.	12,847.	14,358.
9 Other employee benefits	284,058.	196,074.	52,828.	35,156.
10 Payroll taxes	117,847.	70,273.	28,459.	19,115.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	32,912.		32,912.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	39,814.	16,665.	19,399.	3,750.
12 Advertising and promotion				
13 Office expenses	145,174.	44,544.	9,091.	91,539.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	27,071.	11,725.	6,134.	9,212.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,636.	11,473.	5,163.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	311,154.	298,310.	12,844.	
23 Insurance	52,902.	49,768.	3,134.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a VEHICLES	172,938.	172,938.		
b PRINTING AND PUBLICATIO	171,260.			171,260.
c OTHER OPERATION EXPENSE	168,074.	70,151.	96,205.	1,718.
d REPACK, REPROCESS AND V	135,197.	135,197.		
e All other expenses	311,595.	189,081.	40,213.	82,301.
25 Total functional expenses. Add lines 1 through 24e	23,364,869.	21,989,504.	697,514.	677,851.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,249,650.	1	623,084.
	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 contributing 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	1,218,591.	8	1,990,129.
	9 Prepaid expenses and deferred charges	25,592.	9	24,196.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,409,469.		
	b Less: accumulated depreciation	10b 4,023,069.	1,497,332.	10c 1,386,400.
	11 Investments - publicly traded securities	4,414,690.	11	3,922,664.
	12 Investments - other securities. See Part IV, line 11	803,855.	12	1,612,575.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	12,551,813.	16	14,040,631.	
Liabilities	17 Accounts payable and accrued expenses	219,290.	17	266,488.
	18 Grants payable		18	
	19 Deferred revenue	106,684.	19	53,323.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	325,974.	26	319,811.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	10,617,656.	27	11,101,713.
	28 Temporarily restricted net assets	1,608,183.	28	2,619,107.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	12,225,839.	33	13,720,820.	
34 Total liabilities and net assets/fund balances	12,551,813.	34	14,040,631.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,645,821.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,364,869.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,280,952.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,225,839.
5	Net unrealized gains (losses) on investments	5	214,029.
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	13,720,820.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.
▶ 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**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (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 levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	22,025,411.	24,530,285.	22,868,721.	23,009,225.	22,485,881.	114,919,523.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						114,919,523.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	22,025,411.	24,530,285.	22,868,721.	23,009,225.	22,485,881.	114,919,523.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	47,485.	56,675.	80,928.	116,122.	139,123.	440,333.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						115,359,856.
12 Gross receipts from related activities, etc. (see instructions)					12	7,590,309.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	99.62 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	99.71 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning 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.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
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.			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j 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			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if 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 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 and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

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 organization

FOOD BANK OF WESTERN NEW YORK, INC.

Employer identification number

22-2470820

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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.

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 *exclusively* 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), II, and III.

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).

Name of organization FOOD BANK OF WESTERN NEW YORK, INC.	Employer identification number 22-2470820
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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
1	<hr/> <hr/> <hr/>	\$ <u>2,812,454.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>3,891,137.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FOOD BANK OF WESTERN NEW YORK, INC.	Employer identification number 22-2470820
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	FOOD PRODUCTS _____ _____ _____	\$ 3,891,137.	12/31/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization FOOD BANK OF WESTERN NEW YORK, INC.	Employer identification number 22-2470820
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization FOOD BANK OF WESTERN NEW YORK, INC. **Employer identification number** 22-2470820

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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 organization during the tax year ▶ _____

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,134,215.	3,893,448.	3,133,913.	1,531,902.	1,448,832.
b Contributions	42,794.	1,000,221.	441,941.	1,549,769.	33,399.
c Net investment earnings, gains, and losses	276,361.	264,953.	335,675.	61,757.	57,082.
d Grants or scholarships					
e Other expenditures for facilities and programs	26,177.	24,407.	18,081.	9,515.	7,411.
f Administrative expenses					
g End of year balance	5,427,193.	5,134,215.	3,893,448.	3,133,913.	1,531,902.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		143,134.		143,134.
b Buildings		3,342,572.	2,563,834.	778,738.
c Leasehold improvements				
d Equipment		1,923,763.	1,459,235.	464,528.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,386,400.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH	239,148.	End-of-Year Market Value
(B) FIXED INCOME BONDS	1,373,427.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,612,575.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	24,900,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	214,029.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	40,585.
e	Add lines 2a through 2d	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	24,645,821.

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

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

1	Total expenses and losses per audited financial statements	1	23,405,454.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	40,585.
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	23,364,869.

Part XIII Supplemental Information.

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

Part XI, Line 2d - Other Adjustments:

Fundraising expenses reclassified to offset revenue 40,585.

Part XII, Line 2d - Other Adjustments:

Fundraising expenses reclassified to offset revenue 40,585.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ 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**

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SWEET CHARITY	WALK OFF HUNGER	None	
		(event type)	(event type)	(total number)	
Revenue	1	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.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	28,560.	12,025.	40,585.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			40,585.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-3,035.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Part IV Supplemental Information (continued)

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **FOOD BANK OF WESTERN NEW YORK, INC.** Employer identification number **22-2470820**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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 noncash assistance	(h) Purpose of grant or assistance
14 HOLY HELPERS SHARING COMMITTEE 1345 INDIAN CHURCH ROAD WEST SENECA, NY 14224	16-0746847		6,545.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ALL SAINTS FOOD PANTRY SVDP 30 HERITAGE COURT LOCKPORT, NY 14094	53-0196617		25,399.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ALTAMONT VETERAN PROGRAM 30 WYOMING AVENUE BUFFALO, NY 14215	14-1708881		9,597.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ANTIOCH BAPTIST FOOD PANTRY 1327 N. FILLMORE AVENUE BUFFALO, NY 14211	16-1189974		53,202.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
AREA CHRISTIAN ACTION - FINDLEY 2862 NORTH ROAD FINDLEY LAKE, NY 14736	16-1119647		16,789.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
AREA CHRISTIAN ACTION - SHERMAN 109 CHURCH STREET SHERMAN, NY 14781	16-1119647		15,273.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____
- 3** Enter total number of other organizations listed in the line 1 table **▶** _____

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

Schedule I (Form 990) (2018)

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
ASHVILLE FOOD PANTRY 2180 NORTH MAPLE STREET ASHVILLE, NY 14710	31-1813333		73,670.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
B.L.E.S. FOOD PANTRY BUFF LUTH EM SER - 900 GENESEE STREET - BUFFALO, NY 14211	16-1400251		44,721.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BELLE CENTER FOOD PANTRY 104 MARYLAND STREET BUFFALO, NY 14201	16-1559032		29,828.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BETHLEHEM LUTHERAN CHURCH FOOD PANTRY - 48 PERRIN STREET - FAIRPORT, NY 14450	16-0928704		9,657.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BLACK ROCK/RIVERSIDE FOOD PANTRY 357 ONTARIO STREET BUFFALO, NY 14207	22-3290969		44,749.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK ABATE ELEMENTARY SCHOOL 1625 LOCKPORT STREET NIAGARA FALLS, NY 14305	22-2470820		8,065.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK AJ SCHMIDT 9455 LAKE SHORE ROAD ANGOLA, NY 14085	22-2470820		5,027.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK BLASDELL ELEMENTARY 3780 SOUTH PARK AVENUE BLASDELL, NY 14219	22-2470820		5,395.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK BPS 18 750 WEST AVENUE BUFFALO, NY 14213	22-2470820		12,013.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

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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BPK BPS 3 255 Porter Ave BUFFALO, NY 14201	22-2470820		6,036.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK BPS 37 FUTURES PREP 295 CARLTON STREET BUFFALO, NY 14204	22-2470820		7,749.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK BPS 45 INTERNATIONAL SCHOOL 141 HOYT STREET BUFFALO, NY 14213	22-2470820		9,860.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK BPS 6 414 SOUTH DIVISION STREET BUFFALO, NY 14204	22-2470820		8,851.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK BPS 65 ROOSEVLET ECC 249 SKILLEN STREET BUFFALO, NY 14207	22-2470820		5,540.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK BPS 94 WEST HERTEL ACADEMY 489 HERTEL AVENUE BUFFALO, NY 14207	22-2470820		8,918.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK CHARTER SCHOOL FOR APPLIED TECHNOLOGIES - 2303 KENMORE AVENUE - BUFFALO, NY 14207	22-2470820		6,798.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK CLEVELAND HILL 105 Mapleview Rd. BUFFALO, NY 14225	22-2470820		6,640.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK DUNKIRK SCHOOL 3 742 LAMPHERE STREET DUNKIRK, NY 14048	22-2470820		6,074.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

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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
BPK GOWANDA ELEMENTARY 10674 PROSPECT STREET GOWANDA, NY 14070	22-2470820		7,689.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK LOVE SCHOOL 50 EAST 8TH STREET JAMESTOWN, NY 14701	22-2470820		10,963.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK MARYVALE PRIMARY 1 NAGEL DRIVE BUFFALO, NY 14225	22-2470820		6,774.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK NIAGARA CHARTER SCHOOL 1725 Clinton St BUFFALO, NY 14206	22-2470820		5,752.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK SILVERCREEK CENTRAL 1 DICKINSON ST SILVER CREEK, NY 14136	22-2470820		11,189.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BPK UNION EAST 3550 UNION ROAD CHEEKTOWAGA, NY 14225	22-2470820		5,255.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BREAD OF LIFE HEALING WORD MINISTRIES - 1006 WEST THIRD STREET - JAMESTOWN, NY 14701	62-0484177		38,100.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BREAD OF LIFE OUTREACH 8745 SUPERVISOR AVE COLDEN, NY 14033	27-3172986		37,437.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BROCTON-PORTLAND FOOD PANTRY 7081 EAST RTE. 20 PORTLAND, NY 14769	14-1490510		41,376.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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BUFFALO PEACE HOUSE 4263 ST FRANCIS DRIVE HAMBURUG, NY 14075	61-1681692		5,670.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BUFFALO URBAN LEAGUE PANTRY 86 PINE STREET BUFFALO, NY 14204	16-0743940		23,002.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
C.A.O. OF ERIE CO PANTRY 167 HUMBOLDT PARKWAY BUFFALO, NY 14214	16-0911473		41,160.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CARE -N- SHARE FOOD PANTRY 3628 RANSOMVILLE ROAD RANSOMVILLE, NY 14131	35-0877568		29,097.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CASSADAGA FOOD PANTRY 25 MAPLE AVENUE CASSADAGA, NY 14718	35-0877568		12,514.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATHOLIC CENTRAL FOOD PANTRY 350 DEWEY AVENUE BUFFALO, NY 14214	53-1096617		78,223.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATHOLIC CHARITIES - FRANKLINVILLE FOOD PANTRY - 28 PARK SQUARE - FRANKLINVILLE, NY 14737	53-0196617		16,488.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATHOLIC CHARITIES - FULTON - ST. BRIDGET - 170 FULTON STREET - BUFFALO, NY 14204	53-0196617		39,282.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATHOLIC CHARITIES - LACKAWANNA PANTRY - 75 CALDWELL STREET - LACKAWANNA, NY 14218	16-0743251		100,925.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

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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CATHOLIC CHARITIES LOVEJOY PANTRY & OR - 139 NORTH OGDEN - BUFFALO, NY 14206	53-1096617		88,768.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S 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.
CATHOLIC CHARITIES SOUTH BUFFALO PANTRY - 920 TIFFT STREET - BUFFALO, NY 14220	16-0743251		97,166.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATT C.A.O.-FOOD PANTRY 25 JEFFERSON STREET SALAMANCA, NY 14779	16-0910303		94,191.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATT C.A.O.-THE LIGHTHOUSE S.K. 25 JEFFERSON STREET SALAMANCA, NY 14779	16-0910303		32,339.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S 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.
CATT CAO-KINLEY HILL SHELTER 25 CHURCH STREET SALAMANCA, NY 14779	16-0910303		28,216.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATTARAUGUS FOOD PANTRY 11 WASHINGTON STREET CATTARAUGUS, NY 14719	16-1478183		44,669.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CEDAR GROVE FOOD PANTRY 100 OLD MARYVALE DRIVE CHEEKTOWAGA, NY 14225	16-1554921		8,838.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

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CHAUTAUQUA DISTRIBUTION SITE (CHAUT DIST) - 2485 Falconer Frewsburg Road - FALCONER, NY 14700	22-2470820		46,391.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CHAUTAUQUA DISTRIBUTION SITE (CATT DIST) - 2485 Falconer Frewsburg Road - FALCONER, NY 14700	22-2470820		36,754.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CITIZENS COMMUNITY DEVELOPMENT 134 WILLIAM STREET BUFFALO, NY 14204	16-1025108		34,957.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CITY MISSION - SHELTER 100 EAST TUPPER STREET BUFFALO, NY 14203	16-0743965		16,223.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CITY MISSION SOCIETY INC. PANTRY 100 EAST TUPPER STREET BUFFALO, NY 14203	16-0743965		11,773.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CITY MISSION SOCIETY INC.-D.R. 100 EAST TUPPER STREET BUFFALO, NY 14203	16-0743965		18,138.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
COLDSPRING COMMUNITY FOUNDATION 234 GLENWOOD AVENUE BUFFALO, NY 14208	23-7002419		12,804.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
COMMUNITY ACTION INFORMATION CENTER - 103 WOHLERS AVENUE - BUFFALO, NY 14208	16-1272242		145,714.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
COMMUNITY KITCHEN (AT THE TRADING POST) - 38 FRANKLIN ST - SPRINGVILLE, NY 14141	16-1478183		16,327.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

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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COMMUNITY MISSIONS OF NIAGARA FRONTIER COMMUNITY KITCHEN - 1570 BUFFALO AVENUE - NIAGARA FALLS, NY 14303	16-0788242		28,556.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
COMMUNITY MISSIONS, INC.-PANTRY 1590 BUFFALO AVENUE NIAGARA FALLS, NY 14303	16-0788242		44,835.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CONCERNED PARENTS COUNCIL/ST. LUKES - 314 EAST FERRY STREET - BUFFALO, NY 14208	16-1004825		32,137.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CORNERSTONE MANOR SHELTER CONFIDENTIAL BUFFALO, NY 14203	16-0743965		15,233.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CREEKSIDE CHAPEL FOOD PANTRY 2523 FIVE MILE ROAD ALLEGANY, NY 14706	35-0877568		16,904.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
DAYTON FOOD PANTRY 9586 RAILROAD AVE DAYTON, NY 14041	31-1813333		81,612.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
DELEVAN COMMUNITY FOOD PANTRY 21 DELEVAN AVENUE DELEVAN, NY 14042	31-1813333		21,075.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
DELIVERANCE TEMPLE FOOD PANTRY 179 SHERMAN STREET BUFFALO, NY 14212	16-6088744		22,667.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
DIVINE MERCY FOOD PANTRY 2437 NIAGARA STREET NIAGARA FALLS, NY 14303	16-0747359		36,841.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

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DURHAM MEMORIAL CENTRAL CITY CAFE 174 EAGLE STREET BUFFALO, NY 14204	16-1341423		11,730.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
EDEN-NORTH COLLINS FOOD PANTRY 2059 FRANKLIN STREET NORTH COLLINS, NY 14111	22-2478253		32,832.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
EDISON STREET MANNA FROM HEAVEN 28 EDISON AVENUE BUFFALO, NY 14215	16-1068790		27,884.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
EVANGEL FOOD PANTRY 8180 GREINER ROAD WILLIAMSVILLE, NY 14221	44-0577787		96,723.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
EVERGREEN HEALTH SERVICES 206 SOUTH ELMWOOD AVENUE-4TH FLOOR BUFFALO, NY 14201	16-1202971		113,208.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
EVERGREEN HEALTH SERVICES JAMESTOWN - 31 WATER STREET - JAMESTOWN, NY 14701	16-1202971		12,591.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
EXPRESSWAY ASSEMBLY OF GOD FOOD PANTRY - 260 EGGERT ROAD - BUFFALO, NY 14215	22-2442415		21,863.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FAITH BASED FELLOWSHIP BOX STREET 378 BOX STREET BUFFALO, NY 14211	01-0607507		25,501.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FAITH BASED FELLOWSHIP WILLIAM STREET - 722 WILLIAM STREET - BUFFALO, NY 14206	01-0607507		28,517.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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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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FAITH UNITED METHODIST CHURCH 1449 QUAKER ROAD BARKER, NY 14012	31-1813333		27,223.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FALCONER DISTRIBUTION SITE 2485 Falconer Frewsburg Road FALCONER, NY 14733	22-2470820		16,036.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FAMILY HELP CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511		65,718.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FIRST BAPTIST CHURCH OF NEWFANE FOOD PANTRY - 6047 EAST AVENUE - NEWFANE, NY 14108	15-0509747		27,937.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FIRST SHILOH BAPTIST CHURCH 15 PINE STREET BUFFALO, NY 14204	22-3335025		36,283.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FISH OF EAST AURORA, INC. 960 EAST MAIN STREET EAST AURORA, NY 14052	16-0975994		45,533.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FORESTVILLE FOOD PANTRY, INC. 3 PARK STREET FORESTVILLE, NY 14062	45-3027843		26,186.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FREWSBURG FOOD CUPBOARD 11 INSTITUTE ST. P.O. BOX 973 FREWSBURG, NY 14738	45-3125862		7,316.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FRIENDS OF NIGHT PEOPLE 394 HUDSON STREET BUFFALO, NY 14201	16-1086657		19,960.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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

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HARVEST FIELD OUTREACH CENTER 406 W.STATE STREET OLEAN, NY 14760	35-1268508		76,916.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
HEART, LOVE & SOUL INC. FOOD PANTRY - 939 ONTARIO AVENUE - NIAGARA FALLS, NY 14305	16-1200127		10,662.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
HINSDALE / ISCHUA FOOD PANTRY 3628 MAIN ST HINSDALE, NY 14743	16-6098616		13,557.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
HISPANICS UNITED OF BUFFALO 254 VIRGINIA STREET BUFFALO, NY 14201	16-1243094		60,037.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
HUMBOLDT PARKWAY BAPTIST CHURCH 790 HUMBOLDT PARKWAY BUFFALO, NY 14211	16-1303200		37,644.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876		15,628.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
JOSEPH PROJECT MOBILE F.P. 437 MASTEN AVENUE BUFFALO, NY 14209	16-1450334		73,474.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
LIMESTONE CARROLTON FOOD PANTRY N MAIN STREET/ R/CARROLLTON HWY BDC LIMESTONE, NY 14753	55-0881869		14,059.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
LITTLE PORTION FRIARY 1305 MAIN STREET BUFFALO, NY 14209	16-1202510		8,430.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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LIVING WATER FELLOWSHIP 383 PINE RIDGE ROAD CHEEKTOWAGA, NY 14225	16-1468498		82,299.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
LOAVES & FISHES SOUTHERN TIER F.P. 753 PROSPECT AVENUE OLEAN, NY 14760	16-0056368		45,059.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
LOVE ALIVE BAPTIST CHURCH 145 LEWIS STREET BUFFALO, NY 14206	37-1664671		5,227.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
MACEDONIA BAPTIST CHURCH PANTRY 237 E. NORTH STREET BUFFALO, NY 14204	11-1189061		13,283.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
MATT URBAN CENTER FOOD PANTRY 1081 BROADWAY BUFFALO, NY 14212	16-1067572		25,952.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
MEAL TIME-FRIENDS OF NIGHT PEOPLE 21 WESTMINSTER BUFFALO, NY 14215	16-1086657		8,375.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
MISSIONARY OUTREACH CALVARY 1184 GENESEE STREET BUFFALO, NY 14211	22-2510842		19,722.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
MOCHA CENTER 1092 MAIN STREET BUFFALO, NY 14209	16-1380149		29,168.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
MY PLACE HOME (TEMPLE OF CHRIST CHURCH) - 1230 GENESEE STREET - BUFFALO, NY 14211	20-5885452		12,852.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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NATIVE AMERICAN COMM.SERVICES 1005 GRANT STREET BUFFALO, NY 14207	16-1043710		19,352.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NEIGHBOR TO NEIGHBOR FOOD PANTRY 9495 PROSPECT ROAD FORESTVILLE, NY 14062	32-0406067		51,521.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NETWORK OF RELIGIOUS COMMUNITIES 1272 DELAWARE AVENUE BUFFALO, NY 14209	16-0743975		41,647.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NEW BEGINNINGS FOOD PANTRY 100 WILLOW RIDGE DRIVE AMHERST, NY 14228	16-1077366		33,268.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NEW COVENANT TABERNACLE F.P. 345 McCONKEY DRIVE BUFFALO, NY 14223	16-1199630		93,841.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NEW COVENANT UNITED CH. OF CHRIST 459 CLINTON STREET BUFFALO, NY 14204	16-1199630		33,411.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NEWFANE COMMUNITY FOOD PANTRY 3455 EWINGS ROAD NEWFANE, NY 14108	53-0196617		19,951.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NIACAP LOCKPORT PANTRY 180 WASHBURN STREET LOCKPORT, NY 14094	16-0919885		30,489.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NIAGARA COMMUNITY ACTION PROGRAM - NORTH TONAWANDA - 265 FALCONER STREET - NORTH TONAWANDA, NY 14120	16-0919885		32,695.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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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 MISSION 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.

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OLEAN FOOD PANTRY 8 LEO MOSS DRIVE OLEAN, NY 14760	55-0881869		80,225.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
OPERATION GOOD NEIGHBOR PANTRY 2030 SOUTH CREEK ROAD NORTH EVANS, NY 14047	22-2478153		70,386.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
OPERATION GOOD NEIGHBOR-ANGOLA 17 PROSPECT AVENUE ANGOLA, NY 14006	22-2478153		64,998.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
PANAMA UNITED METHODIST CHURCH 22 EAST MAIN ST. PANAMA, NY 14767	31-1813333		14,937.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
PEACEPRINTS PRISON MINISTRIES - BISSETT HOUSE - 335 GRIDER STREET - BUFFALO, NY 14215	16-1306559		10,861.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
PENDLETON FOOD PANTRY 7416 CAMPBELL BLVD NORTH TONAWANDA, NY 14120	31-1813333		24,128.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
POLONIA HALL FOOD PANTRY 385 PADEREWSKI DRIVE BUFFALO, NY 14212	16-1067575		16,097.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
PRIMERA FOOD PANTRY 62 VIRGINIA STREET BUFFALO, NY 14201	36-2167731		61,666.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
RANDOLPH COMMUNITY CUPBOARD 28 JAMESTOWN STREET RANDOLPH, NY 14772	16-1386693		6,221.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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RAYMOND COMMUNITY CHURCH 6597 RAPIDS ROAD LOCKPORT, NY 14094	16-0836795		8,964.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
REFUGE TEMPLE CHURCH 943 JEFFERSON AVE BUFFALO, NY 14204	16-1613503		15,000.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
RESPONSE TO LOVE CENTER PANTRY 130 KOSCIUSZKO STREET BUFFALO, NY 14212	20-8083508		33,358.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
RESPONSE TO LOVE SOUP KITCHEN 130 KOSCIUSZKO STREET BUFFALO, NY 14212	20-8083508		16,088.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
RESTORATION SOCIETY-HARBOR HOUSE 66 ENGLEWOOD AVENUE BUFFALO, NY 14214	16-1047189		5,473.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
RESURRECTION LIFE 2145 OLD UNION ROAD CHEEKTOWAGA, NY 14227	22-2561812		172,608.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
RESURRECTION LUTHERAN PANTRY 3 DOAT STREET BUFFALO, NY 14211	41-1568278		35,523.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
RIPLEY COMMUNITY COUNCIL FOOD PANTRY - 12 NORTH STATE STREET - RIPLEY, NY 14775	36-4587340		17,375.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
S.B.C.FOUNDATION 18 CHURCH STREET LACKAWANNA, NY 14218	20-0907432		9,189.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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SALVATION ARMY - ANEW CENTER 83 S. MAIN STREET JAMESTOWN, NY 14701	13-5562351		8,540.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SALVATION ARMY - BUFFALO 960 MAIN STREET BUFFALO, NY 14202	13-5562351		53,013.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SALVATION ARMY - DUNKIRK 704 CENTRAL AVENUE DUNKIRK, NY 14048	13-5562351		45,143.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SALVATION ARMY - JAMESTOWN 83 S. MAIN STREET JAMESTOWN, NY 14701	13-5562351		145,380.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SALVATION ARMY - KENSINGTON 21 WESTMINSTER AVENUE BUFFALO, NY 14215	13-5562351		30,397.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SALVATION ARMY - LOCKPORT 50 COTTAGE STREET LOCKPORT, NY 14094	13-5562351		36,490.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SALVATION ARMY - NIAGARA FALLS 7018 BUFFALO AVENUE NIAGARA FALLS, NY 14304	13-5562351		29,739.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SALVATION ARMY - TEMPLE CORPS 187 GRANT STREET BUFFALO, NY 14213	13-5562351		65,101.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SALVATION ARMY - TONAWANDA 46 BROAD STREET TONAWANDA, NY 14150	13-5562351		51,414.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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SALVATION ARMY-EMERGENCY SHELTER 960 MAIN STREET BUFFALO, NY 14202	13-5562351		9,282.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SCHOOL PANTRY AKRON 47 Bloomingdale Ave AKRON, NY 14001	22-2470820		7,253.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SCHOOL PANTRY EAST COMMUNITY HIGH SCHOOL - 820 Northampton St - BUFFALO, NY 14211	22-2470820		14,834.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SCHOOL PANTRY MARITIME CHARTER 266 GENESEE STREET BUFFALO, NY 14204	22-2470820		9,626.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SENECA BABCOCK FOOD PANTRY 1168 SENECA STREET BUFFALO, NY 14210	23-7367697		10,312.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SINCLAIRVILLE FOOD CUPBOARD 49 SINCLAIR DRIVE SINCLAIRVILLE, NY 14782	22-2513966		22,863.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SISTER HELEN'S FOOD PANTRY 160 CHESTNUT STREET LOCKPORT, NY 14094	53-0196617		47,271.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SISTER MARY LORETTO SOUP KITCHEN 50 COTTAGE STREET LOCKPORT, NY 14094	13-5562351		34,000.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SOUTH DAYTON FOOD PANTRY ROUTE 322 (327 PINE STREET) SOUTH DAYTON, NY 14138	35-0877568		16,827.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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SOUTHERNTIER FOOD PANTRY @ TRADING POST - 38 FRANKLIN STREET - SPRINGVILLE, NY 14141	16-1478183		53,790.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SOUTHTOWNS CHRISTIAN FOOD PANTRY 6619 SOUTHWESTERN BLVD. LAKEVIEW, NY 14085	16-1323928		52,255.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SPRINGVILLE-CONCORD FOOD PANTRY 56 EAST MAIN STREET SPRINGVILLE, NY 14141	16-0763156		12,383.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SR.MARY JOSETTE FOOD PANTRY 240 PINE RIDGE ROAD CHEEKTOWAGA, NY 14225	16-0871487		86,908.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. CASIMIR CHURCH FOOD PANTRY 1833 CLINTON STREET BUFFALO, NY 14206	35-0883494		18,332.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. CHRISTOPHER PARISH PANTRY 530 ELLICOTT CREEK ROAD TONAWANDA, NY 14150	53-0196617		18,883.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. ELIZABETH ANN SETON FOOD CLOSET - 336 WASHINGTON AVENUE - DUNKIRK, NY 14048	53-0196617		120,934.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. FAUSTINA'S GATE 263 CLAREMONT AVENUE TONAWANDA, NY 14223	53-0196617		16,710.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. JOHN DE LA SALLE COMMUNITY CARE - 8477 BUFFALO AVE - NIAGARA FALLS, NY 14304	53-0196617		43,748.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

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
ST. JOSEPH OUTREACH 1413 PINE AVENUE NIAGARA FALLS, NY 14301	53-0196617		24,797.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. LAWRENCE OUTREACH PANTRY 1520 E. DELAVAN AVE. BUFFALO, NY 14215	22-2617944		70,195.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. LUKES MISSION OF MERCY 325 WALDEN AVENUE BUFFALO, NY 14211	16-1422964		123,279.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. MARTHA'S PANTRY 10 FRENCH ROAD DEPEW, NY 14043	53-0196617		17,545.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. PATRICK PANTRY 1119 WILLIAM STREET BUFFALO, NY 14206	53-0196617		29,926.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. PAUL'S EPISCOPAL FOOD PANTRY 99 S. ERIE STREET MAYVILLE, NY 14757	31-1629166		17,652.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. PAUL'S TIGER'S DEN FOOD PANTRY 4007 MAIN STREET BUFFALO, NY 14226	16-0758594		8,351.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. PETER & PAUL PARISH OUTREACH 36 PINE STREET HAMBURG, NY 14075	53-0196617		40,767.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. PHILLIPS EPISCOPAL CHURCH 15 FERNHILL AVENUE BUFFALO, NY 14215	16-0743985		29,226.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

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
ST. SIMON'S PANTRY AT THE GENESIS CENTER - 2161 SENECA STREET - REAR - BUFFALO, NY 14210	31-1629169		84,329.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. SIMON'S SOUP KITCHEN 2161 SENECA STREET - REAR BUFFALO, NY 14210	31-1629169		9,690.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. SUSAN CENTER DINING ROOM 31 WATER STREET SUITE 130 JAMESTOWN, NY 14701	22-2635294		14,877.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. VINCENT DEPAUL - ST. AMELIA 210 ST. AMELIA DRIVE TOWN OF TONAWANDA, NY 14150	16-0747359		11,014.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. VINCENT DEPAUL DINING ROOM 1298 MAIN ST. BUFFALO, NY 14209	16-0747359		21,839.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. VINCENT DEPAUL ST. FRANCIS OF ASSISI - 73 ADAM STREET - TONAWANDA, NY 14150	16-0747359		12,331.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. VINCENT DEPAUL ST. TIMOTHY'S 565 EAST PARK DRIVE TONAWANDA, NY 14150	16-0747359		18,465.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
T.J.DULSKI COMMUNITY CENTER 129 LEWIS STREET BUFFALO, NY 14206	16-1067572		52,270.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
TABERNACLE FOOD PANTRY 3185 ORCHARD PARK ROAD ORCHARD PARK, NY 14127	16-6033757		41,994.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

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
TASTE OF FAITH FOOD PANTRY 594 WINSLOW AVENUE BUFFALO, NY 14211	16-1495312		117,475.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
TOWN SQUARE FOOD PANTRY 2710 N.FOREST ROAD GETZVILLE, NY 14068	16-0743251		39,198.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
TREE OF LIFE FOOD CUPBOARD 825 FOREST AVENUE JAMESTOWN, NY 14701	16-1308144		8,851.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
TRI COMMUNITY FOOD PANTRY 722 TERRACE BOULEVARD DEPEW, NY 14043	56-2449780		72,579.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
TRIBAL ADVOCATE SENECA NATION 11 THOMAS INDIAN SCHOOL DRIVE IRVING, NY 14081	16-1182115		5,074.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
TRINITY BAPTIST CHURCH OUTREACH 2930 BAILEY AVENUE BUFFALO, NY 14215	16-1170752		7,939.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
TRINITY PANTRY 5448 BROADWAY ST LANCASTER, NY 14086	16-0743985		56,115.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
TWICE FED FOOD PANTRY 6813 MAIN STREET CHERRY CREEK, NY 14723	31-1813333		9,427.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
U.C. of E COMMUNITY FOOD PANTRY 53 ELIZABETH STREET ELLCOTTVILLE, NY 14731	16-0743117		26,921.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

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
U.P.C.-FOOD PANTRY 67 LAKE AVENUE BLASDELL, NY 14219	16-0743117		20,285.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
UNIVERSITY PRESBYTERIAN CHURCH 3330 MAIN STREET BUFFALO, NY 14214	16-0743117		28,695.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
UPPER ROOM CHURCH OF GOD IN CHRIST 131 FLORIDA STREET BUFFALO, NY 14208	42-1571876		30,873.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
URBAN CHRISTIAN MINISTRIES 967 JEFFERSON AVENUE BUFFALO, NY 14204	16-0975278		37,564.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
URBAN DINER (FRIENDS OF NIGHT 2) 385 PADEREWSKI DRIVE BUFFALO, NY 14212	16-1085567		13,569.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
VALLEY COMMUNITY ASSOCIATION PANTRY - 93 LEDDY STREET - BUFFALO, NY 14210	16-0964724		17,371.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
VALLEY VIEW BAPTIST CHURCH PANTRY 5416 ROUTE 353 LITTLE VALLEY, NY 14755	16-0910303		14,834.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
WARMING HOUSE ST BONAVENTURE 3261 West State Road ST. BONAVENTURE, NY 14778	16-0743150		8,125.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
WEST SENECA COMMUNITY FOOD PANTRY 3951 SENECA STREET WEST SENECA, NY 14224	16-0743985		18,585.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

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
WESTFIELD COMMUNITY KITCHEN 101 EAST MAIN STREET WESTFIELD, NY 14787	16-1468413		6,478.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
WESTFIELD FOOD PANTRY 101 EAST MAIN STREET WESTFIELD, NY 14787	16-1468413		7,737.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR 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 FOR 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 FOR 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.

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

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.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FOOD BANK OF WESTERN NEW YORK, INC.

Employer identification number

22-2470820

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list 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.

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?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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.

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

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**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	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)	X	136	26,636.	COST
26 Other ▶ (PROFESSIONAL)	X	1	8,000.	COST
27 Other ▶ (ADVERTISING S)	X	1	1,056.	COST
28 Other ▶ ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

FOOD BANK OF WESTERN NEW YORK, INC.

Employer identification number

22-2470820

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

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.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each 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 or 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 the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 91 HOLT STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUFFALO, NY 14206-2293	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

LUCIAN WIZA

- The books are in the care of ▶ **91 HOLT STREET - Buffalo, NY 14206-2293**
Telephone No. ▶ **716-852-1305** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until May 15, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2018, and ending JUN 30, 2019.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
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.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.