

**Public
Disclosure Copy**

**FOOD BANK OF
WESTERN NEW YORK,
INC.**

Form 990

FYE: June 30, 2018

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2017
Open to Public Inspection

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.

A For the **2017** calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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	
	91 HOLT STREET		G Gross receipts \$ 30,343,615.
	City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14206-2293		
F Name and address of principal officer: Steven Jezioro, CPA same as C above		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) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.FOODBANKWNY.ORG**

K Form of organization: Corporation Trust Association 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: OBTAIN NUTRITIOUS FOOD & SUPPORT FROM PUBLIC/PRIVATE SOURCES & EFFICIENTLY DISTRIBUTE THESE RESOURCES
	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 28
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 52
	6 Total number of volunteers (estimate if necessary) 6 3721
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 22,868,721. Prior Year 23,009,225. Current Year
	9 Program service revenue (Part VIII, line 2g) 1,353,045. 1,350,735.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 87,468. 369,411.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 9,612. 5,012.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24,318,846. 24,734,383.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,991,754. 2,100,768.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 1,263. 2,000.	
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 642,518.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,458,043. 1,565,492.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 24,290,667. 23,409,288.	
19 Revenue less expenses. Subtract line 18 from line 12 28,179. 1,325,095.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 11,304,270. Beginning of Current Year 12,551,813. End of Year
	21 Total liabilities (Part X, line 26) 306,413. 325,974.
	22 Net assets or fund balances. Subtract line 21 from line 20 10,997,857. 12,225,839.

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			
	Steven Jezioro, CPA, Treasurer 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 10/31/18	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 [X]

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 21,010,965. including grants of \$ 19,741,028.) (Revenue \$ 1,350,735.) Our work enables the adults, children and seniors we help to learn, work, hope and achieve greater success, independence and dignity. Thanks to the dedication and generosity of donors, volunteers, and partners, we are changing the lives of many for the better. We believe that everyone has a role in ending hunger within our community and that a hunger-free Western New York is possible. By supporting the Food Bank of WNY, you help families across Western New York get enough to eat every day. The impact we make together within the 106 cities and towns served throughout Western New York results in as many as 135,000 people helped monthly and the Food Bank of WNY distributed enough food to serve 135,000 people monthly. Thanks to our generous friends and partners, last year the Food Bank of WNY distributed 15 million pounds

4b (Code:) (Expenses \$ 978,258. 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 21,989,223.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	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>		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>		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>		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>		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>		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>		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>		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>	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>	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>	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>		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>		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>		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>		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>	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>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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>		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>	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>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 28		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 28		
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
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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 (or 1024 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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **PAULA MERCURIO - 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	1.00	X		X				0.	0.	0.
(2) JERRY SHELDON CHAIRPERSON	1.00	X		X				0.	0.	0.
(3) TIM WANGLER SECRETARY	1.00	X		X				0.	0.	0.
(4) TOM BERICAL, CPA CHAIR EMERITUS	1.00	X						0.	0.	0.
(5) STEVEN JEZIORO TREASURER	1.00	X		X				0.	0.	0.
(6) KEITH BOOKBINDER DIRECTOR	1.00	X						0.	0.	0.
(7) TIM BOYLE DIRECTOR	1.00	X						0.	0.	0.
(8) ALLEN BROWN DIRECTOR	1.00	X						0.	0.	0.
(9) NANCY M. BLASCHAK DIRECTOR	1.00	X						0.	0.	0.
(10) GLENN A. BUTLER DIRECTOR	1.00	X						0.	0.	0.
(11) ERIC J. DECKER VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(12) CAROL DENYSSCHEN, PHD, RD, MPH DIRECTOR	1.00	X						0.	0.	0.
(13) JOHN EAGLETON DIRECTOR	1.00	X						0.	0.	0.
(14) STEPHANIE GETER DIRECTOR	1.00	X						0.	0.	0.
(15) VINCENT O. HANLEY DIRECTOR	1.00	X						0.	0.	0.
(16) KRISTEN HANSON DIRECTOR	1.00	X						0.	0.	0.
(17) KAREN MERKEL 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) VINCENT MIRANDA DIRECTOR	1.00	X						0.	0.	0.
(19) RAMON MORALES DIRECTOR	1.00	X						0.	0.	0.
(20) MICHAEL NOWICKI DIRECTOR	1.00	X						0.	0.	0.
(21) JAMEL PERKINS DIRECTOR	1.00	X						0.	0.	0.
(22) SCOTT C. TERHAAR DIRECTOR	1.00	X						0.	0.	0.
(23) BARRIE YOCHIM DIRECTOR	1.00	X						0.	0.	0.
(24) DAVID CRISP DIRECTOR	1.00	X						0.	0.	0.
(25) LOUIS M. JACOBS DIRECTOR	1.00	X						0.	0.	0.
(26) TARA ELLIS PRESIDENT & CEO	40.00			X				92,996.	0.	13,180.
1b Sub-total								92,996.	0.	13,180.
c Total from continuation sheets to Part VII, Section A								176,233.	0.	30,487.
d Total (add lines 1b and 1c)								269,229.	0.	43,667.

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 **0**

	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) MARYLOU BOROWIAK PAST PRESIDENT & CEO	40.00			X				85,845.	0.	13,493.
(28) PAULA MERCURIO CHIEF FINANCIAL OFFICER	40.00			X				90,388.	0.	16,994.
Total to Part VII, Section A, line 1c								176,233.		30,487.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	261,868.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,837,127.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,910,230.			
	g Noncash contributions included in lines 1a-1f: \$		14,608,584.			
	h Total. Add lines 1a-1f		23,009,225.			
	Program Service Revenue	2 a PROGRAM FEES	Business Code 624200	694,836.	694,836.	
b SHARED MAINTENANCE FEES		624200	639,638.	639,638.		
c						
d						
e						
f All other program service revenue		480000	16,261.	16,261.		
g Total. Add lines 2a-2f			1,350,735.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		116,122.		116,122.	
	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		5,573,640.		
		c Gain or (loss)		253,289.		
	d Net gain or (loss)		253,289.		253,289.	
	8 a Gross income from fundraising events (not including \$ 261,868. of contributions reported on line 1c). See Part IV, line 18	a	40,604.			
		b Less: direct expenses	b	35,592.		
c Net income or (loss) from fundraising events			5,012.		5,012.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	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	b				
	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.		24,734,383.	1,350,735.	0.	374,423.	

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	19,741,028.	19,741,028.		
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	312,896.		312,896.	
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	1,310,056.	930,428.	151,579.	228,049.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,468.	34,982.	19,365.	8,121.
9 Other employee benefits	294,177.	193,178.	55,719.	45,280.
10 Payroll taxes	121,171.	65,019.	37,282.	18,870.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	57,403.		54,903.	2,500.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	2,000.			2,000.
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.)	36,009.	15,718.	20,291.	
12 Advertising and promotion				
13 Office expenses	141,239.	41,380.	10,661.	89,198.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	24,005.	8,482.	8,212.	7,311.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,939.	10,706.	8,233.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	273,173.	253,811.	19,362.	
23 Insurance	48,028.	44,451.	3,577.	
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 PRINTING AND PUBLICATIO	168,852.			168,852.
b REPACK, REPROCESS AND V	163,319.	163,319.		
c VEHICLES	149,834.	149,834.		
d OTHER OPERATION EXPENSE	121,963.	86,107.	32,844.	3,012.
e All other expenses	362,728.	250,780.	42,623.	69,325.
25 Total functional expenses. Add lines 1 through 24e	23,409,288.	21,989,223.	777,547.	642,518.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,721,654.	1	3,249,650.
	2 Savings and temporary cash investments	963,814.	2	971,152.
	3 Pledges and grants receivable, net	597,837.	3	302,193.
	4 Accounts receivable, net	56,474.	4	68,758.
	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	1,577,685.	8	1,218,591.
	9 Prepaid expenses and deferred charges	21,749.	9	25,592.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,211,207.		
	b Less: accumulated depreciation	10b 3,713,875.		
	11 Investments - publicly traded securities	1,362,955.	10c	1,497,332.
	12 Investments - other securities. See Part IV, line 11	3,354,002.	11	4,414,690.
	13 Investments - program-related. See Part IV, line 11	648,100.	12	803,855.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	11,304,270.	15		
		16	12,551,813.	
Liabilities	17 Accounts payable and accrued expenses	255,360.	17	219,290.
	18 Grants payable		18	
	19 Deferred revenue	51,053.	19	106,684.
	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	306,413.	26	325,974.
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	8,936,350.	27	10,617,656.
	28 Temporarily restricted net assets	2,061,507.	28	1,608,183.
	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	10,997,857.	33	12,225,839.	
34 Total liabilities and net assets/fund balances	11,304,270.	34	12,551,813.	

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	24,734,383.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,409,288.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,325,095.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,997,857.
5	Net unrealized gains (losses) on investments	5	-97,113.
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	12,225,839.

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?		X
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			
2b	Were the organization's financial statements audited by an independent accountant?	X	
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			
2c	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	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	

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,941,222.	22,025,411.	24,530,285.	22,868,721.	23,009,225.	116,374,864.
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	23,941,222.	22,025,411.	24,530,285.	22,868,721.	23,009,225.	116,374,864.
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.						116,374,864.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	23,941,222.	22,025,411.	24,530,285.	22,868,721.	23,009,225.	116,374,864.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	34,353.	47,485.	56,675.	80,928.	116,122.	335,563.
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						116,710,427.
12 Gross receipts from related activities, etc. (see instructions)					12	6,943,709.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	99.71 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	99.78 %
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 (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.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <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.			
2a			
2b			
3a			
3b			

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

2017

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, 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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/>	\$ 2,365,256.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,263,599.	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 _____ _____ _____	\$ 2,263,599.	12/31/17
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

2017

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?

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)?

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

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

Schedule D (Form 990) 2017

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	3,893,448.	3,133,913.	1,531,902.	1,448,832.	
b Contributions	1,000,221.	441,941.	1,549,769.	33,399.	1,370,513.
c Net investment earnings, gains, and losses	264,953.	335,675.	61,757.	57,082.	81,485.
d Grants or scholarships					
e Other expenditures for facilities and programs	24,407.	18,081.	9,515.	7,411.	3,166.
f Administrative expenses					
g End of year balance	5,134,215.	3,893,448.	3,133,913.	1,531,902.	1,448,832.

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:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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		3,279,533.	2,424,650.	854,883.
c Leasehold improvements				
d Equipment		1,788,540.	1,289,225.	499,315.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,497,332.

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	215,774.	End-of-Year Market Value
(B) FIXED INCOME BONDS	588,081.	End-of-Year Market Value
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	803,855.	

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	24,672,862.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-97,113.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	35,592.
e	Add lines 2a through 2d	2e	-61,521.
3	Subtract line 2e from line 1	3	24,734,383.
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	24,734,383.

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	23,444,880.
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	35,592.
e	Add lines 2a through 2d	2e	35,592.
3	Subtract line 2e from line 1	3	23,409,288.
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	23,409,288.

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 35,592.

Part XII, Line 2d - Other Adjustments:

Fundraising expenses reclassified to offset revenue 35,592.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

OMB No. 1545-0047

2017

Open to Public Inspection

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 Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 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.
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Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SWEET CHARITY (event type)	WALK OFF HUNGER (event type)	None (total number)	
1	Gross receipts	196,838.	105,634.		302,472.
2	Less: Contributions	156,234.	105,634.		261,868.
3	Gross income (line 1 minus line 2)	40,604.			40,604.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	24,045.	11,547.	
10	Direct expense summary. Add lines 4 through 9 in column (d)				35,592.
11	Net income summary. Subtract line 10 from line 3, column (d)				5,012.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1	Gross revenue				
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<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.

**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

2017

**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		6,184.	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		19,838.	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		10,186.	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		48,145.	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		15,528.	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		13,590.	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 ▶ 220.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2017)

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		68,558.	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		28,343.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM 04015 BPS 3 255 Porter Ave BUFFALO, NY 14201	22-2470820		13,048.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM 04052 CLEVELAND HILL - 105 Mapleview Rd. - BUFFALO, NY 14225	22-2470820		6,131.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM 04053 BROCTON CENTRAL SCHOOL - 138 W Main St - BROCTON, NY 14716	22-2470820		6,556.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM 04054 SILVERCREEK CENTRAL - 1 DICKINSON ST - SILVER CREEK, NY 14136	22-2470820		9,801.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM ABATE ELEMENTARY SCHOOL - 1625 LOCKPORT STREET - NIAGARA FALLS, NY 14305	22-2470820		5,440.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM AJ SCHMIDT 9455 LAKE SHORE ROAD ANGOLA, NY 14085	22-2470820		7,966.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM B.P. SCHOOL 18 750 WEST AVENUE BUFFALO, NY 14213	22-2470820		10,238.	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
BACKPACK PROGRAM BPS 65 ROOSEVLET ECC - 249 SKILLEN STREET - BUFFALO, NY 14207	22-2470820		6,965.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM CHARLES UPSON 28 HARDING AVENUE LOCKPORT, NY 14094	22-2470820		6,851.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM CHARTER SCHOOL FOR APPLIED TECHNOLOGIES - 2303 KENMORE AVENUE - BUFFALO, NY 14207	22-2470820		13,791.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM ECC 17 1045 W Delavan Ave BUFFALO, NY 14209	22-2470820		6,622.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM GEORGE SOUTHARD 6385 Locust St LOCKPORT, NY 14094	22-2470820		6,669.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM GOWANDA ELEMENTARY - 10674 PROSPECT STREET - GOWANDA, NY 14070	22-2470820		9,138.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM HAMLIN PARK BPS 74 - 126 DONALDSON ROAD - BUFFALO, NY 14208	22-2470820		7,480.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM HIGHGATE HEIGHTS BPS 80 - 600 HIGHGATE AVENUE - BUFFALO, NY 14215	22-2470820		9,099.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM HOUGHTON ACADEMY SCHOOL 69 - 1725 Clinton St - BUFFALO, NY 14206	22-2470820		5,613.	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
BACKPACK PROGRAM INTERNATIONAL SCHOOL 45 - 141 HOYT STREET - BUFFALO, NY 14213	22-2470820		8,461.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM LOVE SCHOOL 50 EAST 8TH STREET JAMESTOWN, NY 14701	22-2470820		8,132.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM LOVEJOY DISCOVERY SCHOOL 43 - 161 Benzinger St - BUFFALO, NY 14206	22-2470820		5,535.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM PINE VALLEY 7755 NY-83 SOUTH DAYTON, NY 14138	22-2470820		8,457.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM RIPLEY 12 NORTH STATE STREET RIPLEY, NY 14775	22-2470820		7,724.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM SCHOOL 33 157 ELK STREET BUFFALO, NY 14210	22-2470820		6,211.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM SCHOOL 6 414 SOUTH DIVISION STREET BUFFALO, NY 14204	22-2470820		13,853.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM SCHOOL 81 140 Tacoma Ave BUFFALO, NY 14216	22-2470820		7,049.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BACKPACK PROGRAM UNION EAST 3550 UNION ROAD CHEEKTOWAGA, NY 14225	22-2470820		6,563.	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
BACKPACK PROGRAM WATERFRONT ELEMENTARY SCHOOL PS 95 - 95 FOURTH ST - BUFFALO, NY 14202	22-2470820		7,129.	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		22,553.	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		27,892.	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		35,034.	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		25,604.	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		35,384.	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		15,385.	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		40,351.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
C.C.R.M. - EMERGENCY FOOD PANTRY 127 CENTRAL AVENUE DUNKIRK, NY 14048	16-1119647		17,270.	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
CARE -N- SHARE FOOD PANTRY 3628 RANSOMVILLE ROAD RANSOMVILLE, NY 14131	35-0877568		15,740.	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		9,141.	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		102,697.	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		9,672.	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		85,942.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATHOLIC CHARITIES FULTON - ST. BRIGID F. P. - 170 FULTON STREET - BUFFALO, NY 14204	53-0196617		28,974.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATHOLIC CHARITIES LOVEJOY PANTRY & OR - 139 NORTH OGDEN - BUFFALO, NY 14206	53-1096617		57,061.	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		34,538.	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		85,492.	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
CATT C.A.O.-FOOD PANTRY 25 JEFFERSON STREET SALAMANCA, NY 14779	16-0910303		86,508.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATT C.A.O.-OLEAN DISTRIBUTION SITE - 8 LEO MOSS DRIVE - OLEAN, NY 14760	16-0910303		24,349.	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		23,987.	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		17,075.	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		15,585.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATTARAUGUS COMMUNITY ACTION INC 25 JEFFERSON STREET SALAMANCA, NY 14779	16-0910303		53,757.	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		35,386.	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		7,496.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CHAUTAUQUA DISTRIBUTION SITE (CHAUT DIST) - 2485 Falconer Frewsburg Road - FALCONER, NY 14700	22-2470820		81,907.	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
CHAUTAUQUA DISTRIBUTION SITE (CATT DIST) - 2485 Falconer Frewsburg Road - FALCONER, NY 14700	22-2470820		79,479.	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		30,134.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CITY MISSION - SHELTER 100 E TUPPER BUFFALO, NY 14203	16-0743965		6,285.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CITY MISSION SOCIETY INC. PANTRY 100 E TUPPER BUFFALO, NY 14203	16-0743965		7,140.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CITY REACH BUFFALO 260 EGGERT ROAD BUFFALO, NY 14215	22-2442415		22,600.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
COLDSRING COMMUNITY FOUNDATION 234 GLENWOOD AVENUE BUFFALO, NY 14208	23-7002419		8,352.	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		99,194.	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		9,384.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
COMMUNITY MISSIONS OF NIAGARA FRONTIER COMMUNITY KITCHEN - 1570 BUFFALO AVENUE - NIAGARA FALLS, NY 14303	16-0788242		21,458.	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
COMMUNITY MISSIONS, INC.-PANTRY 1590 BUFFALO AVENUE NIAGARA FALLS, NY 14303	16-0788242		26,611.	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		31,784.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CORNERSTONE MANOR SHELTER CONFIDENTIAL BUFFALO, NY 14203	16-0743965		5,153.	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		6,377.	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		48,609.	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		14,936.	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		23,026.	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		32,531.	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		34,106.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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EDISON STREET MANNA FROM HEAVEN 28 EDISON AVENUE BUFFALO, NY 14215	16-1068790		18,931.	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		78,811.	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		62,844.	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		9,545.	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		26,934.	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		33,880.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FAITH UNITED METHODIST CHURCH 1449 QUAKER ROAD BARKER, NY 14012	31-1813333		22,547.	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		59,106.	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		16,271.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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FIRST SHILOH BAPTIST CHURCH 15 PINE STREET BUFFALO, NY 14204	22-3335025		40,878.	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		35,159.	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		23,178.	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		7,598.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FRIENDS OF NIGHT PEOPLE 394 HUDSON ST BUFFALO, NY 14201	16-1086657		19,531.	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		24,194.	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		70,000.	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		8,354.	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		14,661.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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GREATER WORKS CHRISTIAN FELLOWSHIP 210 SOUTHAMPTON BUFFALO, NY 14208	20-4587478		20,463.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
GROUP MINISTRIES 1333 JEFFERSON AVENUE BUFFALO, NY 14208	16-1421247		13,523.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
HARVEST FIELD OUTREACH CENTER 406 W.STATE STREET OLEAN, NY 14760	35-1268508		31,317.	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		6,974.	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		9,622.	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		60,712.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
HOPE HOUSE 335 GRIDER STREET BUFFALO, NY 14215	16-1306559		7,569.	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		26,815.	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		10,940.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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JOSEPH PROJECT MOBILE F.P. 437 MASTEN AVENUE BUFFALO, NY 14209	16-1450334		65,176.	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		8,452.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
LIVING WATER FELLOWSHIP 383 PINE RIDGE ROAD CHEEKTOWAGA, NY 14225	16-1468498		71,940.	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		16,052.	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		17,501.	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		17,798.	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		9,354.	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		18,977.	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		10,079.	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		13,482.	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		48,123.	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		33,526.	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		32,351.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NEW COVENANT TABERNACLE FOOD PANTRY - 345 McCONKEY DRIVE - BUFFALO, NY 14223	16-1199630		79,225.	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		30,719.	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		13,305.	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		37,549.	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		23,569.	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		82,136.	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		252,110.	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		12,587.	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		11,829.	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		6,646.	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		18,669.	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		18,594.	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		62,888.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
OLEAN FOOD PANTRY 8 LEO MOSS DRIVE OLEAN, NY 14760	55-0881869		47,565.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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OPERATION GOOD NEIGHBOR PANTRY 2030 SOUTH CREEK ROAD NORTH EVANS, NY 14047	22-2478153		59,409.	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		56,075.	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		13,575.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
PEACEPRINTS PRISON MINISTRIES - BISSENETTE HOUSE - 335 GRIDER STREET - BUFFALO, NY 14215	16-1306559		7,829.	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		15,465.	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		22,908.	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		46,925.	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		5,613.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
RAYMOND COMMUNITY CHURCH 6597 RAPIDS ROAD LOCKPORT, NY 14094	16-0836795		8,072.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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REFUGE TEMPLE CHURCH 943 JEFFERSON AVE BUFFALO, NY 14204	16-1613503		17,282.	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		32,133.	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		9,435.	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		138,897.	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		32,421.	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		19,106.	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		10,499.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SALVATION ARMY - ADULT REHAB.CENTER - 1080 MILITARY RD - BUFFALO, NY 14217	13-5562351		19,458.	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		47,906.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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SALVATION ARMY - DUNKIRK 704 CENTRAL AVENUE DUNKIRK, NY 14048	13-5562351		42,480.	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		106,803.	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		23,075.	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		36,443.	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		19,233.	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		60,337.	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		49,159.	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		5,670.	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		19,764.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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SCHOOL PANTRY MARITIME CHARTER 266 GENESEE STREET BUFFALO, NY 14204	22-2470820		7,814.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SCHOOL PANTRY NORTHTOWNS ACADEMY 333 Dexter Terrace TONAWANDA, NY 14150	22-2470820		5,230.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SCHOOL PANTRY SOUTH PARK 75 Caldwell Pl LACKAWANNA, NY 14218	22-2470820		7,327.	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		13,049.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SENECA-BABCOCK COMMUNITY ASSOCIATION - 1168 SENECA STREET - BUFFALO, NY 14210	23-7367697		6,621.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SILVER CREEK FOOD PANTRY 260 CENTRAL AVENUE SILVER CREEK, NY 14136	36-4665030		9,735.	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		23,803.	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		31,154.	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		16,489.	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
SOUTH DAYTON FOOD PANTRY ROUTE 322 (327 PINE STREET) SOUTH DAYTON, NY 14138	35-0877568		14,566.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SOUTHERNTIER FOOD PANTRY @ TRADING POST - 38 FRANKLIN STREET - SPRINGVILLE, NY 14141	16-1478183		48,288.	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		40,638.	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		5,383.	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		67,457.	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		11,330.	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		18,852.	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		80,595.	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		14,969.	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. JOHN DE LA SALLE COMMUNITY CARE - 8477 BUFFALO AVE - NIAGARA FALLS, NY 14304	53-0196617		28,237.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. JOSEPH OUTREACH 1413 PINE AVENUE NIAGARA FALLS, NY 14301	53-0196617		10,918.	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		62,255.	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		99,057.	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		14,453.	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		24,697.	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		19,002.	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		32,863.	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		25,551.	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		45,007.	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		6,723.	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		6,038.	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		7,301.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. VINCENT DEPAUL - ST. LEO'S 885 SWEET HOME ROAD AMHERST, NY 14226	16-0747359		5,262.	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		13,217.	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		13,167.	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		12,165.	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		44,054.	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
TABERNACLE CHARITIES, INC. P.O. Box 1534 BUFFALO, NY 14215	16-1414827		5,150.	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		62,883.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
TASTE OF FAITH FOOD PANTRY 594 WINSLOW AVENUE BUFFALO, NY 14211	16-1495312		90,129.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
THE MOCHA CENTER 1092 MAIN STREET BUFFALO, NY 14209	16-1380149		24,095.	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		31,697.	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		10,880.	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		67,534.	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		7,824.	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		6,396.	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
TRINITY PANTRY 5448 BROADWAY ST LANCASTER, NY 14086	16-0743985		45,286.	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		5,798.	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		25,458.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
U.P.C.-FOOD PANTRY 67 LAKE AVENUE BLASDELL, NY 14219	16-0743117		17,168.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
U.P.C.-SOUP KITCHEN 67 LAKE AVENUE BLASDELL, NY 14219	16-0743117		6,845.	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		22,647.	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		30,676.	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		51,867.	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		14,079.	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
VALLEY COMMUNITY ASSOCIATION PANTRY - 93 LEDDY STREET - BUFFALO, NY 14210	16-0964724		20,880.	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		10,573.	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		5,160.	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		13,900.	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		8,264.	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		9,134.	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		17,808.	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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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 checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" 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) 2017

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				
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Lined area for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**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 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	177	14,587,536.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	114	16,238.	COST
26 Other ▶ (PAINTING SERV)	X	1	3,920.	COST
27 Other ▶ (MEDIA SERVICE)	X	1	500.	COST
28 Other ▶ (TRAILER USAGE)	X	1	390.	

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) 2017

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

Multiple horizontal lines for supplemental information.

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

2017

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:

TO THE HUNGRY IN WNY THROUGH OUR MEMBER AGENCIES.

Form 990, Part III, Line 4a, Program Service Accomplishments:

of healthy food, the equivalent of 12.5 million meals. Almost 96% of
our food inventory distributed meets our highest nutrition standards:

Fresh Produce: 36%; Assorted Food: 16.2%; Meats/Fish and Protein:

13.2%; Dairy Products: 10.8%; Cereal, Breads, and Grains: 8.3%;

Beverages: 7.9%; and Pasta and Rice: 3.4%.

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

THE BOARD WILL RECEIVE NOTICE PRIOR TO THEIR NEXT MEETING THAT FORM 990 IS
AVAILABLE FOR REVIEW. THE BOARD WILL DISCUSS THE ORGANIZATIONS FORM 990 THE
NEXT TIME THEY MEET. BOTH ELECTRONIC AND PAPER COPIES OF FORM 990 ARE
AVAILABLE TO THE BOARD MEMBERS.

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.

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

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.