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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
FOOD BANK OF WESTERN NEW YORK, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
91 HOLT STREET

City or town, state or country, and ZIP + 4
BUFFALO, NY 14206-2293

F Name and address of principal officer: MARYLOU BOROWIAK
same as C above

D Employer identification number
22-2470820

E Telephone number
(716) 852-1305

G Gross receipts $ 16,124,694.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.FOODBANKWNY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1982 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE FOOD BANK OF WESTERN NEW YORK, INC. IS A NONPROFIT CORPORATION ESTABLISHED TO OBTAIN

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	45
6	Total number of volunteers (estimate if necessary)	6	1705
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.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	16,091,335.	14,771,124.
9	Program service revenue (Part VIII, line 2g)	1,250,424.	1,134,538.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,989.	24,271.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	52,750.	45,726.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,403,498.	15,975,659.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,323,468.	13,608,769.
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)	1,855,368.	1,901,812.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	33,760.	20,835.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 424,355.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,159,370.	1,192,761.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,371,966.	16,724,177.
19	Revenue less expenses Subtract line 18 from line 12	31,532.	<748,518.>

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,332,016.	7,829,881.
21	Total liabilities (Part X, line 26)	662,246.	925,266.
22	Net assets or fund balances. Subtract line 21 from line 20	7,669,770.	6,904,615.

SCANNED DEC 19 2012

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 Marylou Borowiak Date 11/13/2012
▶ MARYLOU BOROWIAK, PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Thomas P. Dobiesz	Preparer's signature: Thomas P Dobiesz	Date: 11/12/12	Check ☐ if self-employed	PTIN: P00601313
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

See Schedule O for Organization Mission Statement Continuation

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:
TO OBTAIN NUTRITIOUS FOOD AND SUPPORT FROM PUBLIC AND PRIVATE SOURCES AND EFFICIENTLY DISTRIBUTE THESE RESOURCES TO THE HUNGRY IN WESTERN NEW YORK THROUGH OUR MEMBER AGENCIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses $ 14,251,703. including grants of $ 13,608,769.) (Revenue $ 15,125,659.)
MORE THAN 11.3 MILLION POUNDS OF FOOD AND GROCERY ITEMS WERE DISTRIBUTED TO 340 CHARITABLE PROGRAMS ANNUALLY. MONTHLY, THIS EQUATES TO AN AVERAGE DISTRIBUTION OF FOOD AND GROCERY ITEMS TO APPROXIMATELY 76,325 NEEDY INDIVIDUALS (APPROXIMATELY 26,322 HOUSEHOLDS) IN WESTERN NEW YORK WITHIN THE FOUR (4) COUNTIES WE SERVE.

4b (Code _____) (Expenses $ 1,335,050. including grants of $ _____) (Revenue $ 850,000.)
AGENCY ASSISTANCE/OPERATIONS SUPPORT-FUNDS RECEIVED FROM NYS HPNAP, PRIVATE SOURCES AND FOOD BANK DESIGNATED BOARD FUNDS PROVIDE EQUIPMENT AND OPERATION 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** ▶ 15,586,753.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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? *If "Yes," complete Schedule J*	23		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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		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? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		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? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		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? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	45		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response to any question in this Part VI . X

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	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		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?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6		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?		7a	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?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	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*		9		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?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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	15a	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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?	16b		

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.

[X] Own website [X] Another's website [X] Upon request

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, physical address, and telephone number of the person who possesses the books and records of the organization ▶

EVELYN BASHER - 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 to any question 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 (describe hours for related organizations in Schedule O)	(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) KEVIN J. CAVALIERI CHAIR	1.00	X		X				0.	0.	0.
(2) BRENT BAHNUB DIRECTOR	1.00	X						0.	0.	0.
(3) BRIAN BOCKETTI DIRECTOR	1.00	X						0.	0.	0.
(4) MARTHA BUYER, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(5) KEVIN DARRINGTON DIRECTOR	1.00	X						0.	0.	0.
(6) KEVIN KLOTZBACH DIRECTOR	1.00	X						0.	0.	0.
(7) DEANNA STEVENSON DIRECTOR	1.00	X						0.	0.	0.
(8) BILL SHEPARD SECRETARY	1.00	X		X				0.	0.	0.
(9) CAROL PALUMBO DIRECTOR	1.00	X						0.	0.	0.
(10) JOHN F. DUNBAR, JR. PAST CHAIR	1.00	X						0.	0.	0.
(11) MICHAEL J. PRENDERGAST DIRECTOR	1.00	X						0.	0.	0.
(12) DAVID CRISP DIRECTOR	1.00	X						0.	0.	0.
(13) VIREN SITWALA DIRECTOR	1.00	X						0.	0.	0.
(14) GARY BLUESTEIN, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(15) MICHAEL J. MANN VICE CHAIR	1.00	X		X				0.	0.	0.
(16) MAUREEN RASP-GLOSE DIRECTOR	1.00	X						0.	0.	0.
(17) PETER J. RENKAS 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 (describe hours for related organizations in Schedule O)	(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) DAVID TINCHER DIRECTOR	1.00	X						0.	0.	0.
(19) HENRY SELF DIRECTOR	1.00	X						0.	0.	0.
(20) KAREN BAILEY-JONES DIRECTOR	1.00	X						0.	0.	0.
(21) TOM BERICAL, CPA TREASURER	1.00	X		X				0.	0.	0.
(22) DONNA KLEIN DIRECTOR	1.00	X						0.	0.	0.
(23) DEBRA S. WHITING DIRECTOR	1.00	X						0.	0.	0.
(24) JERRY SHELDON DIRECTOR	1.00	X						0.	0.	0.
(25) TIM WANGLER DIRECTOR	1.00	X						0.	0.	0.
(26) MARYLOU BOROWIAK PRESIDENT & CEO	40.00				X	X		118,970.	0.	0.
1b Sub-total						▶		118,970.	0.	0.
c Total from continuation sheets to Part VII, Section A						▶		0.	0.	0.
d Total (add lines 1b and 1c)						▶		118,970.	0.	0.

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

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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? *If "Yes," complete Schedule J for such individual*	4		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? *If "Yes," complete Schedule J for such person*	5		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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,521,318.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	12249806.			
	g Noncash contributions included in lines 1a-1f $ 9,075,690.					
	h **Total.** Add lines 1a-1f	▶	14771124.			
Program Service Revenue		Business Code				
	2a SHARED MAINTENANCE FEE	624200	683,230.	683,230.		
	b PROGRAM FEES	624200	436,416.	436,416.		
	c					
	d					
	e					
	f All other program service revenue	480000	14,892.	14,892.		
	g **Total.** Add lines 2a-2f	▶	1,134,538.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	25,868.	25,868.		
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities 99,954.	(ii) Other 1,600.			
	b Less cost or other basis and sales expenses	103,151.	0.			
	c Gain or (loss)	<3,197.>	1,600.			
	d Net gain or (loss)	▶	<1,597.>	<1,597.>		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a 91,610.				
	b Less direct expenses	b 45,884.				
	c Net income or (loss) from fundraising events	▶	45,726.			45,726.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less. cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue.** See instructions.	▶	15975659.	1,158,809.	0.	45,726.

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question 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 governments and organizations in the United States. See Part IV, line 21	13,608,769.	13,608,769.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	118,970.		118,970.	
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	1,308,008.	832,972.	325,197.	149,839.
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	85,203.	43,379.	33,386.	8,438.
9	Other employee benefits	285,340.	165,498.	88,455.	31,387.
10	Payroll taxes	104,291.	60,489.	32,330.	11,472.
11	Fees for services (non-employees).				
a	Management				
b	Legal	66.		66.	
c	Accounting	23,546.		23,546.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	20,835.			20,835.
f	Investment management fees				
g	Other	59,232.	13,791.	27,009.	18,432.
12	Advertising and promotion				
13	Office expenses	77,840.	32,625.	11,956.	33,259.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	12,745.	4,966.	2,565.	5,214.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	19,647.	16,077.	2,380.	1,190.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	270,511.	262,501.	8,010.	
23	Insurance	36,448.	35,009.	1,439.	
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	FREIGHT	126,227.	126,227.		
b	REPACK, REPROCESS AND V	102,274.	102,274.		
c	UTILITIES	98,333.	89,338.	5,492.	3,503.
d	VEHICLES	82,048.	82,048.		
e	All other expenses	283,844.	110,790.	32,268.	140,786.
25	**Total functional expenses.** Add lines 1 through 24e	16,724,177.	15,586,753.	713,069.	424,355.
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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,429,080.	1	1,335,549.
	2	Savings and temporary cash investments		2,235,854.	2	1,868,435.
	3	Pledges and grants receivable, net		392,765.	3	491,451.
	4	Accounts receivable, net		95,209.	4	100,526.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,655,851.	8	1,428,792.
	9	Prepaid expenses and deferred charges		39,289.	9	23,431.
	10a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D	10a 4,283,239.			
	b	Less: accumulated depreciation	10b 2,765,645.	1,601,799.	10c	1,517,594.
	11	Investments - publicly traded securities		431,221.	11	389,210.
	12	Investments - other securities. See Part IV, line 11		165,590.	12	198,417.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		285,358.	15	476,476.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,332,016.	16	7,829,881.
Liabilities	17	Accounts payable and accrued expenses		290,876.	17	291,707.
	18	Grants payable			18	
	19	Deferred revenue		86,012.	19	157,083.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	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		285,358.	25	476,476.
	26	**Total liabilities.** Add lines 17 through 25		662,246.	26	925,266.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,140,532.	27	5,605,677.
	28	Temporarily restricted net assets		1,529,238.	28	1,298,938.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,669,770.	33	6,904,615.
	34	Total liabilities and net assets/fund balances		8,332,016.	34	7,829,881.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,975,659.
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,724,177.
3	Revenue less expenses. Subtract line 2 from line 1	3	<748,518.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,669,770.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<16,637.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,904,615.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

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

Form 990 (2011)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
FOOD BANK OF WESTERN NEW YORK, INC.	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 11, 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)

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 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.)

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

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ")	15761496.	15243986.	17476379.	16091335.	14771124.	79344320.
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	15761496.	15243986.	17476379.	16091335.	14771124.	79344320.
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						79344320.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	15761496.	15243986.	17476379.	16091335.	14771124.	79344320.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	122,590.	57,712.	30,913.	23,657.	25,868.	260,740.
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 IV.)	5,356.					5,356.
11 **Total support.** Add lines 7 through 10						79610416.

12 Gross receipts from related activities, etc. (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.67 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.81 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2010.** 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 IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

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

(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 IV.)						
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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** 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 - 2010.** 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 ▶ ☐

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

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" to Form 990, Part IV, line 6.

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to 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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIV, 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" to 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 XIV, 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) Revenues included in 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 Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. 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		88,887.		88,887.
b Buildings		2,818,751.	1,647,505.	1,171,246.
c Leasehold improvements				
d Equipment		1,375,601.	1,118,140.	257,461.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,517,594.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM NYS HPNAP	476,451.
(2) DUE FROM EFSP-FEMA FOOD COSTS	25.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	476,476.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER FUNDS	476,476.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	476,476.

2. FIN 48 (ASC 740) Footnote In Part XIV, 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)

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,975,659.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,724,177.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<748,518.>
4	Net unrealized gains (losses) on investments	4	<16,637.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4 through 8	9	<16,637.>
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<765,155.>

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

1	Total revenue, gains, and other support per audited financial statements			1	16,004,906.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	<16,637.>		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d	45,884.		
e	Add lines 2a through 2d			2e	29,247.
3	Subtract line 2e from line 1			3	15,975,659.
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 XIV)	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	15,975,659.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	16,770,061.
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 XIV.)	2d	45,884.		
e	Add lines 2a through 2d			2e	45,884.
3	Subtract line 2e from line 1			3	16,724,177.
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 XIV)	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	16,724,177.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XII, LINE 2D - SPECIAL EVENT EXPENSES - $45,884

PART XIII, LINE 2D - SPECIAL EVENT EXPENSES - $45,884

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" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

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" to 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 [X] Mail solicitations
- b [X] Internet and email solicitations
- c [X] Phone solicitations
- d [X] In-person solicitations
- e [X] Solicitation of non-government grants
- f [ ] Solicitation of government grants
- g [X] 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? [X] Yes [ ] No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
PROMOTIONS ETC., LLC - 30 WESTGATE DRIVE, EAST AURORA,	RAISE FUNDS FOR AND COORDINATE A SPECIAL EVENT		X	91,610.	20,835.	70,775.
Total ▶				91,610.	20,835.	70,775.

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.

NY

See Part IV for continuations

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

		(a) Event #1 SWEET CHARITY (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add col (a) through col. (c))
Revenue	1 Gross receipts	91,610.			91,610.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	91,610.			91,610.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	45,884.			45,884.
	10 Direct expense summary. Add lines 4 through 9 in column (d)			▶	(45,884.)
	11 Net income summary. Combine line 3, column (d), and line 10			▶	45,726.

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

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

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

a Is the organization licensed to operate 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 operate 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 operated 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.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G, Part I, Line 2b, List of Ten Highest Paid Fundraisers:

(i) Name of Fundraiser: PROMOTIONS ETC., LLC

(i) Address of Fundraiser: 30 WESTGATE DRIVE, EAST AURORA, NY 14052

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" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2011

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? [X] 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [X]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: GRANT FUND USAGE IS REVIEWED MONTHLY BY MANAGEMENT IN THE ACCOUNTING DEPARTMENT.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

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	649	9,042,540.	COST
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MEDIA SERVICE)	X	3	17,304.	COST
26	Other ▶ (ITEMS FOR AUC)	X	39	11,792.	COST
27	Other ▶ (FOOD ITEMS FO)	X	6	2,976.	COST
28	Other ▶ (MISCELLANEOUS)	X	3	585.	COST

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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		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 non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to 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.

Part I, Other Types of Property:

TRUCK RENTAL

(a) Check if applicable = X

(b) Number of Contributors = 1

(c) Revenue Reported on Form 990, Part VIII $ 253.

(d) Method of determining revenue: COST

VEHICLE REPAIRS

(a) Check if applicable = X

(b) Number of Contributors = 1

(c) Revenue Reported on Form 990, Part VIII $ 240.

(d) Method of determining revenue: COST

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.

OMB No 1545-0047

2011

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:

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.

Form 990, Part VI, Section A, line 7a: THE BOARD OF DIRECTORS MEMBERS ARE ALLOWED TO ELECT OTHER INDIVIDUALS TO THE BOARD.

Form 990, Part VI, Section A, line 7b: ALL DECISIONS MADE BY THE BOARD OF DIRECTORS ARE SUBJECT TO APPROVAL BY A VOTE OF THE BOARD MEMBERS.

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

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION WILL PROVIDE THE

Name of the organization: FOOD BANK OF WESTERN NEW YORK, INC.

Employer identification number: 22-2470820

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

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized losses on investments: -16,637.

Form 990, Part XI, Line 2C

THE OVERSIGHT PROCESS AND THE SELECTION PROCESS HAVE NOT CHANGED FROM THE PRIOR YEAR.

Food Bank of WNY
Serving Cattaraugus, Chautauqua, Erie, and Niagara Counties

91 Holt Street, Buffalo, NY 14206
P. 716 852.1305 • F: 716.852.7858
www.foodbankwny.org

FOOD BANK OF WESTERN NEW YORK FOOD AND GRANT PROGRAMS

A. AGENCY ASSISTANCE PROGRAM

This program provides member agencies with purchased nutritional food and access to refrigerators, freezers, and food preparation and storage equipment to better serve the needs of their clients. This allows member agencies to store more perishable items and greatly increases their ability to provide more nutritional meals to the needy.

B. BABY NEEDS PROGRAM

The Baby Needs Program meets emergency needs of infants and young children by providing them with a supply of diapers, infant formula, baby food and baby care products. These items are distributed through 38 of the Food Bank's strategically located emergency food providers.

C. BACKPACK PROGRAM

Many children who rely on free and/or reduced price school meals may be left without an adequate supply of nutritious food on the weekends or when school is closed. The BackPack Program assists these students by providing easily prepared, nutritious food in take-home bags each week throughout the school year. Each backpack is filled with cereals, shelf stable milk, canned soups, fresh fruit, and whole grain snack. Bags are distributed each Friday at the end of the school day. Recipients are students chosen by teachers, counselors, and school staff based on individual circumstances.

D. BANKING ON WELLNESS

Banking on Wellness is an exercise and nutrition production that teaches school children about the importance of healthy foods and fitness. This program is available free of charge to all schools, camps, and youth programs in the Food Bank's service area.

E. BUFFALO NEWS NEEDIEST

A collaboration of *The Buffalo News* and the Food Bank uses funds provided by *The Buffalo News* to purchase year-end holiday meal items. This food is given to needy Western New Yorkers through participating agencies.

F. WHOLESALE FOOD CATEGORY

Agencies may purchase cases of food items to supplement their other food sources. This offers agencies the convenience of "one stop" shopping at prices generally comparable to wholesale levels. Seven programs have been consolidated under one reference number ("Wholesale"). Other program grant dollars will be applied to this product.

G. DONATED PRODUCT

Donations of food and other items are provided to food banks by farmers, packers, manufacturers, wholesalers, and others in the food industry. Community groups also conduct food drives.

Food banks are required by law to distribute donated products only to "infants, elderly or needy" people, and distribution must be without charge to the ultimate consumer. Because of the costs involved with acquiring and distributing donated foods, however, the law allows food banks to ask agencies for a shared maintenance contribution. Although Feeding America caps such contributions at 19 cents/pound, the Food Bank of WNY is currently asking for 14 cents/ pound. These contributions help to pay the costs of operating the Food Bank including staff, utilities, freezers, trucks, incoming freight, etc. While agencies are urged and expected to contribute shared maintenance, inability to do so does not stand in the way of access to donated foods.

H. ECDSS (Erie County Department of Social Services)

The ECDSS Program is designed to meet the needs of low-income clients of the Erie County Department of Social Services. It was started in 1992 as a joint venture between ECDSS and the Food Bank and has now become an ongoing program.

The Food Bank provides certain selected pantries with extra food and with grocery store certificates funded by ECDSS. The foods comprise a nutritionally complete package for the number of days specified by the ECDSS caseworker, who may also specify whether a certificate is needed for such items as special dietary foods, infant formula, diapers, etc. The ECDSS caseworker refers the needy client to one of the participating pantries.

I. EFSP/FEMA (Emergency Food & Shelter Program/Federal Emergency Management Agency)

The Food Bank has been the recipient of annual EFSP/FEMA grants which enable purchase of additional food to affiliated agencies in Erie and Chautauqua Counties. These federally funded grants are administered nationally by the United Way of America and are distributed through the local United Way.

EFSP/FEMA funds are used to purchase food items not normally donated in quantity, particularly lean protein items, fruits, and certain ethnic items. Some of the EFSP/ FEMA funds awarded to agencies assist them in making their shared maintenance contributions, and EFSP/FEMA funds may also be used to subsidize the cost of Value-Added Donated Product.

J. Food Express

This program enables us to distribute perishable food directly to clients of our member agencies through the use of our two fully refrigerated trucks. Many of our sites do not have enough storage space to house large amounts of produce and other perishable foods for an extended period of time. This gives agencies the opportunity to offer their clients highly nutritious food items much more quickly.

K. Food Safety Training

This is an online training course on basic food safety that all member agencies can access. The course covers basic information about foodborne illness, personal hygiene, and proper receiving, storage, and repacking practices. It takes approximately 30 minutes to complete. It is interactive and requires completion of evaluation questions throughout the course.

The Food Bank also offers ServSafe classes for our agencies that prepare meals for clients. These classes cover a more extensive amount of food safety information including proper food preparation, cooking, and serving. This class is offered at different times during the year and requires two days of classroom training and a third day for a certification exam.

L. THE GARDEN PROJECT

This consists of several garden beds on the Food Bank's premises which are maintained by volunteers, agencies, and clients throughout the growing season. The gardens are used to grow nutritious produce and allow us to educate individuals about the importance of eating fruits and vegetables by teaching them about gardening and nutrition.

M. HPNAP (HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM)

The New York State Department of Health, Bureau of Nutrition provides funds to assist in the feeding of homeless and needy populations. Agencies provide the state with monthly data on their food distribution, clientele, service sites and locations.

Like EFSP/FEMA, HPNAP funds are used to purchase items not found in donated inventory and to pay a portion of the agency's shared maintenance accounts at the Food Bank.

By funding a registered dietitian at the Food Bank, HPNAP provides nutrition assistance and education to the agencies. HPNAP also underwrites the distribution of sanitation and food safety supplies to emergency food providers at no charge. These supplies include thermometers, disposable gloves, disposable aprons, alcohol wipes, germicidal soaps, and soap dispensers. The Food Bank registered dietitian also conducts workshops and trains providers in proper food handling practices to avoid food contamination.
HPNAP also offers limited annual funds for:

1. Operations Support - assists emergency food providers by covering portions of their operating costs such as staff, utilities, rent, transportation, etc.
2. Capital Equipment - enables emergency food providers to purchase equipment needed to enhance their delivery of food to the homeless and destitute.

N. KIDS IN THE KITCHEN

Kids in the Kitchen is a hands-on program through which children learn about cooking and sound nutrition. Students ages 7-18 may come to the Food Bank's test kitchen once weekly for five weeks. Here, they learn how their eating habits affect their health as they prepare simple, nutritious meals and snacks. Children may enroll free of charge though the Food Bank's agencies.

O. MEALS ON WHEELS / BLIZZARD BOXES

Meals on Wheels has found it helpful to distribute Blizzard Boxes, which are given to shut-ins each fall for use when regular meal deliveries are interrupted by severe weather. These boxes are packed by the Food Bank and contain enough nonperishable food for six meals (two days). Meals on Wheels makes funds available to cover the costs.

P. NUTRITION EDUCATION & FOOD SAFE HANDLING PROGRAMS

These are workshops to teach member agencies and their clients and volunteers about nutrition, recipe ideas and cooking. The programs are overseen by our registered dietitian, who can tailor them to address specific health needs. Currently we have an adult specific program (Good Cookin') and a child specific program (Kids in the Kitchen).

Q. THE PUPPET SHOW

The Puppet Show gives children ages 4-7 the opportunity to learn about the Food Bank and nutrition. Children are taught about including fruits and vegetables in their diets in a fun and interactive way. They are encouraged to help convince our candy-eating only dragon to "try some healthy foods". The puppets also participate in a school food drive. The show lasts approximately 20 minutes.

T. USDA (UNITED STATES DEPARTMENT OF AGRICULTURE)

New York State Bureau of Donated Foods Office of General Services provides NYS food banks with USDA surplus commodities for distribution to soup kitchens, shelters and pantries.

U. VALUE-ADDED PRODUCTS

Sometimes donated products require more than our limited repack capabilities can handle. For example, 12-lb. deli hams are more effectively used by pantries when they are cut and re-cryovaced in 3-lb. pieces. The cost of such "processing" is called "value-added." Food Banks are allowed to pass on these costs to their agencies, but we currently try to raise funds to subsidize "value-added" products.

FOOD BANK OF WESTERN NEW YORK FY 11-12

AREA SERVICED:	ANNUAL POUNDS	REPORTED MONTHLY AVERAGE SERVICES ** MEALS	PEOPLE	HOUSEHOLDS	Programs
CATTARAUGUS COUNTY	809,884	65,383	6,042	1,993	27
CHAUTAUQUA COUNTY	1,484,541	122,067	9,070	2,548	46
ERIE COUNTY	7,098,076	645,773	52,443	18,479	228
NIAGARA COUNTY	1,467,935	99,963	8,770	3,302	40
TOTAL TO WNY SITES	**10,860,436**	**933,186**	**76,325**	**26,322**	**341** **
OTHER FOOD BANKS	328,245				
DISPOSAL (all programs)	184,018				
TOTAL DISTRIBUTED/HANI	**11,372,699**				

** Above stats provided by 97.4% of sites served

SUMMARY PROGRAM DISTRIBUTION		FY 11-12 ACTUAL	CUMULATIVE TOTALS 1983 - 2012
DONATED PRODUCT	40.75%	4,634,891	165,033,473
EFSP/FEMA GRANTS	1.48%	168,661	8,302,878
HPNAP GRANTS	12.23%	1,390,718	25,797,146
ERIE COUNTY DSS	0.41%	46,294	724,472
USDA -TEFAP/SKP	19.93%	2,266,826	60,547,913
Wholesale LOCAL AGENCIE	4.21%	478,735	11,842,671
Non Donated to NYS Food Bi	0.64%	73,115	6,336,503
BUFFALO NEWS NEEDIEST	1.65%	187,321	4,186,994
AAP - Restricted	7.49%	852,372	3,574,268
AAP Designated	10.29%	1,170,585	6,178,633
BackPack Program	0.32%	36,831	45,842
Youth Programs	0.58%	66,350	241,621
	100.00%	11,372,699	292,812,414 Lbs.

YEAR	DONATED	EFSP/HPNAP ECDSS GRAI	U.S.D.A.	AAP Designated	CO-OP/BUDGI INTERBANK	NNF,KIDS & AAP Restricte	TOTAL POUNDS
1982-83	63,704						63,704
1983-84	744,664	270,000					1,014,664
1984-85	2,141,448	236,897					2,378,345
1985-86	3,144,959	517,115			365,862		4,027,936
1986-87	3,833,069	700,495			845,347	37,249	5,416,160
1987-88	4,277,890	750,540			1,365,327	250,026	6,643,783
1988-89	5,305,402	851,810	1,304,244		1,116,536	214,725	8,792,717
1989-90	5,262,016	845,324	4,830,843		1,073,667	154,313	12,166,163
1990-91	5,978,498	887,692	5,082,351		981,122	116,406	13,046,069
1991-92	7,137,332	765,251	3,879,210		852,472	188,402	12,822,667
1992-93	6,763,260	1,180,587	3,285,861		811,438	184,893	12,226,039
1993-94	6,048,394	998,355	2,464,501		587,510	153,401	10,252,161
1994-95	6,901,817	746,370	2,030,475		1,085,882	176,003	10,940,547
1995-96	5,897,795	639,776	1,172,628		912,679	234,375	8,857,153
1996-97	6,345,724	644,832	885,207		737,615	245,998	8,859,376
1997-98	6,188,228	721,746	2,195,157		435,219	306,869	9,847,219
1998-99	6,986,271	786,701	1,930,386		490,215	285,404	10,478,977
99-2000	7,343,219	1,380,423	2,236,269		540,107	286,726	11,786,744
2000-01	6,820,191	1,709,284	2,229,621	16,088	591,932	355,433	11,722,549
2001-02	6,672,238	1,626,386	2,969,731	19,656	591,505	415,940	12,295,456
2002-03	7,582,394	1,585,277	2,293,478	41,068	614,450	340,230	12,456,897
2003-04	7,726,265	1,354,997	3,215,361	51,762	790,507	520,917	13,659,809
2004-05	6,916,981	1,481,326	2,982,493	68,784	703,230	333,793	12,486,607
2005-06	5,908,043	1,846,512	2,283,048	259,746	662,333	242,229	11,201,911
2006-07	5,718,436	1,678,575	1,723,312	596,033	516,272	272,594	10,505,222
2007-08	5,903,590	2,426,861	1,467,135	1,059,514	228,789	231,998	11,317,887
2008-09	5,820,208	2,078,222	2,048,960	1,060,851	250,345	180,458	11,439,044
2009-10	5,900,352	2,249,019	2,484,358	947,642	245,668	325,589	12,152,628
2010-11	5,066,109	2,258,451	3,286,558	886,904	231,295	851,964	12,581,281
2011-12	4,634,891	1,605,673	2,266,826	1,170,585	551,850	1,142,874	11,372,699
TOTALS	**165,033,388**	**34,824,497**	**60,547,913**	**6,178,633**	**18,179,174**	**8,048,809**	**292,812,414** Lbs.
Cumm. %	56.36%	11.89%	20.68%	2.11%	6.21%	2.75%	100.00%

DISTRIBUTED TO WNY PROGRAMS & SITES	FY 11-12	10,860,436	95.50%
CUMMULATIVE DISTRIBUTED TO WNY PROGRAMS & SITES	1983 - 2012	248,118,650	84.74% Lbs.