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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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) 91 HOLT STREET | Room/suite

City or town, state or province, country, and ZIP or foreign postal code
BUFFALO, NY 142062293

D Employer identification number
22-2470820

E Telephone number
(716) 852-1305

G Gross receipts $ 28,168,062

F Name and address of principal officer
Tom Berical CPA
91 HOLT STREET
BUFFALO, NY 142062293

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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
OBTAIN NUTRITIOUS FOOD & SUPPORT FROM PUBLIC/PRIVATE SOURCES & EFFICIENTLY DISTRIBUTE THESE RESOURCES TO THE HUNGRY IN WNY THROUGH OUR MEMBER AGENCIES

Activities & Governance

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**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	50
6	Total number of volunteers (estimate if necessary)	**6**	3,146
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	24,530,285	22,868,721
9	Program service revenue (Part VIII, line 2g)	1,417,228	1,353,045
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	32,239	87,468
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,023	9,612
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,976,729	24,318,846

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	20,800,608	20,839,607
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)	2,047,233	1,991,754
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,190	1,263
b	Total fundraising expenses (Part IX, column (D), line 25) ▶611,827		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,425,891	1,458,043
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	24,275,922	24,290,667
19	Revenue less expenses Subtract line 18 from line 12	1,700,807	28,179

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	11,064,544	11,304,270
21	Total liabilities (Part X, line 26)	350,588	306,413
22	Net assets or fund balances Subtract line 21 from line 20	10,713,956	10,997,857

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

****** 2017-10-26
Signature of officer Date

Tom Berical CPA Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Eugene G Kershner	Eugene G Kershner	2017-10-26		P00601324

Firm's name ▶ Chiampou Travis Besaw & Kershner LLP — Firm's EIN ▶ 16-1468002

Firm's address ▶ 45 Bryant Woods North
Amherst, NY 14228 — Phone no (716) 630-2400

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO OBTAIN NUTRITIOUS FOOD AND SUPPORT FROM PUBLIC AND PRIVATE SOURCES AND EFFICIENTLY DISTRIBUTE THESE RESOURCES TO THE HUNGRY IN WESTERN NEW YORK THROUGH OUR MEMBER AGENCIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ 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 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 $ 22,128,439 including grants of $ 20,839,607) (Revenue $ 1,353,045)
See Additional Data

4b (Code) (Expenses $ 853,447 including grants of $) (Revenue $)
See Additional Data

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 ▶** 22,981,886

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
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		No
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		No
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		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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	Yes	
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	Yes	
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	Yes	
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
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* (see instructions)	17		No
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	Yes	
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		No

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
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), 501(c)(4), and 501(c)(29) 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**		No
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**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
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**		No
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**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	1		
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**		Yes	
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**	50		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**			
4a	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**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
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 as charitable contributions? . . .	**6a**			No
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**		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
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**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring 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? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
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**			No
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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25		
	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				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	25		
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			No
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			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6			No
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			No
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			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
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			No

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		No
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	Yes	
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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶PAULA MERCURIO 91 HOLT STREET Buffalo, NY 142062293 (716) 852-1305

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								222,421	0	41,903

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 ▶ 2

			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**		No
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**	Yes	
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**		No

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

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

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a				
	b Membership dues . .	1b				
	c Fundraising events . .	1c	261,745			
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,542,131			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,064,845			
	g Noncash contributions included in lines 1a-1f $ 15,266,456					
	h Total. Add lines 1a-1f . . . . . ▶		22,868,721			
Program Service Revenue		Business Code				
	2a SHARED MAINTENANCE FEES	624200	762,340	762,340		
	b PROGRAM FEES	624200	573,941	573,941		
	c					
	d					
	e					
	f All other program service revenue		16,764	16,764		
	g Total. Add lines 2a–2f . . . . ▶		1,353,045			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		80,928			80,928
	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) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	3,819,753				
	b Less cost or other basis and sales expenses	3,813,213				
	c Gain or (loss)	6,540				
	d Net gain or (loss) . . . . . ▶		6,540			6,540
	8a Gross income from fundraising events (not including $ 261,745 of contributions reported on line 1c) See Part IV, line 18 . . . . a		45,615			
	b Less direct expenses . . . b		36,003			
	c Net income or (loss) from fundraising events . . ▶		9,612			9,612
	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 . . . . . ▶		24,318,846	1,353,045	0	97,080

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	20,839,607	20,839,607		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	222,421		222,421	
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	1,326,314	910,702	192,537	223,075
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	74,360	43,725	19,924	10,711
9 Other employee benefits	258,819	152,194	69,346	37,279
10 Payroll taxes	109,840	64,589	29,430	15,821
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	26,507		26,507	
d Lobbying				
e Professional fundraising services See Part IV, line 17	1,263			1,263
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	46,029	15,875	30,154	
12 Advertising and promotion				
13 Office expenses	145,903	39,705	16,956	89,242
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	8,117	4,401	2,464	1,252
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,733	10,396	3,312	25
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	217,241	202,866	14,375	
23 Insurance	47,904	44,023	3,881	
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 REPACK, REPROCESS AND V	167,526	167,526		
b PRINTING AND PUBLICATIO	158,996		55	158,941
c VEHICLES	139,063	139,063		
d OTHER OPERATION EXPENSE	113,601	76,961	34,074	2,566
e All other expenses	373,423	270,253	31,518	71,652
25 **Total functional expenses.** Add lines 1 through 24e	24,290,667	22,981,886	696,954	611,827
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	3,170,565	1	2,721,654
	2	Savings and temporary cash investments	895,929	2	963,814
	3	Pledges and grants receivable, net	500,646	3	597,837
	4	Accounts receivable, net	56,973	4	56,474
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	2,139,876	8	1,577,685
	9	Prepaid expenses and deferred charges	17,242	9	21,749
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 4,849,707			
	b	Less accumulated depreciation — 10b: 3,486,752	1,149,400	10c	1,362,955
	11	Investments—publicly traded securities	2,164,701	11	3,354,002
	12	Investments—other securities See Part IV, line 11	969,212	12	648,100
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	11,064,544	16	11,304,270
Liabilities	17	Accounts payable and accrued expenses	291,490	17	255,360
	18	Grants payable		18	
	19	Deferred revenue	59,098	19	51,053
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	350,588	26	306,413
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	7,902,757	27	8,936,350
	28	Temporarily restricted net assets	2,811,199	28	2,061,507
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	10,713,956	33	10,997,857
	34	Total liabilities and net assets/fund balances	11,064,544	34	11,304,270

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,318,846
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,290,667
3	Revenue less expenses Subtract line 2 from line 1	3	28,179
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,713,956
5	Net unrealized gains (losses) on investments	5	255,722
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,997,857

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ 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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	Yes	

Additional Data

Software ID:

Software Version:

EIN: 22-2470820

Name: FOOD BANK OF WESTERN NEW YORK INC

Form 990 (2016)

Form 990, Part III, Line 4a:

Our work enables the adults, children and seniors we help to learn, work, hope and achieve greater success, independence and dignity Thanks to the dedication and generosity of donors, volunteers, and partners, we are changing the lives of many for the better We believe that everyone has a role in ending hunger within our community and that a hunger-free Western New York is possible By supporting the Food Bank of WNY, you help families across Western New York get enough to eat every day The impact we make together within the 106 cities and towns served throughout Western New York results in as many as 135,000 people helped monthly and the Food Bank of WNY distributed enough food to serve 135,000 people monthly Thanks to our generous friends and partners, last year the Food Bank of WNY distributed 15 6 million pounds of healthy food, the equivalent of 13 1 million meals Over 96% of food inventory meets our highest nutrition standards Fresh Produce 35 3%, Meats/Fish and Protein 14 6%, Beverages 13 9%, Assorted Food 12 9%, Dairy Products 9 4%, Cereal, Breads, and Grains 7%, and Pasta and Rice 3 7%

Form 990, Part III, Line 4b:

Agency Assistance and Operations Support - Funds received from New York State Hunger Prevention and Nutrition Assistance Program, Private Sources and Food Bank Designated Board Funds provide Equipment and Operational Assistance to affiliated Agency Programs

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN F DUNBAR JR CHAIR EMERITUS	1 00	X						0	0	0
MICHAEL J MANN CHAIR EMERITUS	1 00	X						0	0	0
MICHAEL J PRENDERGAST CHAIRPERSON	1 00	X		X				0	0	0
JERRY SHELDON VICE CHAIRPERSON	1 00	X		X				0	0	0
TIM WANGLER SECRETARY	1 00	X		X				0	0	0
TOM BERICAL CPA TREASURER	1 00	X		X				0	0	0
STEVEN JEZIORO ASSISTANT TREASURER	1 00	X		X				0	0	0
GARY BLUESTEIN DIRECTOR	1 00	X						0	0	0
KEITH BOOKBINDER DIRECTOR	1 00	X						0	0	0
TIM BOYLE DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALLEN BROWN DIRECTOR	1 00	X						0	0	0
SARAH JANE BURKE DIRECTOR	1 00	X						0	0	0
GLENN A BUTLER DIRECTOR	1 00	X						0	0	0
ERIC J DECKER DIRECTOR	1 00	X						0	0	0
CAROL DENYSSCHEN PHD RD MPH DIRECTOR	1 00	X						0	0	0
JOHN EAGLETON DIRECTOR	1 00	X						0	0	0
STEPHANIE GETER DIRECTOR	1 00	X						0	0	0
VINCENT O HANLEY DIRECTOR	1 00	X						0	0	0
KRISTEN HANSON DIRECTOR	1 00	X						0	0	0
KAREN MERKEL DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VINCENT MIRANDA DIRECTOR	1 00	X						0	0	0
RAMON MORALES DIRECTOR	1 00	X						0	0	0
MICHAEL NOWICKI DIRECTOR	1 00	X						0	0	0
JAMEL PERKINS DIRECTOR	1 00	X						0	0	0
SCOTT C TERHAAR DIRECTOR	1 00	X						0	0	0
MARYLOU BOROWIAK PRESIDENT & CEO	40 00			X				135,777	0	23,916
PAULA MERCURIO CHIEF FINANCIAL OFFICER	40 00			X				86,644	0	17,987

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SCHEDULE A (Form 990 or 990EZ)

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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
FOOD BANK OF WESTERN NEW YORK INC

Employer identification number
22-2470820

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	17,285,391	23,941,222	22,025,411	24,530,285	22,868,721	110,651,030
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	17,285,391	23,941,222	22,025,411	24,530,285	22,868,721	110,651,030
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						110,651,030

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	17,285,391	23,941,222	22,025,411	24,530,285	22,868,721	110,651,030
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	24,600	34,353	47,485	56,675	80,928	244,041
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						110,895,071

12 Gross receipts from related activities, etc (see instructions)	12	6,916,314

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 2016 (line 6, column (f) divided by line 11, column (f))	14	99 780 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	99 820 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
FOOD BANK OF WESTERN NEW YORK INC

Employer identification number
22-2470820

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ 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" on Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	3,133,913	1,531,902	1,448,832		
b Contributions	550,595	1,549,769	33,399	1,370,513	
c Net investment earnings, gains, and losses	335,675	61,757	57,082	81,485	
d Grants or scholarships					
e Other expenditures for facilities and programs	18,081	9,515	7,411	3,166	
f Administrative expenses					
g End of year balance	4,002,102	3,133,913	1,531,902	1,448,832	

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

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land		88,887		88,887
b Buildings		3,189,205	2,285,325	903,880
c Leasehold improvements				
d Equipment		1,571,615	1,201,427	370,188
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				1,362,955

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CASH	212,008	F
(B) FIXED INCOME BONDS	436,092	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	648,100	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	24,610,571
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	255,722		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	36,003		
e	Add lines **2a** through **2d**			2e	291,725
3	Subtract line **2e** from line **1**			3	24,318,846
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	24,318,846

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

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

1	Total expenses and losses per audited financial statements			1	24,326,670
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	36,003		
e	Add lines **2a** through **2d**			2e	36,003
3	Subtract line **2e** from line **1**			3	24,290,667
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	24,290,667

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 22-2470820
Name: FOOD BANK OF WESTERN NEW YORK INC

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Fundraising expenses reclassed to offset revenue 36,003

Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Fundraising expenses reclassed to offset revenue 36,003

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, 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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
FOOD BANK OF WESTERN NEW YORK INC

Employer identification number
22-2470820

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the 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**	**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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		▶					

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

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

Revenue		(a) Event #1 SWEET CHARITY (event type)	(b) Event #2 WALK OFF HUNGER (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	201,759	105,601		307,360
	2 Less Contributions	156,144	105,601		261,745
	3 Gross income (line 1 minus line 2)	45,615			45,615
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,456	11,547		36,003
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				36,003
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				9,612

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**13a**	%
b An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶

----

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493311011267

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
FOOD BANK OF WESTERN NEW YORK INC

Employer identification number
22-2470820

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(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
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 211

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Line 2	GRANT FUND USAGE IS REVIEWED MONTHLY BY MANAGEMENT IN THE ACCOUNTING DEPARTMENT ADHERENCE TO PREDETERMINED SELECTION CRITERIA ENSURES THAT FUNDS ARE GRANTED ONLY TO ORGANIZATIONS WHOSE PROGRAMS ALIGN WITH THE MISSION OF REACHING THE HUNGRY IN THE WESTERN NEW YORK COMMUNITY AND FOR QUALIFIED CHARITABLE PURPOSES

Additional Data

Software ID:
Software Version:
EIN: 22-2470820
Name: FOOD BANK OF WESTERN NEW YORK INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
14 HOLY HELPERS SHARING COMMITTEE 1345 INDIAN CHURCH ROAD WEST SENECA, NY 14224	16-0746847		8,296				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ALL SAINTS - ST VINCENT DEPAUL SOCIETY 30 HERITAGE COURT LOCKPORT, NY 14094	53-0196617		21,438				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALTAMONT VETERAN PROGRAM 30 WYOMING AVENUE BUFFALO, NY 14215	14-1708881		8,386				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ANTIOCH BAPTIST FOOD PANTRY 1327 N FILLMORE AVENUE BUFFALO, NY 14211	16-1189974		66,413				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AREA CHRISTIAN ACTION - FINDLEY 2862 NORTH ROAD FINDLEY LAKE, NY 14736	16-1119647		7,248				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
AREA CHRISTIAN ACTION - SHERMAN 109 CHURCH STREET SHERMAN, NY 14781	16-1119647		13,142				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AREA CHRISTIAN ACTION COUNCIL- CLYMER 565 CLYMER/SHERMAN ROAD CLYMER, NY 14724	16-1119647		10,811				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ASHVILLE FOOD PANTRY 2180 NORTH MAPLE STREET ASHVILLE, NY 14710	31-1813333		66,310				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BLES FOOD PANTRY BUFF LUTH EM SER 900 GENESEE STREET BUFFALO, NY 14211	16-1400251		36,463				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BACK TO BASICS OUTREACH MINISTRIES SHELTER 188 STRAUSS STREET BUFFALO, NY 14206	16-1509888		14,840				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACKPACK PROGRAM ABATE ELEMENTARY SCHOOL 1625 LOCKPORT STREET NIAGARA FALLS, NY 14305	22-2470820		6,181				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BACKPACK PROGRAM AJ SCHMIDT 9455 LAKE SHORE ROAD ANGOLA, NY 14085	22-2470820		9,198				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACKPACK PROGRAM BP SCHOOL 18 750 WEST AVENUE BUFFALO, NY 14213	22-2470820		20,183				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BACKPACK PROGRAM BLASDELL ELEMENTARY 3780 SOUTH PARK AVENUE BLASDELL, NY 14219	22-2470820		5,818				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACKPACK PROGRAM BPS 65 ROOSEVLET ECC 249 SKILLEN STREET BUFFALO, NY 14207	22-2470820		5,206				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BACKPACK PROGRAM CHARLES UPSON 28 HARDING AVENUE LOCKPORT, NY 14094	22-2470820		6,781				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACKPACK PROGRAM CHARTER SCHOOL FOR APPLIED TECHNOLOGIES 2303 KENMORE AVENUE BUFFALO, NY 14207	22-2470820		9,805				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BACKPACK PROGRAM DUNKIRK SCHOOL 7 348 LAKESHORE DRIVE EAST DUNKIRK, NY 14048	22-2470820		5,317				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACKPACK PROGRAM GOWANDA ELEMENTARY 10674 PROSPECT STREET GOWANDA, NY 14070	22-2470820		11,255				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BACKPACK PROGRAM HAMLIN PARK BPS 74 126 DONALDSON ROAD BUFFALO, NY 14208	22-2470820		8,474				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACKPACK PROGRAM HIGHGATE HEIGHTS BPS 80 600 HIGHGATE AVENUE BUFFALO, NY 14215	22-2470820		5,631				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BACKPACK PROGRAM INTERNATIONAL SCHOOL 45 141 HOYT STREET BUFFALO, NY 14213	22-2470820		8,672				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACKPACK PROGRAM LOVE SCHOOL 50 EAST 8TH STREET JAMESTOWN, NY 14701	22-2470820		9,856				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BACKPACK PROGRAM NIAGARA CHARTER SCHOOL 2077 LOCKPORT ROAD NIAGARA FALLS, NY 14304	22-2470820		8,561				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACKPACK PROGRAM NORTHWOOD ELEMENTARY 250 NORTHWOOD AVENUE WEST SENECA, NY 14224	22-2470820		5,255				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BACKPACK PROGRAM RIPLEY 12 NORTH STATE STREET RIPLEY, NY 14775	22-2470820		10,806				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACKPACK PROGRAM SCHOOL 33 157 ELK STREET BUFFALO, NY 14210	22-2470820		6,951				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BACKPACK PROGRAM SCHOOL 6 414 SOUTH DIVISION STREET BUFFALO, NY 14204	22-2470820		7,171				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BACKPACK PROGRAM UNION EAST 3550 UNION ROAD CHEEKTOWAGA, NY 14225	22-2470820		10,578				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BACKPACK PROGRAM WEST HERTEL SCHOOL 94 489 HERTEL AVENUE BUFFALO, NY 14207	22-2470820		9,388				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BELLE CENTER FOOD PANTRY 104 MARYLAND STREET BUFFALO, NY 14201	16-1559032		10,657				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BLACK ROCKRIVERSIDE FOOD PANTRY 357 ONTARIO STREET BUFFALO, NY 14207	22-3290969		47,691				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BREAD OF LIFE HEALING WORD MINISTRIES 1006 WEST THIRD STREET JAMESTOWN, NY 14701	62-0484177		35,519				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BREAD OF LIFE OUTREACH 8745 SUPERVISOR AVE COLDEN, NY 14033	27-3172986		26,663				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BRIGHTON FOOD PANTRY 1225 BRIGHTON ROAD TONAWANDA, NY 14150	16-0868487		12,094				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BROCTON-PORTLAND FOOD PANTRY 7081 EAST RTE 20 PORTLAND, NY 14769	14-1490510		35,074				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BUFFALO PEACE HOUSE 4263 SAINT FRANCIS DRIVE HAMBURG, NY 14075	61-1681692		6,959				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
BUFFALO URBAN LEAGUE PANTRY 86 PINE STREET BUFFALO, NY 14204	16-0743940		13,478				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CAO OF ERIE CO PANTRY 167 HUMBOLDT PARKWAY BUFFALO, NY 14214	16-0911473		35,943				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CCRM - EMERGENCY FOOD PANTRY 127 CENTRAL AVENUE DUNKIRK, NY 14048	16-1119647		17,639				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARE -N- SHARE FOOD PANTRY 3628 RANSOMVILLE ROAD RANSOMVILLE, NY 14131	35-0877568		19,962				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CASSADAGA FOOD PANTRY 25 MAPLE AVENUE CASSADAGA, NY 14718	35-0877568		9,947				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CENTRAL HELPING HANDS FOOD PANTRY 350 DEWEY AVENUE BUFFALO, NY 14214	53-1096617		127,092				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CATHOLIC CHARITIES - FRANKLINVILLE FOOD PANTRY 28 PARK SQUARE FRANKLINVILLE, NY 14737	53-0196617		5,623				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES - LACKAWANNA PANTRY 75 CALDWELL STREET LACKAWANNA, NY 14218	16-0743251		80,330				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CATHOLIC CHARITIES FULTON - ST BRIGID F P 170 FULTON STREET BUFFALO, NY 14204	53-0196617		31,785				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES LOVEJOY PANTRY & OR 139 NORTH OGDEN BUFFALO, NY 14206	53-1096617		66,045				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CATHOLIC CHARITIES RICH ST FOOD PANTRY 930 GENESEE STREET BUFFALO, NY 14211	53-0196617		57,780				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CATHOLIC CHARITIES SOUTH BUFFALO 920 TIFFT STREET BUFFALO, NY 14220	16-0743251		100,108				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CATT CAO-DELEVAN SITE 21 DELEVAN AVE/13 CHURCH ST CORNER DELEVAN, NY 14042	16-0910303		19,633				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATT CAO-FOOD PANTRY 25 JEFFERSON STREET SALAMANCA, NY 14779	16-0910303		108,782				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CATT CAO-OLEAN DISTRIBUTION SITE 8 LEO MOSS DRIVE OLEAN, NY 14760	16-0910303		49,334				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATT CAO-THE LIGHTHOUSE SK 25 JEFFERSON STREET SALAMANCA, NY 14779	16-0910303		21,377				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CATT CAO-DOMESTIC VIOLENCE SHELTER CONFIDENTIAL - SEE MEMO SALAMANCA, NY 14779	16-0910303		12,407				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CATT CAO-KINLEY HILL SHELTER 25 CHURCH STREET SALAMANCA, NY 14779	16-0910303		6,802				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CATTARAUGUS COMMUNITY ACTION INC 25 JEFFERSON STREET SALAMANCA, NY 14779	16-0910303		265,507				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CATTARAUGUS FOOD PANTRY 11 WASHINGTON STREET CATTARAUGUS, NY 14719	16-1478183		16,790				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CEDAR GROVE FOOD PANTRY 100 OLD MARYVALE DRIVE CHEEKTOWAGA, NY 14225	16-1554921		6,561				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHAUTAUQUA DISTRIBUTION SITE 2485 Falconer Frewsburg Road FALCONER, NY 14700	22-2470820		122,961				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CITIZENS COMMUNITY DEVELOPMENT 134 WILLIAM STREET BUFFALO, NY 14204	16-1025108		42,410				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CITY MISSION - SHELTER 100 E TUPPER BUFFALO, NY 14203	16-0743965		5,659				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CITY REACH BUFFALO (EXPRESSWAY AG) 260 EGGERT ROAD BUFFALO, NY 14215	22-2442415		33,536				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COLDSPRING COMMUNITY FOUNDATION 234 GLENWOOD AVENUE BUFFALO, NY 14208	23-7002419		8,960				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
COMMUNITY ACTION INFORMATION CENTER 103 WOHLERS AVENUE BUFFALO, NY 14208	16-1272242		116,812				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY KITCHEN (AT THE TRADING POST) 38 FRANKLIN ST SPRINGVILLE, NY 14141	16-1478183		8,570				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
COMMUNITY MISSIONS INC-DINING ROOM 1570 BUFFALO AVENUE NIAGARA FALLS, NY 14303	16-0788242		17,866				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY MISSIONS INC-PANTRY 1590 BUFFALO AVENUE NIAGARA FALLS, NY 14303	16-0788242		22,715				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
COMPASS HOUSE RESOURCE CENTER CAFE 1451 MAIN STREET BUFFALO, NY 14209	23-7363167		5,371				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CONCERNED PARENTS COUNCILST LUKES 314 EAST FERRY STREET BUFFALO, NY 14208	16-1004825		36,427				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
CORNERSTONE MANOR SHELTER CONFIDENTIAL BUFFALO, NY 14203	16-0743965		8,039				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CREEKSIDE CHAPEL FOOD PANTRY 2523 FIVE MILE ROAD ALLEGANY, NY 14706	35-0877568		10,248				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
DAYTON FOOD PANTRY 9586 RAILROAD AVE DAYTON, NY 14041	31-1813333		25,936				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DELEVAN COMMUNITY FOOD PANTRY 21 DELEVAN AVENUE DELEVAN, NY 14042	31-1813333		10,141				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
DELIVERANCE TEMPLE FOOD PANTRY 179 SHERMAN STREET BUFFALO, NY 14212	16-6088744		28,665				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DIVINE MERCY FOOD PANTRY 2437 NIAGARA STREET NIAGARA FALLS, NY 14303	16-0747359		31,149				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
DURHAM-METRO DINING ROOM 200 EAST EAGLE STREET BUFFALO, NY 14204	31-1813333		11,702				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EDEN-NORTH COLLINS FOOD PANTRY 2059 FRANKLIN STREET NORTH COLLINS, NY 14111	22-2478253		45,556				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
EDISON STREET MANNA FROM HEAVEN 28 EDISON AVENUE BUFFALO, NY 14215	16-1068790		23,533				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ELLINGTON COMMUNITY FOOD PANTRY 769 MAIN STREET ELLINGTON, NY 14732	22-2396831		37,289				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
EVANGEL FOOD PANTRY 8180 GREINER ROAD WILLIAMSVILLE, NY 14221	44-0577787		92,622				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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EVERGREEN HEALTH SERVICES 206 SOUTH ELMWOOD AVENUE-4TH FLOOR BUFFALO, NY 14201	16-1202971		68,316				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
FAITH BASED FELLOWSHIP BOX STREET 378 BOX STREET BUFFALO, NY 14211	01-0607507		24,638				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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FAITH BASED FELLOWSHIP WILLIAM STREET 722 WILLIAM STREET BUFFALO, NY 14206	01-0607507		28,732				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
FAITH UNITED METHODIST CHURCH 1449 QUAKER ROAD BARKER, NY 14012	31-1813333		21,849				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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FAMILY HELP CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511		74,399				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
FIRST BAPTIST CHURCH OF NEWFANE FOOD PANTRY 6047 EAST AVENUE NEWFANE, NY 14108	15-0509747		13,325				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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FIRST SHILOH BAPTIST CHURCH 15 PINE STREET BUFFALO, NY 14204	22-3335025		47,520				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
FISH OF EAST AURORA INC 960 EAST MAIN STREET EAST AURORA, NY 14052	16-0975994		42,094				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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FOOD BANK OF THE SOUTHERN TIER 388 UPPER OAKWOOD AVENUE ELMIRA, NY 14903	16-1478183		30,194				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
FORESTVILLE FOOD PANTRY INC 3 PARK STREET FORESTVILLE, NY 14062	45-3027843		17,787				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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FREWSBURG FOOD CUPBOARD 11 INSTITUTE ST PO BOX 973 FREWSBURG, NY 14738	45-3125862		5,580				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
FRIENDLY KITCHEN (CCRM) 127 CENTRAL AVENUE DUNKIRK, NY 14048	16-1119647		8,498				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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FRIENDS OF NIGHT PEOPLE 394 HUDSON ST BUFFALO, NY 14201	16-1086657		18,363				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
FRIENDS OF NIGHT PEOPLE FOOD PANTRY 394 HUDSON STREET BUFFALO, NY 14201	16-1086657		22,516				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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GOOD SHEPHERD FOOD PANTRY 96 JEWETT PARKWAY BUFFALO, NY 14214	16-0743985		72,356				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
GOWANDA LOVE INC 64 EAST MAIN STREET GOWANDA, NY 14070	01-0677260		9,810				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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GRACE LUTHERAN CHURCH PANTRY 174 CAZENOVIA STREET BUFFALO, NY 14210	41-1568678		13,014				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
GREATER WORKS CHRISTIAN FELLOWSHIP 210 SOUTHAMPTON BUFFALO, NY 14208	20-4587478		29,813				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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GROUP MINISTRIES 1333 JEFFERSON AVENUE BUFFALO, NY 14208	16-1421247		12,342				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
HARVEST FIELD OUTREACH CENTER 406 WSTATE STREET OLEAN, NY 14760	35-1268508		16,407				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEART LOVE & SOUL INC FOOD PANTRY 939 ONTARIO AVENUE NIAGARA FALLS, NY 14305	16-1200127		11,656				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
HINSDALE ISCHUA FOOD PANTRY 3628 MAIN ST HINSDALE, NY 14743	16-6098616		8,632				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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HISPANICS UNITED OF BUFFALO 254 VIRGINIA STREET BUFFALO, NY 14201	16-1243094		72,107				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
HOLY TRINITY FOOD CUPBOARD 825 FOREST AVENUE JAMESTOWN, NY 14701	16-1308144		10,535				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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HUMBOLDT PARKWAY BAPTIST CHURCH 790 HUMBOLDT PARKWAY BUFFALO, NY 14211	16-1303200		32,765				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
JERICHO ROAD COMMUNITY HEALTH CENTER 184 BARTON STREET BUFFALO, NY 14213	42-1571876		39,698				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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JOSEPH PROJECT MOBILE FP 437 MASTEN AVENUE BUFFALO, NY 14209	16-1450334		84,146				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
LIVING WATER FELLOWSHIP 383 PINE RIDGE ROAD CHEEKTOWAGA, NY 14225	16-1468498		55,223				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOAVES & FISHES SOUTHERN TIER FP 753 PROSPECT AVENUE OLEAN, NY 14760	16-0056368		15,907				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
MACEDONIA BAPTIST CHURCH PANTRY 237 E NORTH STREET BUFFALO, NY 14204	11-1189061		20,674				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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MATT URBAN CENTER FOOD PANTRY 1081 BROADWAY BUFFALO, NY 14212	16-1067572		18,163				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
MEAL TIME-FRIENDS OF NIGHT PEOPLE 21 WESTMINSTER BUFFALO, NY 14215	16-1086657		9,627				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MISSIONARY OUTREACH CALVARY 1184 GENESEE STREET BUFFALO, NY 14211	22-2510842		18,804				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
MY PLACE HOME (TEMPLE OF CHRIST CHURCH) 1230 GENESEE STREET BUFFALO, NY 14211	20-5885452		11,715				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NATIVE AMERICAN COMMSERVICES 1005 GRANT STREET BUFFALO, NY 14207	16-1043710		17,083				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
NEIGHBOR TO NEIGHBOR FOOD PANTRY 9495 PROSPECT ROAD FORESTVILLE, NY 14062	32-0406067		49,405				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NETWORK OF RELIGIOUS COMMUNITIES 1272 DELAWARE AVENUE BUFFALO, NY 14209	16-0743975		32,146				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
NEW BEGINNINGS FOOD PANTRY 100 WILLOW RIDGE DRIVE AMHERST, NY 14228	16-1077366		29,586				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEW COVENANT TABERNACLE FOOD PANTRY 345 McCONKEY DRIVE BUFFALO, NY 14223	16-1199630		92,168				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
NEW COVENANT UNITED CH OF CHRIST 459 CLINTON STREET BUFFALO, NY 14204	16-1199630		39,824				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEWFANE COMMUNITY FOOD PANTRY 3455 EWINGS ROAD NEWFANE, NY 14108	53-0196617		16,937				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
NIACAP LOCKPORT PANTRY 180 WASHBURN STREET LOCKPORT, NY 14094	16-0919885		38,950				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NIAGARA COMMUNITY ACTION PROGRAM - NORTH TONAWANDA 265 FALCONER STREET NORTH TONAWANDA, NY 14120	16-0919885		20,412				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
NIAGARA COMMUNITY ACTION PROGRAM-ROSE MARRA 564 19TH STREET NIAGARA FALLS, NY 14301	16-0919885		88,489				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NIAGARA COUNTY FOOD DISTRIBUTION 2201 PINE AVENUE NIAGARA FALLS, NY 14301	16-0919885		256,278				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
NORTH BUFFALO FOOD PANTRY 2 WALLACE AVENUE BUFFALO, NY 14214	41-1568278		13,533				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NORTH TONAWANDA INTER-CHURCH FOOD PANTRY 100 RIDGE ROAD NORTH TONAWANDA, NY 14120	22-2534763		13,906				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
NORTHSIDE FOOD PANTRY 663 LAKEVIEW AVENUE JAMESTOWN, NY 14701	31-1813333		20,437				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OLV ST VINCENT DePAUL SOCIETY 767 RIDGE ROAD LACKAWANNA, NY 14218	16-0747359		17,837				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
OLD FIRST WARD - BUFFALO RIVER FOOD PANTRY 62 REPUBLIC STREET BUFFALO, NY 14204	22-2264220		76,452				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OLEAN FOOD PANTRY 8 LEO MOSS DRIVE OLEAN, NY 14760	55-0881869		29,878				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
OPERATION GOOD NEIGHBOR PANTRY 2030 SOUTH CREEK ROAD NORTH EVANS, NY 14047	22-2478153		81,269				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OPERATION GOOD NEIGHBOR-ANGOLA 17 PROSPECT AVENUE ANGOLA, NY 14006	22-2478153		71,378				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
PANAMA UNITED METHODIST CHURCH 22 EAST MAIN ST PANAMA, NY 14767	31-1813333		13,873				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PEACEPRINTS PRISON MINISTRIES - BISSONETTE HOUSE 335 GRIDER STREET BUFFALO, NY 14215	16-1306559		6,908				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
PENDLETON FOOD PANTRY 7416 CAMPBELL BLVD NORTH TONAWANDA, NY 14120	31-1813333		12,217				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
POLONIA HALL FOOD PANTRY 385 PADEREWSKI DRIVE BUFFALO, NY 14212	16-1067575		56,311				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
PRIMERA FOOD PANTRY 62 VIRGINIA STREET BUFFALO, NY 14201	36-2167731		45,177				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RAYMOND COMMUNITY CHURCH 6597 RAPIDS ROAD LOCKPORT, NY 14094	16-0836795		6,562				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
REFUGE TEMPLE CHURCH 943 JEFFERSON AVE BUFFALO, NY 14204	16-1613503		25,727				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RESPONSE TO LOVE CENTER PANTRY 130 KOSCIUSZKO STREET BUFFALO, NY 14212	20-8083508		28,410				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
RESPONSE TO LOVE SOUP KITCHEN 130 KOSCIUSZKO STREET BUFFALO, NY 14212	20-8083508		6,153				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RESURRECTION LIFE 2145 OLD UNION ROAD CHEEKTOWAGA, NY 14227	22-2561812		137,501				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
RESURRECTION LUTHERAN PANTRY 3 DOAT STREET BUFFALO, NY 14211	41-1568278		27,566				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RIPLEY COMMUNITY COUNCIL FOOD PANTRY 12 NORTH STATE STREET RIPLEY, NY 14775	36-4587340		16,259				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
SBCFOUNDATION 18 CHURCH STREET LACKAWANNA, NY 14218	20-0907432		11,287				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SALVATION ARMY - ADULT REHABCENTER 1080 MILITARY RD BUFFALO, NY 14217	13-5562351		23,688				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
SALVATION ARMY - BUFFALO 960 MAIN STREET BUFFALO, NY 14202	13-5562351		51,674				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SALVATION ARMY - DUNKIRK 704 CENTRAL AVENUE DUNKIRK, NY 14048	13-5562351		26,744				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
SALVATION ARMY - JAMESTOWN 83 S MAIN STREET JAMESTOWN, NY 14701	13-5562351		116,155				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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SALVATION ARMY - KENSINGTON 21 WESTMINSTER AVENUE BUFFALO, NY 14215	13-5562351		31,651				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
SALVATION ARMY - LOCKPORT 50 COTTAGE STREET LOCKPORT, NY 14094	13-5562351		22,910				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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SALVATION ARMY - NIAGARA FALLS 7018 BUFFALO AVENUE NIAGARA FALLS, NY 14304	13-5562351		19,236				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
SALVATION ARMY - TEMPLE CORPS 187 GRANT STREET BUFFALO, NY 14213	13-5562351		61,349				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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SALVATION ARMY - TONAWANDA 46 BROAD STREET TONAWANDA, NY 14150	13-5562351		45,089				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
SCHOOL PANTRY MARITIME CHARTER 266 GENESEE STREET BUFFALO, NY 14204	22-2470820		10,933				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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SENECA BABCOCK FOOD PANTRY 1168 SENECA STREET BUFFALO, NY 14210	23-7367697		36,777				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
SILVER CREEK FOOD PANTRY 260 CENTRAL AVENUE SILVER CREEK, NY 14136	36-4665030		13,643				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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SINCLAIRVILLE FOOD CUPBOARD 49 SINCLAIR DRIVE SINCLAIRVILLE, NY 14782	22-2513966		28,183				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
SISTER HELEN'S FOOD PANTRY 160 CHESTNUT STREET LOCKPORT, NY 14094	53-0196617		37,158				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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SISTER MARY LORETTO SOUP KITCHEN 50 COTTAGE STREET LOCKPORT, NY 14094	13-5562351		15,610				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
SOUTH DAYTON FOOD PANTRY ROUTE 322 327 PINE STREET SOUTH DAYTON, NY 14138	35-0877568		10,892				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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SOUTHERNTIER FOOD PANTRY TRADING POST 38 FRANKLIN STREET SPRINGVILLE, NY 14141	16-1478183		64,993				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
SOUTHTOWNS CHRISTIAN FOOD PANTRY 6619 SOUTHWESTERN BLVD LAKEVIEW, NY 14085	16-1323928		46,660				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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SPRINGVILLE-CONCORD FOOD PANTRY 56 EAST MAIN STREET SPRINGVILLE, NY 14141	16-0763156		7,438				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
SRMARY JOSETTE FOOD PANTRY 240 PINE RIDGE ROAD CHEEKTOWAGA, NY 14225	16-0871487		79,725				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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ST CASIMIR CHURCH FOOD PANTRY 1833 CLINTON STREET BUFFALO, NY 14206	35-0883494		14,776				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ST CHRISTOPHER PARISH PANTRY 530 ELLICOTT CREEK ROAD TONAWANDA, NY 14150	53-0196617		17,231				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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ST ELIZABETH ANN SETON FOOD CLOSET 336 WASHINGTON AVENUE DUNKIRK, NY 14048	53-0196617		84,300				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ST FAUSTINA'S GATE 263 CLAREMONT AVENUE TONAWANDA, NY 14223	53-0196617		15,934				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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ST JOHN DE LA SALLE COMMUNITY CARE 8477 BUFFALO AVE NIAGARA FALLS, NY 14304	53-0196617		28,262				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ST JOSEPH OUTREACH 1413 PINE AVENUE NIAGARA FALLS, NY 14301	53-0196617		14,039				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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ST LAWRENCE OUTREACH PANTRY 1520 E DELAVAN AVE BUFFALO, NY 14215	22-2617944		71,200				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ST LUKES MISSION OF MERCY 325 WALDEN AVENUE BUFFALO, NY 14211	16-1422964		101,967				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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ST MARTHA'S PANTRY 10 FRENCH ROAD DEPEW, NY 14043	53-0196617		18,270				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ST PATRICK PANTRY 1119 WILLIAM STREET BUFFALO, NY 14206	53-0196617		18,981				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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ST PAUL'S EPISCOPAL FOOD PANTRY 99 S ERIE STREET MAYVILLE, NY 14757	31-1629166		20,392				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ST PETER & PAUL PARISH OUTREACH 36 PINE STREET HAMBURG, NY 14075	53-0196617		28,902				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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ST PHILLIPS EPISCOPAL CHURCH 15 FERNHILL AVENUE BUFFALO, NY 14215	16-0743985		31,690				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ST SIMON'S PANTRY AT THE GENESIS CENTER 2161 SENECA STREET - REAR BUFFALO, NY 14210	31-1629169		59,699				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST SIMON'S SOUP KITCHEN 2161 SENECA STREET - REAR BUFFALO, NY 14210	31-1629169		7,738				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ST SUSAN CENTER DINING ROOM 31 WATER STREET SUITE 130 JAMESTOWN, NY 14701	22-2635294		5,565				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DEPAUL - ST AMELIA 210 ST AMELIA DRIVE TOWN OF TONAWANDA, NY 14150	16-0747359		5,503				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ST VINCENT DEPAUL - ST LEO'S 885 SWEET HOME ROAD AMHERST, NY 14226	16-0747359		6,485				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST VINCENT DEPAUL DINING ROOM 1298 MAIN ST BUFFALO, NY 14209	16-0747359		28,720				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
ST VINCENT DEPAUL ST FRANCIS OF ASSISI 73 ADAM STREET TONAWANDA, NY 14150	16-0747359		15,407				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST VINCENT DEPAUL ST TIMOTHY'S 565 EAST PARK DRIVE TONAWANDA, NY 14150	16-0747359		14,213				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
TJDULSKI COMMUNITY CENTER 129 LEWIS STREET BUFFALO, NY 14206	16-1067572		48,740				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TABERNACLE FOOD PANTRY 3185 ORCHARD PARK ROAD ORCHARD PARK, NY 14127	16-6033757		55,925				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
TASTE OF FAITH FOOD PANTRY 594 WINSLOW AVENUE BUFFALO, NY 14211	16-1495312		81,719				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TOWN SQUARE FOOD PANTRY 2710 NFOREST ROAD GETZVILLE, NY 14068	16-0743251		36,530				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
TRI COMMUNITY FOOD PANTRY 722 TERRACE BOULEVARD DEPEW, NY 14043	56-2449780		79,772				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRIBAL ADVOCATE SENECA NATION 11 THOMAS INDIAN SCHOOL DRIVE IRVING, NY 14081	16-1182115		11,350				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
TRILLIUM HEALTH INC 1092 MAIN STREET BUFFALO, NY 14209	16-1380149		31,704				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINITY BAPTIST CHURCH OUTREACH 2930 BAILEY AVENUE BUFFALO, NY 14215	16-1170752		6,270				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
TRINITY PANTRY 5448 BROADWAY ST LANCASTER, NY 14086	16-0743985		51,011				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TWICE FED FOOD PANTRY 6813 MAIN STREET CHERRY CREEK, NY 14723	31-1813333		8,055				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
UC of E COMMUNITY FOOD PANTRY 53 ELIZABETH STREET ELLICOTTVILLE, NY 14731	16-0743117		12,207				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UPC-FOOD PANTRY 67 LAKE AVENUE BLASDELL, NY 14219	16-0743117		22,898				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
UPC-SOUP KITCHEN 67 LAKE AVENUE BLASDELL, NY 14219	16-0743117		6,726				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY PRESBYTERIAN CHURCH 3330 MAIN STREET BUFFALO, NY 14214	16-0743117		21,510				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
UPPER ROOM CHURCH OF GOD IN CHRIST 131 FLORIDA STREET BUFFALO, NY 14208	42-1571876		31,711				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
URBAN CHRISTIAN MINISTRIES 967 JEFFERSON AVENUE BUFFALO, NY 14204	16-0975278		44,791				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
URBAN DINER (FRIENDS OF NIGHT PEOPLE 2) 385 PADEREWSKI DRIVE BUFFALO, NY 14212	16-1085567		13,740				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
URBAN OPPORTUNITIES FOOD PANTRY 1119 WILLIAM STREET BUFFALO, NY 14206	22-2478153		20,635				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
VALLEY COMMUNITY ASSOCIATION PANTRY 93 LEDDY STREET BUFFALO, NY 14210	16-0964724		32,419				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VALLEY VIEW BAPTIST CHURCH PANTRY 5416 ROUTE 353 LITTLE VALLEY, NY 14755	16-0910303		10,034				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
WEST SENECA COMMUNITY FOOD PANTRY 3951 SENECA STREET WEST SENECA, NY 14224	16-0743985		12,607				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESTFIELD FOOD PANTRY 101 EAST MAIN STREET WESTFIELD, NY 14787	16-1468413		6,150				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES
WILSON COMMUNITY FOOD PANTRY 359 LAKE STREET WILSON, NY 14172	31-1629166		7,559				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WORD OF LIFE MINISTRIES 1941 HYDE PARK BLVD NIAGARA FALLS, NY 14305	16-1335391		13,059				TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
FOOD BANK OF WESTERN NEW YORK INC

Employer identification number
22-2470820

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
		Base **(i)** compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
1 MARYLOU BOROWIAK PRESIDENT & CEO	(i)	135,777	0	0	7,486	16,430	159,693	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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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.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

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	202	15,245,347	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS)	X	142	19,659	COST
26 Other ▶ (MEDIA SERVICES)	X	1	1,200	COST
27 Other ▶ (RENT)	X	1	250	COST
28 Other ▶ (_____)				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
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	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		No
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.**

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.

Return Reference	Explanation

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
FOOD BANK OF WESTERN NEW YORK INC

Employer identification number
22-2470820

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	THE BOARD WILL RECEIVE NOTICE PRIOR TO THEIR NEXT MEETING THAT FORM 990 IS AVAILABLE FOR R EVIEW THE BOARD WILL DISCUSS THE ORGANIZATIONS FORM 990 THE NEXT TIME THEY MEET BOTH ELE CTRONIC AND PAPER COPIES OF FORM 990 ARE AVAILABLE TO THE BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE BOARD TO ENSURE COMPLIANCE AL L BOARD MEMBERS SIGN THE CONFLICT OF INTEREST POLICY EACH FISCAL YEAR

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15a	THE SALARY OF THE CEO IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ANNUALLY APPROPR IATE SALARY IS DETERMINED USING SALARY DATA FROM SIMILAR ORGANIZATIONS AND INDUSTRY BENCHM ARKS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Part XII, line 2c	The organization has not changed its oversight process for the financial statement audit o r the selection process for an independent auditor