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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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019 , and ending 09-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE FOOD BANK OF WESTERN MASSACHUSETTS INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
97 NORTH HATFIELD ROAD

City or town, state or province, country, and ZIP or foreign postal code
HATFIELD, MA 01038

D Employer identification number
04-2751023

E Telephone number
(413) 247-9738

G Gross receipts $ 29,837,374

F Name and address of principal officer:
ERICA FLORES
97 NORTH HATFIELD ROAD
HATFIELD, MA 01038

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.FOODBANKWMA.ORG

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

L Year of formation: 1981

M State of legal domicile: MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO FEED OUR NEIGHBORS IN NEED AND LEAD THE COMMUNITY TO END HUNGER.

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**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	55
6	Total number of volunteers (estimate if necessary)	**6**	926
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 39	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	18,709,409	28,835,886
9	Program service revenue (Part VIII, line 2g)	201,622	108,195
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	67,109	70,318
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	287,540	63,794
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,265,680	29,078,193
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,215,131	17,756,684
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)	2,599,666	2,780,747
16a	Professional fundraising fees (Part IX, column (A), line 11e)	37,173	17,867
b	Total fundraising expenses (Part IX, column (D), line 25) ▶951,296		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,320,720	2,024,002
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	19,172,690	22,579,300
19	Revenue less expenses. Subtract line 18 from line 12	92,990	6,498,893

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	7,973,149	15,255,396
21	Total liabilities (Part X, line 26)	355,031	469,362
22	Net assets or fund balances. Subtract line 21 from line 20	7,618,118	14,786,034

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

****** 2021-02-12
Signature of officer Date

ERICA FLORES PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2021-02-12		P00962620

Firm's name ▶ MEYERS BROTHERS KALICKA PC — Firm's EIN ▶ 04-2713795

Firm's address ▶ 330 WHITNEY AVE SUITE 800
HOLYOKE, MA 01040 — Phone no. (413) 536-8510

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:

THE FOOD BANK OF WESTERN MASSACHUSETTS' MISSION IS TO FEED OUR NEIGHBORS IN NEED AND LEAD THE COMMUNITY TO END HUNGER. THE ORGANIZATION PROVIDES FOOD BOTH DIRECTLY AND THROUGH PARTNERING WITH OTHER LOCAL FEEDING AGENCIES SUCH AS PANTRIES, MEAL SITES, SHELTERS AND OTHER SOCIAL SERVICE PROGRAMS, TO AN ESTIMATED 102,000 INDIVIDUALS MONTHLY WHO ARE AT RISK OF HUNGER AND/OR FOOD INSECURE ON ANY GIVEN DAY, WEEK OR MONTH OF THE YEAR. IN ADDITION TO FOOD DISTRIBUTION, THE FOOD BANK ALSO PROVIDES SNAP OUTREACH AND ENROLLMENT, NUTRITION EDUCATION, CAPACITY BUILDING RESOURCES FOR OUR REGION'S EMERGENCY FOOD NETWORK, AND PUBLIC EDUCATION AND ADVOCACY ON HUNGER AND, MORE BROADLY, FOOD INSECURITY - NOT KNOWING WHERE YOUR NEXT MEAL WILL COME FROM.

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 $ 20,106,596 including grants of $ 17,756,684) (Revenue $ 155,638)
See Additional Data

4b (Code:) (Expenses $ 225,907 including grants of $) (Revenue $ 24,775)
See Additional Data

4c (Code:) (Expenses $ 389,689 including grants of $) (Revenue $)
See Additional Data

(Code:) (Expenses $ 254,681 including grants of $) (Revenue $)
THE FOOD BANK STAFF AND VOLUNTEERS SCREEN INDIVIDUALS FOR ELIGIBILITY AND ASSIST THEM WITH THE SNAP APPLICATION PROCESS, INCLUDING CASE MANAGEMENT.

4d Other program services (Describe in Schedule O.)
(Expenses $ 254,681 including grants of $) (Revenue $)

4e Total program service expenses ▶ 20,976,873

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	Yes	
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	Yes	
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		No
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	Yes	
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	Yes	
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	Yes	
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
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	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
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	Yes	
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		No
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? *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	17		
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	

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

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**	55		
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**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
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**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . If "Yes," complete Form 4720, Schedule O.			**16**	No

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**	22		
	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**	22		
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**	Yes	
	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**	Yes	
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**	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶ MA

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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:
▶ANDREW MOREHOUSE 97 NORTH HATFIELD ROAD HATFIELD, MA 01038 (413) 247-9738

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.

See instructions for the order in which to list the persons above.

☐ 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) ▶	190,409	0	14,817

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		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		No
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	177,111			
	d Related organizations	1d				
	e Government grants (contributions)	1e	9,177,995			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,480,780			
	g Noncash contributions included in lines 1a - 1f: $	1g	17,945,115			
	h **Total.** Add lines 1a-1f		28,835,886			
Program Service Revenue		Business Code				
	2a SHARED MAINTENANCE	900099	80,212	80,212		
	b MEMBERSHIP FEES	900099	24,775	24,775		
	c DELIVERY FEES	900099	3,208	3,208		
	d					
	e					
	f All other program service revenue.					
	g **Total.** Add lines 2a–2f		108,195			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		70,318			70,318
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents	6a 225,653				
	b Less: rental expenses	6b 217,709				
	c Rental income or (loss)	6c 7,944				
	d Net rental income or (loss)			7,944	7,944	
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a				
	b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including $ 177,111 of contributions reported on line 1c). See Part IV, line 18	8a 15,963				
	b Less: direct expenses	8b 24,387				
	c Net income or (loss) from fundraising events			-8,424		-8,424
	9a Gross income from gaming activities. See Part IV, line 19	9a				
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a 574,717				
	b Less: cost of goods sold	10b 517,085				
	c Net income or (loss) from sales of inventory			57,632	57,632	
	Miscellaneous Revenue	Business Code				
	11a MISCELL/SERV SAFE TRAINING	900099	6,642	6,642		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		6,642			
	12 **Total revenue.** See instructions		29,078,193	180,413	0	61,894

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,681,296	14,681,296		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,075,388	3,075,388		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	221,668	14,525	107,274	99,869
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	1,958,124	1,264,633	255,752	437,739
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	90,897	59,861	14,858	16,178
9 Other employee benefits	314,611	204,755	34,964	74,892
10 Payroll taxes	195,447	87,943	65,996	41,508
11 Fees for services (non-employees):				
a Management				
b Legal	16,450	15,575	875	
c Accounting	29,815		29,815	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	17,867			17,867
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)	133,101	101,357	9,232	22,512
12 Advertising and promotion	31,521	3,669	7,952	19,900
13 Office expenses	251,987	120,123	12,234	119,630
14 Information technology	37,547	4,689	18,203	14,655
15 Royalties				
16 Occupancy	66,851	62,275	2,406	2,170
17 Travel	15,338	9,485	2,858	2,995
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	42,082	7,922	33,190	970
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	243,056	222,887	17,279	2,890
23 Insurance	35,139	23,454	4,600	7,085
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 AGENCY SUPPORT EXPENSE	389,881	389,881		
b DISCARDED FOOD	352,486	352,486		
c REPAIRS & MAINT	153,154	124,382	14,380	14,392
d FEES & SUBSCRIPTIONS	75,870	7,741	12,085	56,044
e All other expenses	149,724	142,546	7,178	
25 **Total functional expenses.** Add lines 1 through 24e	22,579,300	20,976,873	651,131	951,296
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		593,543	1	6,323,984
	2	Savings and temporary cash investments		1,410,680	2	1,749,506
	3	Pledges and grants receivable, net		14,074	3	4,781
	4	Accounts receivable, net		498,940	4	407,294
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		706,028	8	1,334,497
	9	Prepaid expenses and deferred charges		51,066	9	55,557
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,351,402			
	b	Less: accumulated depreciation	10b 3,042,099	2,840,350	10c	3,309,303
	11	Investments—publicly traded securities		1,828,815	11	2,037,812
	12	Investments—other securities. See Part IV, line 11		29,653	12	32,662
	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)		7,973,149	16	15,255,396
Liabilities	17	Accounts payable and accrued expenses		310,077	17	414,097
	18	Grants payable			18	
	19	Deferred revenue		24,825	19	23,025
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			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		20,129	25	32,240
	26	**Total liabilities.** Add lines 17 through 25		355,031	26	469,362
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		7,422,878	27	14,575,905
	28	Net assets with donor restrictions		195,240	28	210,129
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		7,618,118	32	14,786,034
	33	Total liabilities and net assets/fund balances		7,973,149	33	15,255,396

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	29,078,193
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,579,300
3	Revenue less expenses. Subtract line 2 from line 1	3	6,498,893
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,618,118
5	Net unrealized gains (losses) on investments	5	165,923
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	503,100
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	14,786,034

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: 04-2751023

Name: THE FOOD BANK OF WESTERN MASSACHUSETTS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

FOOD OPERATIONS, DELIVERY, AND BROWN BAG: THE FOOD BANK RECEIVED APPROXIMATELY 15.7 MILLION POUNDS OF FOOD AND PROVIDED APPROXIMATELY 15.0 MILLION POUNDS, WHICH IS THE EQUIVALENT OF 12.5 MILLION MEALS, TO APPROXIMATELY 260 FRONTLINE FOOD PROVIDERS, INCLUDING PANTRIES, MEAL SITES, SHELTERS AND OTHER SOCIAL SERVICE PROGRAMS THAT ARE MEMBERS OF THE FOOD BANK. ULTIMATELY THIS EMERGENCY FOOD NETWORK DISTRIBUTED FOOD TO AN ESTIMATED 286,000 RESIDENTS WHO EXPERIENCED HUNGER OR WHO WERE AT RISK OF HUNGER IN THE FOUR COUNTIES OF WESTERN MA AT SOME POINT (OR CHRONICALLY) OVER THE COURSE OF THE YEAR. OF THE TOTAL FOOD DISTRIBUTED, THE FOOD BANK USED ITS OWN TRUCKS TO DISTRIBUTE APPROXIMATELY 1.7 MILLION POUNDS OF FOOD (EQUIVALENT TO 1.4 MILLION MEALS) TO 1) 87 FRONTLINE FOOD PROVIDERS, 2) 26 MOBILE FOOD BANK SITES SERVING 31,040 INDIVIDUALS; 30% CHILDREN AND 21% SENIORS, AND 3) 52 BROWN BAG: FOOD FOR ELDER SITES AND 35 SATELLITES - THE FOOD BANK'S "PANTRY ON WHEELS" PROGRAM SERVING 7,023 ELDERS.

Form 990, Part III, Line 4b:

SUPPORT FOR LOCAL FOOD PROVIDERS: THE FOOD BANK OFFERED TECHNICAL SUPPORT, PROFESSIONAL WORKSHOPS ON FUNDRAISING, VOLUNTEER MANAGEMENT, AND TRAININGS IN FOOD SAFETY TO MEMBER FOOD PROVIDERS. IT ALSO PROVIDED CAPACITY-BUILDING ACTIVITIES FOR MEMBER AGENCIES WITH THE GOAL OF HELPING MEMBER AGENCIES INCREASE EFFICIENCY AND THE AMOUNT OF FOOD DISTRIBUTED TO THOSE IN NEED. TO CARRY OUT THIS PROGRAM THE FOLLOWING SERVICES/TRAININGS WERE PROVIDED:(1) INSTITUTE TRAININGS FOR AGENCIES IN AREAS SUCH AS FUNDRAISING, VOLUNTEER MANAGEMENT, ADVOCACY, DISASTER PLANNING, AND BEST PRACTICES.(2) NETWORK COALITION MEETINGS THAT STRENGTHENED THE EMERGENCY FOOD NETWORK IN WESTERN MASSACHUSETTS BY PERIODICALLY BRINGING TOGETHER LOCAL FEEDING PROGRAMS TO RECEIVE UPDATES FROM BOTH THE FOOD BANK AND FEEDING AMERICA, AND ALLOWING THESE ORGANIZATIONS TO NETWORK WITH EACH OTHER, AS WELL AS TO LEARN ABOUT BEST PRACTICES.(3) SNAP OUTREACH AND ENROLLMENT PROGRAM EDUCATED COMMUNITY MEMBERS ABOUT SNAP (FORMERLY FOOD STAMPS) AND ASSISTED POTENTIALLY ELIGIBLE INDIVIDUALS THROUGH THE APPLICATION PROCESS. IN FY 20 THE FOOD BANK SUBMITTED FOR APPROVAL 1,181 APPLICATIONS TO THE MASSACHUSETTS DEPARTMENT OF TRANSITIONAL ASSISTANCE WITH A 82% APPROVAL RATE. (4) PROVIDED SMALL CAPACITY BUILDING GRANTS TO ASSIST LOCAL FEEDING PROGRAMS PROVIDE MORE FOOD TO THE PEOPLE THEY SERVE.

Form 990, Part III, Line 4c:

NUTRITION EDUCATION PROGRAM: PROVIDED WORKSHOPS AND MATERIALS TO BOTH PARTICIPANTS AND STAFF OF LOCAL FEEDING PROGRAMS TO ASSIST PEOPLE TO EAT HEALTHIER ON A LIMITED BUDGET. THIS PROGRAM INCLUDED SUPERMARKET TOURS FOR PEOPLE TO LEARN HOW TO SHOP ON A BUDGET, READ NUTRITION LABELS, AND UNDERSTAND UNIT PRICING.

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			
ANDREW MOREHOUSE EXECUTIVE DIRECTOR	51.50			X				115,763	0	1,426
NANCY ROBINSON SENIOR DIRECTOR OF OPERATIONS	44.50			X				74,646	0	13,391
JACQUELINE CHARRON PRESIDENT	1.00	X		X				0	0	0
ALAN PETERFREUND 1ST V.P. THRU 12/31/19; DIRECTOR	1.00	X		X				0	0	0
ERICA FLORES 2ND VP THRU 12/31/2019 THEN 1ST VP	1.00	X		X				0	0	0
JULIA SORENSEN DIR.; 2ND VP AS OF 1/1/2020	1.00	X		X				0	0	0
CHRISTEL HARJU TREASURER (END 12/31/19)	1.00	X		X				0	0	0
WILLIAM GRINNELL DIR.; TREASURER AS OF 7/27/2020	1.00	X		X				0	0	0
CYNTHIA SIMISON CLERK (END 12/31/19)	1.00	X		X				0	0	0
JASON ADAMS DIRECTOR (END 2/12/2020)	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			
WILLIAM DAVILA DIRECTOR; CLERK AS OF 1/1/20	1.00	X		X				0	0	0
MICHAEL PAPALEO DIRECTOR	1.00	X						0	0	0
ARCHBISHOP TIMOTHY PAUL DIRECTOR (END 12/31/19)	1.00	X						0	0	0
DAVID PINSKY DIRECTOR	1.00	X						0	0	0
DAVID LUSTEG DIRECTOR	1.00	X						0	0	0
GEORGE NEWMAN DIRECTOR	1.00	X						0	0	0
ANNE MCKENZIE DIRECTOR	1.00	X						0	0	0
VASILIOS TOURLOUKIS DIRECTOR	1.00	X						0	0	0
HECTOR TOLEDO DIRECTOR (END 11/10/19)	1.00	X						0	0	0
SHANNON YAREMCHAK 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			
BETH YOUNG DIRECTOR	1.00	X						0	0	0
SARAH EISINGER DIRECTOR	1.00	X						0	0	0
ANN BARKER DIRECTOR (START 1/1/20)	1.00	X						0	0	0
JOSE ESCRIBANO DIRECTOR (START 1/1/20)	1.00	X						0	0	0
CHARLOTTE BONEY DIRECTOR (START 1/1/20)	1.00	X						0	0	0
BRUCE SHAW DIRECTOR (START 1/1/20)	1.00	X						0	0	0
CLEM DELISO JR DIRECTOR (START 5/21/2020)	1.00	X						0	0	0
WILLETTE JOHNSON DIRECTOR (START 3/19/2020)	1.00	X						0	0	0
WILLIAM HARJU DIRECTOR (START 3/19/2020)	1.00	X						0	0	0

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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.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE FOOD BANK OF WESTERN MASSACHUSETTS INC

Employer identification number
04-2751023

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 331/3% 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 331/3% 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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	15,658,953	15,602,860	17,706,203	18,704,871	28,835,886	96,508,773
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	15,658,953	15,602,860	17,706,203	18,704,871	28,835,886	96,508,773
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) . .						15,744,236
6 **Public support.** Subtract line 5 from line 4.						80,764,537

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	15,658,953	15,602,860	17,706,203	18,704,871	28,835,886	96,508,773
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . .	88,675	49,985	52,349	67,109	70,318	328,436
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .			143,573	242,272		385,845
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .	20,835					20,835
11 **Total support.** Add lines 7 through 10						97,243,889

12 Gross receipts from related activities, etc. (see instructions) **12** 2,004,766

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 2019 (line 6, column (f) divided by line 11, column (f))	**14**	83.050 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	**15**	80.820 %

16a **33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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 in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**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 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 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-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in **Part VI**. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in **Part VI**. See instructions.			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 04-2751023

Name: THE FOOD BANK OF WESTERN MASSACHUSETTS INC

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493046013231

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
THE FOOD BANK OF WESTERN MASSACHUSETTS INC	04-2751023

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds. If none, enter -0-.	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2016	**(b)** 2017	**(c)** 2018	**(d)** 2019	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		92
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		1,062
j	Total. Add lines 1c through 1i			1,154
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	PART II-B, LINE 1G: VISITS TO LEGISLATORS OFFICES TO URGE THEM REGARDING VARIOUS NUTRITION ASSISTANCE LEGISLATION. LINE 1I: ADVOCACY ALERTS SENT VIA EMAIL; SOCIAL MEDIA/WEBSITE ADVOCACY.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE FOOD BANK OF WESTERN MASSACHUSETTS INC

Employer identification number
04-2751023

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	2
b Total acreage restricted by conservation easements	2b	201.36
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ 1

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 ▶ 35.00

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ 2,044

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	1,833,915	1,746,783	1,286,329	2,382,717	1,945,329
b Contributions			333,031	250,000	351,249
c Net investment earnings, gains, and losses	208,997	87,132	127,423	146,793	86,139
d Grants or scholarships					
e Other expenditures for facilities and programs				1,493,181	
f Administrative expenses					
g End of year balance	2,042,912	1,833,915	1,746,783	1,286,329	2,382,717

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

a Board designated or quasi-endowment ▶ 99.750 %

b Permanent endowment ▶ 0.250 %

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		837,223		837,223
b Buildings		3,683,423	1,709,763	1,973,660
c Leasehold improvements				
d Equipment		1,116,736	795,328	321,408
e Other		714,020	537,008	177,012
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				3,309,303

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

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.)* ▶	32,240

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	30,618,853
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	165,923		
b	Donated services and use of facilities	2b	112,456		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	1,262,281		
e	Add lines **2a** through **2d**			2e	1,540,660
3	Subtract line **2e** from line **1**			3	29,078,193
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	29,078,193

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

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

1	Total expenses and losses per audited financial statements			1	23,450,937
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	112,456		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	759,181		
e	Add lines **2a** through **2d**			2e	871,637
3	Subtract line **2e** from line **1**			3	22,579,300
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	22,579,300

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: 04-2751023

Name: THE FOOD BANK OF WESTERN MASSACHUSETTS INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	FUNDS WILL BE USED TO FULFILL MISSION WHICH IS TO FEED OUR NEIGHBORS IN NEED AND LEAD THE COMMUNITY TO END HUNGER.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	A TAX POSITION IS DEEMED TO INCLUDE SUCH THINGS AS THE ORGANIZATION'S TAX-EXEMPT STATUS, U NRELATED BUSINESS INCOME AND THE METHODOLOGIES FOR ALLOCATING EXPENSES TO UNRELATED BUSINE SS INCOME STREAMS. MANAGEMENT HAS EVALUATED SIGNIFICANT TAX POSITIONS AGAINST THE CRITERIA ESTABLISHED BY PROFESSIONAL STANDARDS AND BELIEVES THERE ARE NO SUCH TAX POSITIONS REQUIR ING ACCOUNTING RECOGNITION. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO EXAMINATION BY T AXING AUTHORITIES FOR ALL YEARS ENDED ON OR AFTER SEPTEMBER 30, 2017.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT 24,387. COST OF GOODS SOLD RECLASS- BUY IN PROGRAM 517,085. PPP LOAN FORGIVE N IN FOLLOWING FISCAL YEAR END 503,100. RECLASS OF RENT EXPENSE TO PART VIII 217,709.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	SPECIAL EVENT 24,387. COST OF GOOD SOLD RECLASS - BUY-IN PROGRAM 517,085. RENTAL EXPENSE 217,709.

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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.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE FOOD BANK OF WESTERN MASSACHUSETTS INC

Employer identification number
04-2751023

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? 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
FINANCIAL DEVELOPMENT AGENCY 49 SOUTH PLEASANT ST STE 201 AMHERST, MA 01002	FUNDRAISING CONSULTING		No	1,015,124	0	17,867
Total . . . . . ▶				1,015,124		17,867

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.

MA

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

		(a) Event #1 WILL BIKE FOR FOOD BIKE EVENT (event type)	(b) Event #2 OTHER EVENTS (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	184,668	8,406		193,074
	2 Less: Contributions	177,111			177,111
	3 Gross income (line 1 minus line 2)	7,557	8,406		15,963
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	2,034	102		2,136
	6 Rent/facility costs	500	800		1,300
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	8,454	12,496		20,950
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				24,386
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-8,423

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

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE FOOD BANK OF WESTERN MASSACHUSETTS INC

Employer identification number
04-2751023

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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 99

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 99

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MOBILE FOOD BANK AND FOOD FOR ELDERS MEAL SITES			3,075,388	FMV OF FOOD	FOOD ASSISTANCE
(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:	THE FOOD BANK OF WESTERN MASSACHUSETTS PROVIDES FOOD GRANTS TO QUALIFYING RECIPIENT AGENCIES SUCH AS FOOD PANTRIES, MEAL SITES, AND SHELTERS ALL OF WHICH ARE APPROVED SEC. 501(C)(3) PUBLIC CHARITIES OR RELIGIOUS ORGANIZATIONS. THESE AGENCIES MUST APPLY TO THE FOOD BANK TO BECOME A MEMBER AGENCY AND AS PART OF THE APPLICATION BE ABLE TO SHOW THAT THEIR FEEDING PROGRAMS SERVE AT LEAST 51% OF CLIENTS WHO ARE DEEMED NEEDY BASED ON INCOME, MEANS-TESTED FEDERAL OR STATE ASSISTANCE, OR LOCATION IN A DISADVANTAGED COMMUNITY. ONCE APPROVED AS A MEMBER AGENCY, WORKSHOPS AND TRAININGS ARE PROVIDED TO ENSURE THAT THEY MEET FEDERAL AND STATE REQUIREMENTS. THIS PROCESS HELPS TO ENSURE RECIPIENT ORGANIZATIONS ARE QUALIFIED AND UNDERSTAND THE TERMS OF THE FOOD ASSISTANCE GRANTS. THE FOOD BANK INSPECTS AND AUDITS ALL MEMBER AGENCY FEEDING PROGRAMS EVERY TWO YEARS. THE FOOD BANK OF WESTERN MASSACHUSETTS ADMINISTERS THE MOBILE FOOD BANK AND BROWN BAG: FOOD FOR ELDERS MEAL SITES, WHICH DELIVER FREE FRESH AND NON-PERISHABLE GROCERIES DIRECTLY TO COMMUNITY SITES FOR IMMEDIATE DISTRIBUTION TO RESIDENTS. THE SITES SELECTED ARE TARGETED TO REACH UNDER-SERVED POPULATIONS THROUGHOUT WESTERN MASSACHUSETTS THAT DO NOT HAVE ACCESS TO HEALTHY FOODS.

Additional Data

Software ID:
Software Version:
EIN: 04-2751023
Name: THE FOOD BANK OF WESTERN MASSACHUSETTS 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
ALL NATION CHURCH OF GOD 67 KENYON STREET SPRINGFIELD, MA 01109	04-2753814	501(C)(3)		19,326	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
ALL SOULS UNITARIAN UNIVERSALIST CHURCH 399 MAIN STREET GREENFIELD, MA 01301	13-3030252	501(C)(3)		32,429	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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AMHERST SURVIVAL CENTER 138 SUNDERLAND RD AMHERST, MA 01002	04-2698462	501(C)(3)		670,730	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
BAYSTATE MEDICAL CENTER INC 759 CHESTNUT STREET SPRINGFIELD, MA 01007	04-2790311	501(C)(3)		31,350	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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BEHAVIORAL HEALTH NETWORK 417 LIBERTY STREET SPRINGFIELD, MA 01108	04-2103756	501(C)(3)		17,916	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
BELCHERTOWN UNITED CHURCH OF CHRIST 18 PARK STREET BELCHERTOWN, MA 01007	13-1957221	501(C)(3)		10,728	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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BERKSHIRE COMMUNITY ACTION COUNCIL 144 OLD STATE RD LANESBOROUGH, MA 01224	04-2422074	501(C)(3)		253,146	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
BERKSHIRE DREAM CENTER INC 475 TYLER STREET PITTSFIELD, MA 01201	45-2794461	501(C)(3)		151,216	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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BERKSHIRE FOOD PROJECT 134 MAIN STREET NORTH ADAMS, MA 01247	02-2946660	501(C)(3)		107,950	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
BETHANY ASSEMBLY OF GOD CHURCH 580 MAIN STREET AGAWAM, MA 01001	44-0577787	501(C)(3)		126,408	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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BLESSED SACRAMENT 133 MAIN STREET GREENFIELD, MA 01301	53-0196617	501(C)(3)		154,018	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
BRIEN CENTER FOR MH&SA SERVICES 1 FENN STREET PITTSFIELD, MA 01201	04-2081870	501(C)(3)		30,310	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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CARE CENTER 728 MAIN STREET HOLYOKE, MA 01040	04-2962882	501(C)(3)		13,863	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
CENTER FOR HUMAN DEVELOPMENT 143 WEST STREET NORTHAMPTON, MA 01060	04-2503926	501(C)(3)		29,925	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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CHARLEMONT FEDERATED CHURCH 175 MAIN STREET CHARLEMONT, MA 01339	13-1957221	501(C)(3)		57,672	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
CHRISTIAN ASSEMBLY CHURCH 850 WILLIAMS STREET PITTSFIELD, MA 01201	44-0577787	501(C)(3)		59,367	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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CHRISTIAN CENTER OF PITTSFIELD 193 ROBBINS AVENUE PITTSFIELD, MA 01201	04-2546021	501(C)(3)		68,201	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
CHRISTIAN PENTECOSTAL CHURCH 96 CABOT STREET HOLYOKE, MA 01040	04-3083066	501(C)(3)		96,183	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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CLINICAL & SUPPORT OPTIONS INC 755 WORTHINGTON STREET SPRINGFIELD, MA 01105	04-2206041	501(C)(3)		63,545	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
COMMUNITY ACTION 154 FEDERAL STREET GREENFIELD, MA 01301	04-2384972	501(C)(3)		456,889	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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COMMUNITY BIBLE CHURCH 160 BRIDGES ROAD WILLIAMSTOWN, MA 01267	23-7245836	501(C)(3)		109,651	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
COMMUNITY BUILDERS AT LEYDEN WOODS 24 LEYDEN WOODS LANE GREENFIELD, MA 01301	04-2324773	501(C)(3)		41,440	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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COMMUNITY SURVIVAL CENTER 240 MAIN STREET INDIAN ORCHARD, MA 01151	22-2704108	501(C)(3)		95,273	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
CRAIG'S DOORS - A HOME ASSOCIATION INC 434 NORTH PLEASANT STREET AMHERST, MA 01002	45-2474862	501(C)(3)		6,932	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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DALTON UNITED METHODIST CHURCH 755 MAIN STREET DALTON, MA 01226	13-5562279	501(C)(3)		88,459	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
DIAL SELF - FRANKLIN COUNTY 755 MAIN STREET GREENFIELD, MA 01301	31-1813333	501(C)(3)		7,161	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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ELONGMEADOW SENIOR FRIENDSHIP CLUB 15-17 EAST MAIN STREET EAST LONGMEADOW, MA 01028	04-9801725	501(C)(3)		14,472	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
EASTHAMPTON COMMUNITY CENTER 328 NORTH MAIN STREET EASTHAMPTON, MA 01027	04-2795213	501(C)(3)		644,264	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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EASTHAMPTON CONGREGATIONAL CHURCH 12 CLARK STREET EASTHAMPTON, MA 01027	04-2497523	501(C)(3)		22,207	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
EVANGEL ASSEMBLY OF GOD 348 STONY HILL ROAD WILBRAHAM, MA 01095	44-0577787	501(C)(3)		148,180	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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FIRST BAPTIST CHURCH 434 NORTH PLEASANT STREET AMHERST, MA 01002	13-5563018	501(C)(3)		90,781	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
FIRST CENTRAL BIBLE CHURCH 50 BROADWAY STREET CHICOPEE, MA 01020	04-2235856	501(C)(3)		43,795	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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FIRST CONGREGATIONAL CHURCH 429 MAIN STREET ASHFIELD, MA 01330	13-1957221	501(C)(3)		129,619	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
FIRST PARISH UNITARIAN CHURCH MAIN ST PARKER AVE NORTHFIELD, MA 01360	04-2103733	501(C)(3)		15,136	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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FIRST UNITED METHODIST CHURCH 55 FENN STREET PITTSFIELD, MA 01201	31-1813333	501(C)(3)		37,249	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
FOODSHARE INC 450 WOODLAND AVN BLOOMFIELD, CT 06002	22-2474771	501(C)(3)		17,208	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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FRANKLIN AREA SURVIVAL CENTER 96 FOURTH STREET TURNERS FALLS, MA 01376	04-2776526	501(C)(3)		175,329	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
FRANKLIN COUNTY COMMUNITY MEALS PROGRAM 90 7TH STREET ORANGE, MA 01364	22-3027098	501(C)(3)		235,041	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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FREEDOM HOUSE OF GOD 563 UNION STREET SPRINGFIELD, MA 01109	04-2790475	501(C)(3)		54,245	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
FRIENDS OF LONGMEADOW OLDER CITIZENS ASSOCIATION 231 MAPLE ROAD LONGMEADOW, MA 01106	04-6396268	501(C)(3)		18,349	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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GANDARA MENTAL HEALTH CENTER 147 NORMAN STREET WEST SPRINGFIELD, MA 01089	04-2622756	501(C)(3)		390,928	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
GETHSEMANE CHURCH OF JESUS CHRIST INC 47 HARVEY STREET SPRINGFIELD, MA 01119	35-1064622	501(C)(3)		19,508	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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GRAY HOUSE INC 22 SHELDON STREET SPRINGFIELD, MA 01107	04-2783515	501(C)(3)		310,868	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
GREATER WESTFIELD COMMITTEE FOR THE HOMELESS 7 FREE STREET WESTFIELD, MA 01085	04-3030609	501(C)(3)		13,244	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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GREATER WESTFIELD FOOD PANTRY 101 MEADOW STREET WESTFIELD, MA 01085	04-3049616	501(C)(3)		117,595	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
HOLY REDEEMER CATHEDRAL 44 PROSPECT STREET SPRINGFIELD, MA 01107	04-3476865	501(C)(3)		32,103	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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HOUSE OF REFUGE INTERNATIONAL INC 292 NEW LUDLOW ROAD CHICOPEE, MA 01020	27-1732688	501(C)(3)		185,981	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
ISLAND HARVEST FOOD BANK 15 GRUMMAN RD W SUITE 1450 BETHPAGE, NY 11714	11-3136350	501(C)(3)		64,735	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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LORRAINE'S SOUP KITCHEN AND PANTRY 170 PENDEXTER AVENUE CHICOPEE, MA 01013	04-2616751	501(C)(3)		411,236	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
LOUISON HOUSE 149 CHURCH STREET NORTH ADAMS, MA 01220	22-3051367	501(C)(3)		32,290	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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MANNA SOUP KITCHEN INC 48 ELM STREET NORTHAMPTON, MA 01060	33-1064237	501(C)(3)		37,479	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
MARTIN LUTHER KING JR FAMILY SERVICES INC 3 RUTLAND STREET SPRINGFIELD, MA 01109	04-2647035	501(C)(3)		529,635	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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MISSION CENTER NEW JERUSALEM 625 FRONT STREET CHICOPEE, MA 01013	73-0748663	501(C)(3)		20,882	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
MISSION CHURCH OF THE LIVING GOD 20 BOWDOIN TERRACE SPRINGFIELD, MA 01109	20-3897287	501(C)(3)		64,015	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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NEIGHBORS HELPING NEIGHBORS INC 30 CAREW STREET SOUTH HADLEY, MA 01075	45-4928566	501(C)(3)		135,976	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
NEW HAMPSHIRE CATHOLIC CHARITIES INC 700 EAST INDUSTRIAL PARK DRIVE MANCHESTER, NH 03101	02-0222163	501(C)(3)		23,328	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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NORTHAMPTON SURVIVAL CENTER 265 PROSPECT STREET NORTHAMPTON, MA 01060	04-2774166	501(C)(3)		600,924	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
NORTHERN BERKSHIRE INTERFAITH ACTION INITIATIVE 45 EAGLE STREET NORTH ADAMS, MA 01247	46-5770220	501(C)(3)		242,988	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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OPEN PANTRY COMMUNITY SERVICES INC 2460 MAIN STREET SPRINGFIELD, MA 01107	04-2389659	501(C)(3)		483,497	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
OUR COMMUNITY FOOD PANTRY INC 220 COLLEGE HIGHWAY SOUTHWICK, MA 01077	90-0635553	501(C)(3)		95,408	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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OUR FATHER'S HOUSE 938 CHICOPEE ST CHICOPEE, MA 01013	44-0577787	501(C)(3)		48,117	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
PALMER FOOD SHARE INC 39 WALNUT STREET PALMER, MA 01069	81-2396712	501(C)(3)		42,563	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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PARISH CUPBOARD 1023 MAIN STREET WEST SPRINGFIELD, MA 01089	22-2876229	501(C)(3)		17,692	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
PARISH OF POPE JOHN PAUL THE GREAT 2 COLUMBIA STREET ADAMS, MA 01220	53-0196617	501(C)(3)		36,304	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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PENTECOSTAL CHURCH EBENEZER ASSEMBLIES OF GOD INC 200 MAIN STREET HOLYOKE, MA 01040	44-0577787	501(C)(3)		98,459	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
PEOPLE'S PANTRY 352 MAIN STREET GREAT BARRINGTON, MA 01230	04-3491750	501(C)(3)		62,594	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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
PIONEER VALLEY ASSEMBLY OF GOD 63 OLD CHESTER ROAD HUNTINGTON, MA 01050	44-0577787	501(C)(3)		196,054	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
PROJECT-13 INC 1 AMES HILL DRIVE SPRINGFIELD, MA 01105	27-0644072	501(C)(3)		2,873,497	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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PROVIDENCE MINISTRIES 56 CABOT STREET HOLYOKE, MA 01040	04-2898893	501(C)(3)		411,929	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
REIGNING LOVE CHURCH 235 EAST STREET PITTSFIELD, MA 01201	04-2880851	501(C)(3)		5,414	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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REVIVAL TIME EVANGELISTIC CENTER 120 FLORENCE STREET SPRINGFIELD, MA 01105	16-1699460	501(C)(3)		37,063	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
SERVICENET INC 1307 NORTH STREET PITTSFIELD, MA 01201	04-2526194	501(C)(3)		33,196	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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
SOLDIER ON INC 360 WEST HOUSATONIC STREET PITTSFIELD, MA 01201	04-3240461	501(C)(3)		60,279	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
SOUTH CONGREGATIONAL CHURCH 110 SOUTH STREET PITTSFIELD, MA 01201	13-1957221	501(C)(3)		837,505	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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SOUTHAMPTON CONGREGATIONAL CHURCH PO BOX 145 SOUTHAMPTON, MA 01073	22-2523755	501(C)(3)		6,352	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
SPRING OF HOPE CHURCH OF GOD IN CHRIST 35 ALDEN STREET SPRINGFIELD, MA 01109	23-7002419	501(C)(3)		7,196	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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
SPRINGFIELD SCHOOL VOLUNTEERS INC 49 CADWELL DRIVE SPRINGFIELD, MA 01104	04-2643527	501(C)(3)		30,772	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
ST FRANCIS PARISH 10 PARK STREET BELCHERTOWN, MA 01007	53-0196617	501(C)(3)		9,168	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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ST JOHN'S CONGREGATIONAL CHURCH 69 HANCOCK STREET SPRINGFIELD, MA 01109	13-1957221	501(C)(3)		316,258	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
ST JOSEPH'S CHURCH 414 NORTH STREET PITTSFIELD, MA 01201	53-0196617	501(C)(3)		112,564	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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ST MARK'S CHURCH 400 WEST STREET PITTSFIELD, MA 01201	53-0196617	501(C)(3)		16,308	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
ST MARY'S CHURCH 19 CONGRESS STREET ORANGE, MA 01364	53-0196617	501(C)(3)		7,487	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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ST PATRICK'S CHURCH 30 MAIN ST SOUTH HADLEY, MA 01075	04-2106777	501(C)(3)		5,672	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
ST VINCENT DE PAUL SOCIETY- WESTFIELD 30 BARTLETT STREET WESTFIELD, MA 01085	13-5562362	501(C)(3)		22,356	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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
THE GREATER BOSTON FOOD BANK 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501(C)(3)		52,099	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
THE SALVATION ARMY EMERGENCY DISASTER SERVICES 440 WEST NYACK RD WEST NYACK, NY 10994	13-5562351	501(C)(3)		38,964	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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THE SALVATION ARMY OPERATING THROUGH ITS GREENFIELD CORPS 72 CHAPMAN STREET GREENFIELD, MA 01301	13-3485289	501(C)(3)		66,605	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
THE SALVATION ARMY OPERATING THROUGH ITS HOLYOKE CORPS 271 APPLETON STREET HOLYOKE, MA 01040	13-3485289	501(C)(3)		161,744	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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
THE SALVATION ARMY OPERATING THROUGH ITS NORTH ADAMS CORPS 393 RIVER STREET NORTH ADAMS, MA 01247	13-3485289	501(C)(3)		32,358	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
THE SALVATION ARMY OPERATING THROUGH ITS PITTSFIELD CORPS 298 WEST STREET PITTSFIELD, MA 01201	13-3485289	501(C)(3)		123,316	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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THE SALVATION ARMY OPERATING THROUGH ITS SPRINGFIELD CORPS 170 PEARL STREET SPRINGFIELD, MA 01105	13-3485289	501(C)(3)		92,091	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
THIRD BAPTIST CHURCH 149 WALNUT STREET SPRINGFIELD, MA 01105	13-5563018	501(C)(3)		34,706	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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TRINITY EPISCOPAL CHURCH 20 PARK STREET WARE, MA 01082	31-1629166	501(C)(3)		56,149	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
USO COUNCIL OF PIONEER VALLEY 250 JENKINS ST BOX 17 WESTOVER AFB CHICOPEE, MA 01022	04-3142143	501(C)(3)		14,694	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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VIABILITY INC 55 BROAD STREET WESTFIELD, MA 01085	23-7083475	501(C)(3)		20,537	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
VICTORY TEMPLE COGIC 521 UNION STREET WEST SPRINGFIELD, MA 01089	23-7002419	501(C)(3)		229,425	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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WALES COMMUNITY PANTRY 85 MAIN STREET WALES, MA 01081	42-1611946	501(C)(3)		37,821	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY
WENDELL GOOD NEIGHBORS INC 6 CENTER STREET WENDELL, MA 01379	90-1112677	501(C)(3)		133,586	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

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WOMANSHELTERCOMPANERAS INC PO BOX 1099 HOLYOKE, MA 01041	04-2716766	501(C)(3)		6,239	FMV	FOOD	FOOD ASSISTANCE FOR THE NEEDY

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE FOOD BANK OF WESTERN MASSACHUSETTS INC

Employer identification number
04-2751023

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		17,945,115	PRICE PER POUND
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

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
PART I, COLUMN (B):	LINE 19 (B): $17,945,115 IS THE ESTIMATED FMV OF 15,589,060 POUNDS OF DONATED FOOD. LINE 19 (D): PRICE PER POUND AS ESTABLISHED BY FEEDING AMERICA AND/OR THE GOVERNMENT.
PART I, LINE 32B:	THE FOOD BANK OF WESTERN MASSACHUSETTS AND THREE OTHER FOOD BANKS IN NEW ENGLAND CONTRACT THE GREATER BOSTON FOOD BANK TO SOLICIT AND COORDINATE FREIGHT DELIVERY OF DONATED FOOD PROCURED THROUGH THE "CHOICE SYSTEM" OF FEEDING AMERICA, THE NATIONAL NETWORK OF FOOD BANKS.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE FOOD BANK OF WESTERN MASSACHUSETTS INC

Employer identification number
04-2751023

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE MEMBERS OF THE EXECUTIVE COMMITTEE HAVE THE AUTHORITY TO CONDUCT THE BUSINESS OF THE BOARD BETWEEN BOARD MEETINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE EXECUTIVE DIRECTOR, BOARD TREASURER AND THE AUDIT COMMITTEE REVIEW AND APPROVE THE FOR M 990 PRIOR TO FILING. THE FORM 990 IS AVAILABLE TO ALL BOARD MEMBERS TO REVIEW PRIOR TO F ILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ALL STAFF AND BOARD MEMBERS REVIEW AND SIGN OFF ON THE CONFLICT OF INTEREST POLICY. MANAGE MENT MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY ON AN ON-GOING BASIS THROUGHOUT THE YEAR. ANY BOARD MEMBER THAT HAS A CONFLICT OF INTEREST WITH RESPECT TO A TRANSACTION MUST ABSTAIN FROM VOTING ON ISSUES RELATED TO THE TRANSACTION AND/OR BUSINESS RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE FOOD BANK USES NATIONAL SALARY RESOURCES TO DEFINE THE EMPLOYEE SALARY RANGES BY JOB G RADE FOR ALL POSITIONS IN THE ORGANIZATION. THE EXECUTIVE COMMITTEE IS RESPONSIBLE FOR COM PENSATION RECOMMENDATIONS OF THE EXECUTIVE DIRECTOR, WHICH ARE APPROVED BY THE FULL BOARD.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	PPP LOAN FORGIVEN POST 9/30/2020 503,100.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2	NO CHANGES FROM PRIOR YEAR.