

**Public**

**Disclosure**

**Copy**

**Food Bank of Western  
New York, Inc.**

**Form 990**

**FYE: June 30, 2013**

Form **8879-EO**

**IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2012, or fiscal year beginning JUL 1, 2012, and ending JUN 30, 2013

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

Name of exempt organization

Employer identification number

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

**22-2470820**

Name and title of officer

**MARYLOU BOROWIAK  
PRESIDENT AND CEO**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>18633300</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CHIAMPOU TRAVIS BESAW & KERSHNER LLP to enter my PIN 70820  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Marylou Borowiak Date ▶ 11/15/13

**SIGN HERE**

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

16402168002  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Rosemarie C. Steed, CPA Date ▶ 10/24/13

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

**A** For the 2012 calendar year, or tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

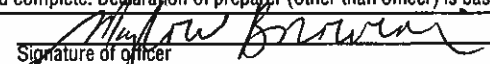

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FOOD BANK OF WESTERN NEW YORK, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>91 HOLT STREET</b> City, town, or post office, state, and ZIP code <b>BUFFALO, NY 14206-2293</b> F Name and address of principal officer: <b>MARYLOU BOROWIAK</b> <b>same as C above</b>	<b>D</b> Employer identification number <b>22-2470820</b> <b>E</b> Telephone number <b>(716) 852-1305</b> <b>G</b> Gross receipts \$ <b>18,678,260.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.FOODBANKWNY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1982</b>		<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OBTAIN NUTRITIOUS FOOD &amp; SUPPORT FROM PUBLIC/PRIVATE SOURCES &amp; EFFICIENTLY DISTRIBUTE THESE RESOURCES</b>		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>23</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	<b>40</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2899</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 14,771,124.	<b>Current Year</b> 17,285,391.
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,134,538.	1,339,811.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	24,271.	24,569.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	45,726.	-16,471.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,975,659.	18,633,300.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,608,769.	14,944,720.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,901,812.	1,907,737.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	20,835.	3,450.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>544,357.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,192,761.	1,363,005.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,724,177.	18,218,912.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-748,518.	414,388.
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 7,829,881.	<b>End of Year</b> 7,837,950.
	<b>21</b> Total liabilities (Part X, line 26)	925,266.	452,419.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	6,904,615.	7,385,531.

**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.

<b>Sign Here</b>	Signature of officer:  <b>MARYLOU BOROWIAK, PRESIDENT AND CEO</b> Type or print name and title	Date: <b>10/23/2013</b>	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>Rosemarie Steeb</b> Preparer's signature:  Date: <b>10/24/13</b> Check <input type="checkbox"/> self-employed PTIN: <b>P01231016</b> Firm's name: <b>CHIAMPOU TRAVIS BESAW &amp; KERSHNER LLP</b> Firm's EIN: <b>16-1468002</b> Firm's address: <b>45 BRYANT WOODS NORTH AMHERST, NY 14228</b> Phone no.: <b>(716) 630-2400</b>		

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 to any question in this Part III [X]

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 16,035,705. including grants of \$ 14,944,720.) (Revenue \$ 1,364,380.) Generous contributions of Food Products, Funds, and Volunteer Service supports the many programs of the Food Bank of Western New York. These programs benefit approximately 340 Feeding and Education Programs in 4 Western New York Counties (Erie, Niagara, Chautauqua, and Cattaraugus), including Food Pantries, Soup Kitchens and Shelters, After-School Programs, Senior Citizen Centers, and other Social Service Centers. Almost 11 million pounds of food and grocery items were distributed to these programs. These Agencies receive food from the Food Bank and distribute it to Western New Yorkers in need through their Pantry and On-Site Meal Programs. Western New Yorkers in need come from a variety of backgrounds. These individuals (over 96,000 monthly) and families (over 34,000 households monthly) may be your neighbors, your

4b (Code: ) (Expenses \$ 888,523. including grants of \$ ) (Revenue \$ ) Agency Assistance and Operations Support - Funds received from New York State Hunger Prevention and Nutrition Assistance Program, Private Sources and Food Bank Designated Board Funds provide Equipment and Operational Assistance to affiliated Agency Programs.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 16,924,228.



# Food Bank of WNY

Serving Cattaraugus, Chautauqua,  
Erie, and Niagara Counties

91 Holt Street, Buffalo, NY 14206  
P: 716.852.1305 • F: 716.852.7858

[www.foodbankwny.org](http://www.foodbankwny.org)

## FOOD BANK OF WESTERN NEW YORK FOOD AND GRANT PROGRAMS

### **A. AGENCY ASSISTANCE PROGRAM**

The Agency Assistance Program is a critical support to the Food Bank's member agencies. Through this program, each agency is awarded a grant that can be used to purchase food at wholesale cost. Agencies may also request food storage equipment such as freezers, refrigerators and shelving. These items assist member agencies in storing perishable foods, thereby making available fresh, nutritious choices to their clients.

### **B. BABY NEEDS PROGRAM**

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

### **C. BACKPACK PROGRAM**

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

### **D. BANKING ON WELLNESS**

Banking on Wellness is a high energy, entertaining and fun exercise and nutrition production, available, free of charge, to schools, churches and the Food Bank's After School Programs. This well-loved program teaches children about the importance of healthy foods and fitness and is in high demand in our four-county service area.

### **E. BUFFALO NEWS NEEDIEST**

Thanks to a generous donation from *The Buffalo News* Charity Fund, the Food Bank is able to provide holiday meal items such as hams, potatoes and a variety of holiday trimmings to participating Food Bank member agencies. The food is distributed throughout the holiday season to qualified clients.

## **F. DONATED PRODUCT**

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

## **G. ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES (ECDSS)**

In 1992, ECDSS partnered with the Food Bank to better serve its low-income clients. Through this partnership, the Food Bank provides selected pantries with extra food. ECDSS caseworkers can refer clients to these pantries where they receive a package of nutritious food that lasts up to five days.

## **H. EMERGENCY FOOD & SHELTER PROGRAM/FEDERAL EMERGENCY MANAGEMENT AGENCY (EFSP/FEMA)**

The Food Bank has been the recipient of annual EFSP/FEMA grants. These federally-funded grants are administered nationally by the United Way of America and are locally distributed through the United Way of Erie and Niagara Counties. The Food Bank distributes the funds to eligible emergency food providers who in turn utilize these funds to purchase donated or wholesale food items directly from the Food Bank.

## **I. ERIE COUNTY DIRECT DELIVERY PROGRAM**

Beginning in 2013, the Food Bank transitioned into a direct delivery model for our Erie County member agencies. This new endeavor offered them a no-cost transportation solution for getting food from the Food Bank to their facilities' doorsteps. This procedure is safer and more economical and allows agencies to order larger quantities of product as the delivery trucks have much greater capacity.

## **J. FOOD EXPRESS**

This program enables us to distribute perishable food directly to the clients of our member Agencies. Many sites do not have enough storage space to house large amounts of produce and other perishable foods for an extended period of time. The two fully refrigerated Food Express trucks travel to member agencies across all four of the Food Bank's service counties where clients who have been advised of their presence can procure fresh foods.

#### **K. FOOD SAFETY TRAINING**

The Food Bank offers an online, interactive training course about basic food safety. Available free of charge to member agencies, the 30-minute course includes information about foodborne illness, personal hygiene and proper receiving, storage and repacking practices.

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

#### **L. THE GARDEN PROJECT**

Located on the Food Bank's property, this community garden offers 22 adoptable garden beds to individuals, families and groups. These persons are walked through the growing process by volunteers, and classes are held in this garden on Saturdays throughout the growing season. Participants may keep their harvest, trade it with other participants or donate it back to the Food Bank for use on the Food Express trucks.

#### **M. GOOD COOKIN'**

Through the Food Bank's member agencies, adults of all ages can participate in a free, five week cooking course in the Food Bank facility's kitchen. Here they will learn about the new trends in nutrition and easy ways to prepare healthy, well-balanced meals and snacks. They will also receive tips on shopping on a budget and at the end of each class day they will be provided with recipes and ingredients so they may recreate those meals at home.

#### **N. HUNGER PREVENTION NUTRITION ASSISTANCE PROGRAM (HPNAP)**

The New York State Department of Health, Division of Nutrition provides grants to assist eligible emergency food providers. The Food Bank works with its member agencies to gather information including the amount of food distributed and the number of people served at the service sites. This data is submitted to the State on a monthly basis.

HPNAP funds are used to purchase items that are not typically donated and to pay a portion of the agency's shared maintenance fees when purchasing donated products. The Food Bank follows nutrition standards from the state when purchasing foods for the agencies. HPNAP funds are also used to purchase local produce for the agencies as well as sanitation and food safety supplies such as soap, disposable gloves and thermometers, to pantries, shelters and soup kitchens.

HPNAP funds also pay a portion of the salary for a Registered Dietitian, making it possible for the Food Bank to provide nutrition education and food safety training for the agencies.

HPNAP also offers limited funding for the Operations Support and Capital Equipment Grant which assists emergency food providers by enabling them to purchase new equipment for food storage, or by covering portions of their operating expenses such as staff, utilities, rent and transportation.

#### **O. JUST SAY YES TO FRUITS AND VEGETABLES (JSY)**

Just Say Yes to Fruits and Vegetables is a New York State initiative, designed to prevent obesity and to reduce long term chronic disease by promoting the increased consumption of fruits and vegetables. By conducting nutrition education workshops and food demonstrations, JSY has worked to ensure low-income families in NYS choose more nutritious foods, make the most of their food budgets and prepare foods in a safe manner. Each workshop provides practical nutrition information using recipes and cooking demonstrations involving fresh produce. The JSY Program, in partnership with emergency food providers, is dedicated to improving the health and nutritional status of SNAP populations in NYS.

#### **P. KIDS IN THE KITCHEN**

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

#### **Q. MEALS ON WHEELS / BLIZZARD BOXES**

In cooperation with Meals on Wheels and funded by them, the Food Bank distributes Blizzard Boxes to those receiving food through the Meals on Wheels Program. These boxes are to be consumed by the recipients when their regular meal deliveries are disrupted by severe weather. The boxes are packed by the Food Bank and contain enough nonperishable food for six meals (two days).

#### **R. PARTNERS FIGHTING HUNGER**

Food provided by the Food Bank to its member agencies located in Chautauqua County is now directly delivered to them through the Partners Fighting Hunger Program. Our distribution site is located in a warehouse in Jamestown. Food is delivered from the Food Bank in Buffalo to this site. It is then disbursed, by the Partners Fighting Hunger truck to 46 Chautauqua County agencies. This program has been sustained by private donations as well as grants from the Carnahan Jackson Foundation, the Chautauqua Region Community Foundation, the Sheldon Foundation and others. It is also supported by the St. Susan Center in the same building as our warehouse.

#### **S. THE PUPPET SHOW**

The Puppet Show gives children ages 4-7 the opportunity to learn about the Food Bank and nutrition. Children are taught about the importance of including fruits and vegetables in their diets in a fun and interactive way. They are encouraged to help convince the candy-eating-only dragon to "try some healthy foods". The puppets also participate in a school food drive that traces how the Food Bank acquires and distributes food to those in need. This show is free and available to any interested groups in the community.



#### **T. UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)**

New York State Bureau of Donated Foods, Office of General Services provides Food Banks across New York State with access to a variety of proteins and nutritionally dense items such as vegetables, fruits and grains. The commodities we receive through this federally funded program help to bridge the gap in providing healthy meal components that our member agencies can distribute to their clients.

#### **U. VALUE-ADDED PRODUCTS**

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

**Part IV Checklist of Required Schedules**

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

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

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

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	23	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent .....	23	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

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

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

**Section C. Disclosure**

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN J. CAVALIERI PAST CHAIR	1.00	X						0.	0.	0.
(2) MARGARET ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(3) BRIAN BOCKETTI DIRECTOR	1.00	X						0.	0.	0.
(4) MARTHA BUYER, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(5) KEVIN DARRINGTON DIRECTOR	1.00	X						0.	0.	0.
(6) KEVIN KLOTZBACH DIRECTOR	1.00	X						0.	0.	0.
(7) RICHARD BROWN DIRECTOR	1.00	X						0.	0.	0.
(8) BILL SHEPARD SECRETARY	1.00	X		X				0.	0.	0.
(9) CAROL PALUMBO DIRECTOR	1.00	X						0.	0.	0.
(10) MICHAEL J. PRENDERGAST TREASURER	1.00	X		X				0.	0.	0.
(11) DAVID CRISP DIRECTOR	1.00	X						0.	0.	0.
(12) GARY BLUESTEIN, ESQ. DIRECTOR	1.00	X						0.	0.	0.
(13) MICHAEL J. MANN CHAIR	1.00	X		X				0.	0.	0.
(14) MAUREEN RASP-GLOSE DIRECTOR	1.00	X						0.	0.	0.
(15) PETER J. RENKAS DIRECTOR	1.00	X						0.	0.	0.
(16) DAVID TINCHER DIRECTOR	1.00	X						0.	0.	0.
(17) HENRY SELF DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KAREN BAILEY-JONES DIRECTOR	1.00	X					0.	0.	0.	
(19) TOM BERICAL, CPA VICE CHAIR	1.00	X		X			0.	0.	0.	
(20) DONNA KLEIN DIRECTOR	1.00	X					0.	0.	0.	
(21) DEBRA S. WHITING DIRECTOR	1.00	X					0.	0.	0.	
(22) JERRY SHELDON DIRECTOR	1.00	X					0.	0.	0.	
(23) TIM WANGLER DIRECTOR	1.00	X					0.	0.	0.	
(24) MARYLOU BOROWIAK PRESIDENT & CEO	40.00			X			112,639.	0.	29,351.	
(25) PAULA MERCURIO FINANCE DIRECTOR	40.00			X			76,135.	0.	16,380.	
<b>1b Sub-total</b>							188,774.	0.	45,731.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							188,774.	0.	45,731.	

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 <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	162,702.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	2,986,770.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	14,135,919.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		10,907,965.				
	<b>h Total.</b> Add lines 1a-1f		17,285,391.				
	Program Service Revenue	<b>2 a</b> PROGRAM FEES	Business Code 624200	747,798.	747,798.		
		<b>b</b> SHARED MAINTENANCE FEES	624200	580,351.	580,351.		
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue		480000	11,662.	11,662.			
<b>g Total.</b> Add lines 2a-2f			1,339,811.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		24,600.	24,600.			
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real					
		(ii) Personal					
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ 162,702. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>	27,335.				
		<b>b</b> Less: direct expenses	43,806.				
<b>c</b> Net income or (loss) from fundraising events			-16,471.		-16,471.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold						
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions.			18,633,300.	1,364,380.	0.	-16,471.	



**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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	14,944,720.	14,944,720.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	188,774.		188,774.	
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	1,245,360.	811,243.	279,353.	154,764.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,608.	46,163.	26,638.	8,807.
9 Other employee benefits	288,220.	161,403.	95,113.	31,704.
10 Payroll taxes	103,775.	58,114.	34,246.	11,415.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,724.		24,724.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	3,450.			3,450.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	78,081.	18,146.	19,979.	39,956.
12 Advertising and promotion				
13 Office expenses	71,984.	33,300.	11,539.	27,145.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	10,376.	4,533.	4,835.	1,008.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,658.	7,257.	5,544.	857.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	247,113.	233,953.	13,160.	
23 Insurance	38,161.	36,350.	1,811.	
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 <b>IN-KIND GOODS</b>	136,563.	3,829.	300.	132,434.
b <b>VEHICLES</b>	124,011.	124,011.		
c <b>REPACK, REPROCESS AND V</b>	102,274.	102,274.		
d <b>FREIGHT</b>	91,297.	91,297.		
e All other expenses	424,763.	247,635.	44,311.	132,817.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	18,218,912.	16,924,228.	750,327.	544,357.
26 <b>Joint costs.</b> 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 to any question in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing .....	1,335,549.	1	2,568,937.
	2	Savings and temporary cash investments .....	1,868,435.	2	1,275,737.
	3	Pledges and grants receivable, net .....	491,451.	3	194,455.
	4	Accounts receivable, net .....	100,526.	4	105,199.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6	
	7	Notes and loans receivable, net .....		7	
	8	Inventories for sale or use .....	1,428,792.	8	1,429,385.
	9	Prepaid expenses and deferred charges .....	23,431.	9	27,045.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 4,312,593.		
	b	Less: accumulated depreciation .....	10b 2,938,792.		
			1,517,594.	10c	1,373,801.
	11	Investments - publicly traded securities .....	389,210.	11	466,386.
	12	Investments - other securities. See Part IV, line 11 .....	198,417.	12	206,337.
	13	Investments - program-related. See Part IV, line 11 .....		13	
	14	Intangible assets .....		14	
15	Other assets. See Part IV, line 11 .....	476,476.	15	190,668.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	7,829,881.	16	7,837,950.	
Liabilities	17	Accounts payable and accrued expenses .....	291,707.	17	228,595.
	18	Grants payable .....		18	
	19	Deferred revenue .....	157,083.	19	33,156.
	20	Tax-exempt bond liabilities .....		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23	Secured mortgages and notes payable to unrelated third parties .....		23	
	24	Unsecured notes and loans payable to unrelated third parties .....		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	476,476.	25	190,668.
	26	<b>Total liabilities.</b> Add lines 17 through 25 .....	925,266.	26	452,419.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets .....	5,605,677.	27	5,794,135.
	28	Temporarily restricted net assets .....	1,298,938.	28	1,591,396.
	29	Permanently restricted net assets .....		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds .....		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32	Retained earnings, endowment, accumulated income, or other funds .....		32	
33	<b>Total net assets or fund balances</b> .....	6,904,615.	33	7,385,531.	
34	<b>Total liabilities and net assets/fund balances</b> .....	7,829,881.	34	7,837,950.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,633,300.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,218,912.
3	Revenue less expenses. Subtract line 2 from line 1	3	414,388.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,904,615.
5	Net unrealized gains (losses) on investments	5	66,528.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,385,531.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2012)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? <b>11g(i)</b>		
(ii) A family member of a person described in (i) above? <b>11g(ii)</b>		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>		
- h Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	15243986.	17476379.	16091335.	14771124.	17285391.	80868215.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	15243986.	17476379.	16091335.	14771124.	17285391.	80868215.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						80868215.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	15243986.	17476379.	16091335.	14771124.	17285391.	80868215.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	57,712.	30,913.	23,657.	25,868.	24,600.	162,750.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						81030965.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	5,215,146.
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.80 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	99.67 %
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2012

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** 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 - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

**2012**

**Name of the organization**

**Employer identification number**

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

**22-2470820**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)**

Name of organization <b>FOOD BANK OF WESTERN NEW YORK, INC.</b>	Employer identification number <b>22-2470820</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW YORK H.P.N.A.P. GRANT  584 DELAWARE AVENUE  BUFFALO, NY 14202	\$ 2,504,998.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	U.S. DEPT OF AGRICULTURE (PASSED THRU NY OFFICE OF GENL SVCS, TEMP EMERGENCY FOOD ASSISTANCE, NY 12201	\$ 1,719,805.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization <b>FOOD BANK OF WESTERN NEW YORK, INC.</b>	Employer identification number <b>22-2470820</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	FOOD PRODUCTS _____ _____ _____	\$ 1,719,805.	12/31/12
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization <b>FOOD BANK OF WESTERN NEW YORK, INC.</b>	Employer identification number <b>22-2470820</b>
--	---

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

FOOD BANK OF WESTERN NEW YORK, INC.

Employer identification number

22-2470820

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

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

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

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

Preservation of land for public use (e.g., recreation or education)       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 Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

9 In Part 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  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" to Form 990, Part IV, line 10.

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

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

- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  \_\_\_\_\_ %
- c** Temporarily restricted endowment  \_\_\_\_\_ %

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

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

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

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		88,887.		88,887.
<b>b</b> Buildings		2,882,927.	1,770,418.	1,112,509.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		1,340,779.	1,168,374.	172,405.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,373,801.

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO OTHER FUNDS	190,668.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	190,668.

2. FIN 48 (ASC 740) Footnote. 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

<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>			
<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b> 18,743,634.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments	<b>2a</b> 66,528.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 43,806.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b> 110,334.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b> 18,633,300.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b> 0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b> 18,633,300.

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>			
<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b> 18,262,718.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 43,806.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b> 43,806.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b> 18,218,912.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b> 0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b> 18,218,912.

**Part XIII Supplemental Information**

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

**Part XI, Line 2d - Other Adjustments:**

Special Event expenses reclassified to offset revenue

**Part XII, Line 2d - Other Adjustments:**

Special Event expenses reclassified to offset revenue



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		SWEET CHARITY (event type)	WALK-A-THON (event type)	None (total number)		
Revenue	1	Gross receipts	123,392.	66,645.		190,037.
	2	Less: Contributions	102,796.	59,906.		162,702.
	3	Gross income (line 1 minus line 2)	20,596.	6,739.		27,335.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	30,864.	12,942.		43,806.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 43,806 )
11	Net income summary. Combine line 3, column (d), and line 10				-16,471.	

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

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

Employer identification number  
**22-2470820**

**Part I General information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ST. VINCENT DE PAUL DINING ROOM 1298 MAIN STREET BUFFALO, NY 14209	16-0747359		6,077.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. SUSAN CENTER DINING ROOM 31 WATER STREET SUITE 130 JAMESTOWN, NY 14701	22-2635294		6,202.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CHAUTAUQUA LAKE CHILD CARE CENTER MAYVILLE - 100 NORTH ERIE STREET - MAYVILLE, NY 14757	20-5027676		5,245.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SENIOR CITIZEN CENTER OF DUNKIRK 45 CLIFFSTAR COURT DUNKIRK, NY 14048	16-1119647		5,185.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BRIGHTON FOOD PANTRY 1225 BRIGHTON ROAD TONAWANDA, NY 14150	16-0868487		7,006.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CCRM - EMERGENCY FOOD PANTRY 127 CENTRAL AVENUE DUNKIRK, NY 14048	16-1119647		8,842.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

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

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

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

Schedule I (Form 990) (2012)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II), Part II.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTER HELEN'S FOOD PANTRY 160 CHESTNUT STREET LOCKPORT, NY 14094	53-0196617		8,906.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
TABERNAACLE FOOD PANTRY 3185 ORCHARD PARK ROAD ORCHARD PARK, NY 14127	16-6033757		6,471.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
OPERATION GOOD NEIGHBOR PANTRY 2030 SOUTH CREEK ROAD NORTH EVANS, NY 14047	22-2478153		6,335.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
HEART LOVE & SOUL INC. FOOD PANTRY 939 ONTARIO AVENUE NIAGARA FALLS, NY 14305	16-1200127		9,325.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
RESPONSE TO LOVE 130 KOSCIUSZKO STREET BUFFALO, NY 14212	20-8083508		5,000.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
BLACK ROCK/RIVERSIDE FOOD PANTRY 357 ONTARIO STREET BUFFALO, NY 14207	23-3290969		6,834.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SALVATION ARMY - BUFFALO 960 MAIN STREET BUFFALO, NY 14202	13-5562351		7,214.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NIAGARA COMMUNITY ACTION PROGRAM 564 19TH STREET NIAGARA FALLS, NY 14301	16-0919885		14,189.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SALVATION ARMY - JAMESTOWN 83 S. MAIN STREET JAMESTOWN, NY 14701	13-5562351		6,014.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II), Page 1							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ELIZABETH ANN SETON FOOD CLOSET - 336 WASHINGTON AVENUE - DUNKIRK, NY 14048	53-0196617		5,869.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SOUTH BUFFALO PANTRY CATHOLIC CHARITIES - 920 TIFFT STREET - BUFFALO, NY 14220	14-0743251		7,247.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NIACAP LOCKPORT PANTRY 160 WASHBURN STREET LOCKPORT, NY 14094	16-0919885		12,533.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
OLEAN FOOD PANTRY 8 LEO MOSS DRIVE OLEAN, NY 14760	55-0881869		6,465.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATHOLIC CHARITIES LOVEJOY PANTRY & OUTREACH - 139 NORTH OGDEN - BUFFALO, NY 14206	53-1096617		6,030.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
CATHOLIC CHARITIES - LACKAWANNA PANTRY - 75 CALDWELL STREET - LACKAWANNA, NY 14218	16-0743251		6,216.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
FAMILY HELP CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2215911		5,128.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
EVERGREEN HEALTH SERVICES 206 SOUTH ELWOOD AVENUE, 4TH FLOOR BUFFALO, NY 14201	16-1202971		7,571.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
RESURRECTION LIFE FELLOWSHIP 2145 OLD UNION ROAD CHEEKTOWAGA, NY 14227	22-2561812		7,084.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II), Part II.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSEPH PROJECT MOBILE F.P. 701 SENECA STREET BUFFALO, NY 14210	16-1450334		6,616.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
OPERATION GOOD NEIGHBOR - ANGOLA 17 PROSPECT AVENUE ANGOLA, NY 14006	22-2478153		7,292.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
SALVATION ARMY - TEMPLE CORPS 187 GRANT STREET BUFFALO, NY 14213	13-5562351		7,000.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
NEIGHBOR TO NEIGHBOR FOOD PANTRY 9495 PROSPECT ROAD FORESTVILLE, NY 14062	32-0406067		9,529.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
LOAVES & FISHES SOUTHERN TIER F.P. 753 PROSPECT AVENUE OLEAN, NY 14760	16-0056368		7,489.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ELLINGTON COMMUNITY FOOD PANTRY 769 MAIN STREET ELLINGTON, NY 14732	22-2396831		7,717.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. MARY'S - LOCKPORT 5 SAXTON STREET LOCKPORT, NY 14094	53-0196617		5,667.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
EDEN-NORTH COLLINS FOOD PANTRY 2005 HALLEY ROAD NORTH COLLINS, NY 14111	22-2478253		7,360.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.
ST. LUKE'S MISSION OF MERCY 325 WALDEN AVENUE BUFFALO, NY 14211	16-1422964		9,698.	0.			TO PROVIDE ASSISTANCE WITH THE COST OF FOOD FOR THE ORGANIZATION'S SERVICES.



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

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

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

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	216	10,771,402.	COST
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( MEDIA SERVICE )	X	2	110,920.	COST
26 Other ▶ ( ITEMS FOR AUC )	X	73	17,096.	COST
27 Other ▶ ( MISCELLANEOUS )	X	5	4,630.	COST
28 Other ▶ ( FOOD ITEMS FO )	X	3	3,918.	COST

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

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

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

Schedule M (Form 990) (2012)



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

FOOD BANK OF WESTERN NEW YORK, INC.

Employer identification number

22-2470820

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

TO THE HUNGRY IN WNY THROUGH OUR MEMBER AGENCIES.

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

co-workers, your friends, even your family. Many of them are working poor. Each month they must pay for transportation, housing and utilities in that order and then hope that their already limited resources will cover a month's supply of food for their family. Many of those serviced by our Member Agencies have recently lost their job through no fault of their own. Others are dealing with overwhelming healthcare expenses. Even natural disasters can play a part in straining an already over-extended income.

Form 990, Part VI, Section B, line 11: THE BOARD WILL RECEIVE NOTICE PRIOR TO THEIR NEXT MEETING THAT FORM 990 IS AVAILABLE FOR REVIEW. THE BOARD WILL DISCUSS THE ORGANIZATIONS FORM 990 THE NEXT TIME THEY MEET. BOTH ELECTRONIC AND PAPER COPIES OF FORM 990 ARE AVAILABLE TO THE BOARD MEMBERS.

Form 990, Part VI, Section B, Line 12c: THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY BY THE BOARD TO ENSURE COMPLIANCE. ALL BOARD MEMBERS SIGN THE CONFLICT OF INTEREST POLICY EACH FISCAL YEAR.

Form 990, Part VI, Section B, Line 15a: THE SALARY OF THE CEO IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS ANNUALLY. APPROPRIATE SALARY IS DETERMINED USING SALARY DATA FROM SIMILAR ORGANIZATIONS AND INDUSTRY BENCHMARKS.

Name of the organization

FOOD BANK OF WESTERN NEW YORK, INC.

Employer identification number

22-2470820

Form 990, Part VI, Section C, Line 19: THE ORGANIZATION WILL PROVIDE THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS TO THE PUBLIC UPON REQUEST.

Form 990 Part XII, line 2c

Process for oversight of financial statement audit and selection of auditor The organization has not changed its oversight process for the financial statement audit or the selection process for an independent auditor.

Form 990, Part IX, line 25

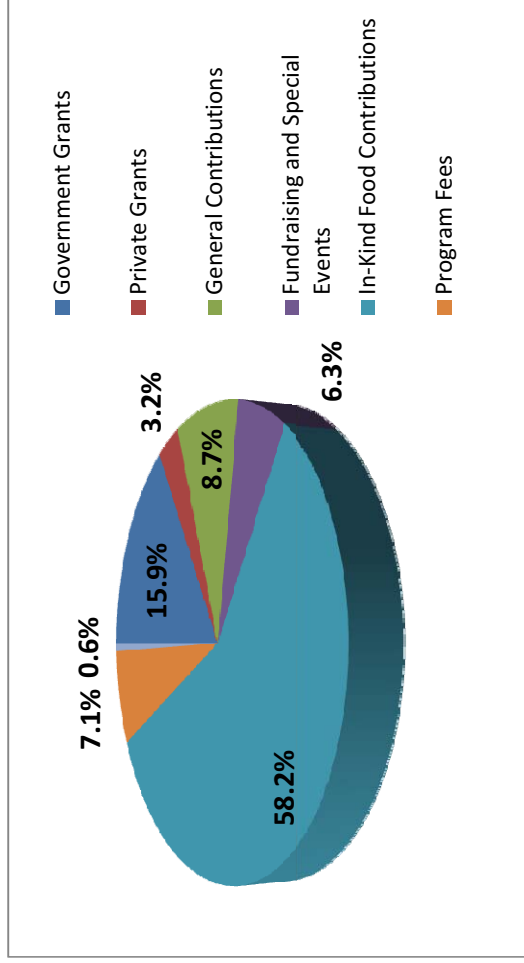
Sources and Utilization of Resources

See attached exhibit depicting the sources of the organization's revenue and the utilization of resources. It should be noted that the percentage of the organization's total expenditures that is devoted to programs and services is 93% which aligns with the median program service ratio for food banks.

**Food Bank of Western New York, Inc.**

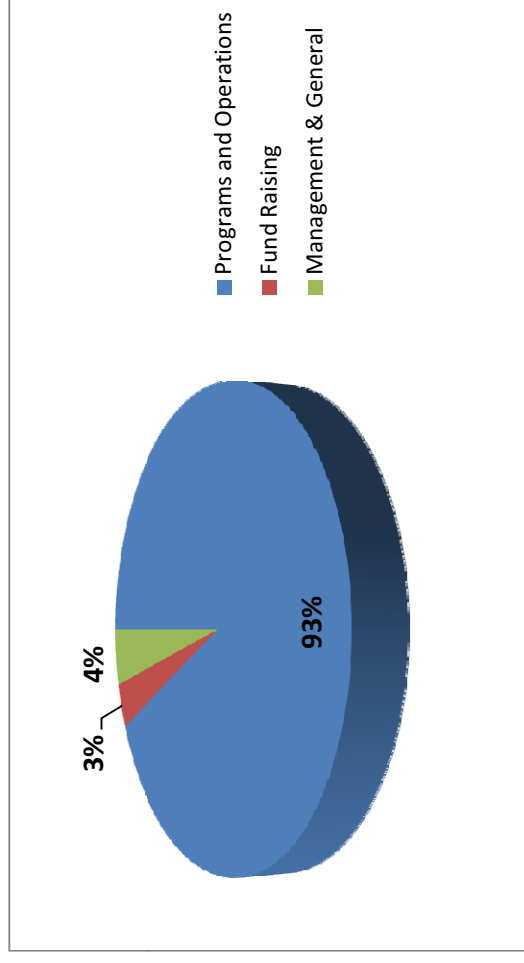
**WHERE OUR SUPPORT REVENUES COME FROM**

Government Grants	15.9%
Private Grants	3.2%
General Contributions	8.7%
Fundraising and Special Events	6.3%
In-Kind Food Contributions	58.2%
Program Fees	7.1%
Other Revenue	0.6%
<b>TOTAL SUPPORT &amp; REVENUE</b>	<b>100%</b>



**HOW WE USE OUR RESOURCES**

Programs and Operations	93%
Fund Raising	3%
Management & General	4%
<b>TOTAL EXPENDITURES</b>	<b>100%</b>



(As of 6/30/2013)