

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2018**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2018 calendar year, or tax year beginning **APR 1, 2018** and ending **MAR 31, 2019**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization <b>UNITED WAY OF BUFFALO AND ERIE COUNTY</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>742 DELAWARE AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>BUFFALO, NY 14209</b>	<b>D</b> Employer identification number <b>16-0743969</b>
	<b>E</b> Telephone number <b>(716) 887-2626</b>	<b>G</b> Gross receipts \$ <b>18,054,851.</b>
	<b>F</b> Name and address of principal officer: <b>MICHAEL WEINER</b> <b>SAME AS C ABOVE</b>	<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes 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) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527		
<b>J</b> Website: ▶ <b>WWW.UWBEC.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		<b>L</b> Year of formation: <b>1947</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

	1	Briefly describe the organization's mission or most significant activities: <b>WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING.</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>34</b>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>34</b>
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>81</b>
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>5570</b>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	7b	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>0.</b>
	Revenue	8	Contributions and grants (Part VIII, line 1h)	<b>22,091,057.</b>
9		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>40,014.</b>	<b>61,626.</b>
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>52,863.</b>	<b>64,209.</b>
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>22,183,934.</b>	<b>17,949,747.</b>
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>12,511,151.</b>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>3,773,905.</b>	<b>4,035,147.</b>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>1,594,304.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1,738,331.</b>	<b>1,694,604.</b>
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18,023,387.</b>	<b>18,080,909.</b>
	19	Revenue less expenses. Subtract line 18 from line 12	<b>4,160,547.</b>	<b>-131,162.</b>
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	<b>31,019,093.</b>	<b>31,090,816.</b>
	21	Total liabilities (Part X, line 26)	<b>8,540,992.</b>	<b>8,834,981.</b>
	22	Net assets or fund balances. Subtract line 21 from line 20	<b>22,478,101.</b>	<b>22,255,835.</b>

**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>THOMAS WRINN, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DONNA M. GONSER</b>	Preparer's signature
	Date <b>01/16/20</b>	Check if self-employed <input type="checkbox"/>
	PTIN <b>P01448922</b>	
	Firm's name ▶ <b>LUMSDEN &amp; MCCORMICK, LLP</b>	Firm's EIN ▶ <b>16-0765486</b>
	Firm's address ▶ <b>369 FRANKLIN STREET</b> <b>BUFFALO, NY 14202</b>	Phone no. <b>(716) 856-3300</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 or note to any line in this Part III [X]

1 Briefly describe the organization's mission: OUR MISSION: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TO IMPROVE COMMUNITY WELL BEING. OUR VISION: EVERY PERSON IN OUR COMMUNITY HAS THE OPPORTUNITY TO ENJOY THE HIGHEST QUALITY OF LIFE. OUR WORK: WE FOCUS OUR EFFORTS IN THE AREAS OF EDUCATION, FINANCIAL

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 If "Yes," describe these new services on Schedule O.

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

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

4a (Code: ) (Expenses \$ 4,500,000. including grants of \$ 4,500,000. ) (Revenue \$ ) PROGRAM INVESTMENTS - INVESTMENTS (ALLOCATIONS) IN COMPETITIVELY AWARDED GRANT PROGRAMS TO MANY LOCAL AGENCIES, FOCUSED IN OUR "IMPACT" AREAS OF EDUCATION, INCOME, AND HEALTH AND WELLNESS. BY INVESTING IN THE HIGHEST NEEDS AREAS OF THE COMMUNITY THE UNITED WAY HOPES TO SIGNIFICANTLY IMPROVE OVERALL EDUCATIONAL OUTCOMES, STABILIZE AND IMPROVE FAMILY FINANCIAL WELL BEING, AND BUILD A STRONG AND HEALTHY COMMUNITY.

4b (Code: ) (Expenses \$ 4,853,167. including grants of \$ 4,853,167. ) (Revenue \$ ) DONOR DESIGNATIONS - THE UNITED WAY OF BUFFALO AND ERIE COUNTY ALLOWS DONOR CHOICE, WHERE THE DONOR CAN DIRECT GIFTS TO ANY 501(C)(3) ORGANIZATION.

4c (Code: ) (Expenses \$ 4,291,430. including grants of \$ 2,997,991. ) (Revenue \$ ) GRANT PROGRAM AND INITIATIVES - THESE PROGRAMS ARE AIMED AT PROVIDING SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND UNIQUE INITIATIVES PROVIDING SUPPORT AIMED AT THE UNITED WAYS FOCUSED AREAS OF NEED.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,677,329. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 15,321,926.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

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

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	<b>22</b>	X
<b>23</b> 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> .....	<b>23</b>	X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> 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> .....	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> 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> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36 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> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>38</b>	X

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

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	65
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	X

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (34); 1b Enter the number of voting members included in line 1a, above, who are independent (34); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THOMAS WRINN - (716)-887-2626
742 DELAWARE AVENUE, BUFFALO, NY 14209

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID HORE CHAIR	1.00	X		X				0.	0.	0.
(2) SUSAN O' SULLIVAN VICE CHAIR	1.00	X		X				0.	0.	0.
(3) DR. KATHERINE CONWAY-TURNER VICE CHAIR	1.00	X		X				0.	0.	0.
(4) SARAH HEDGES TREASURER (THROUGH MAY 2019)	1.00	X		X				0.	0.	0.
(5) NICKOLE GARRISON TREASURER (EFFECTIVE JUNE 2019)	1.00	X		X				0.	0.	0.
(6) DARLEY WILLIS SECRETARY	1.00	X		X				0.	0.	0.
(7) LAVONNE ANSARI DIRECTOR	1.00	X						0.	0.	0.
(8) JAMIE BATT DIRECTOR	1.00	X						0.	0.	0.
(9) FELICIA BEARD DIRECTOR	1.00	X						0.	0.	0.
(10) ALLEN BROWN DIRECTOR	1.00	X						0.	0.	0.
(11) CHRISTINA BROZYNA DIRECTOR	1.00	X						0.	0.	0.
(12) JOAN BRUCE DIRECTOR	1.00	X						0.	0.	0.
(13) DIANE COLGAN DIRECTOR	1.00	X						0.	0.	0.
(14) JENNIFER STANONIS CONSTANTINE DIRECTOR	1.00	X						0.	0.	0.
(15) PIONNE CORBIN DIRECTOR	1.00	X						0.	0.	0.
(16) REENA DUTTA DIRECTOR	1.00	X						0.	0.	0.
(17) NICK FABOZZI 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) ROBERT FELDMAN DIRECTOR	1.00	X					0.	0.	0.	
(19) KATHY GILL DIRECTOR	1.00	X					0.	0.	0.	
(20) SHARON L. HANSON DIRECTOR	1.00	X					0.	0.	0.	
(21) DEBORA HAYES DIRECTOR	1.00	X					0.	0.	0.	
(22) FRANK HOTCHKISS DIRECTOR	1.00	X					0.	0.	0.	
(23) AUSTIN HOULding DIRECTOR	1.00	X					0.	0.	0.	
(24) DONALD INGALLS DIRECTOR	1.00	X					0.	0.	0.	
(25) MARIJKE KEMBLE DIRECTOR	1.00	X					0.	0.	0.	
(26) MICHAEL MCMAHON DIRECTOR	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							307,280.	0.	1,436.	
<b>d Total (add lines 1b and 1c)</b>							307,280.	0.	1,436.	

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

**Section B. Independent Contractors**

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS



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

Table with columns (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation.

Total to Part VII, Section A, line 1c

307,280.

1,436.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<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>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,339,915.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	14,483,997.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f .....		17,823,912.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		61,626.			61,626.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	33,141.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....		0.			
		<b>c</b> Rental income or (loss) .....		33,141.			
	<b>d</b> Net rental income or (loss) .....		33,141.			33,141.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	105,104.				
		(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....		105,104.			
		<b>c</b> Gain or (loss) .....		0.			
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<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>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS .....		900099	31,068.			31,068.	
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			31,068.				
<b>12 Total revenue.</b> See instructions .....			17,949,747.	0.	0.	125,835.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,351,158.	12,351,158.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	311,623.		311,623.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,893,471.	1,614,393.	393,555.	885,523.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	237,415.	119,815.	51,820.	65,780.
<b>9</b> Other employee benefits	361,880.	183,353.	77,864.	100,663.
<b>10</b> Payroll taxes	230,758.	116,455.	50,367.	63,936.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	271,042.	110,557.	93,114.	67,371.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	329,595.	186,863.	14,633.	128,099.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	257,109.	135,958.	48,477.	72,674.
<b>17</b> Travel	59,559.	43,771.	6,344.	9,444.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	104,650.	76,909.	11,148.	16,593.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	220,002.	120,260.	35,400.	64,342.
<b>22</b> Depreciation, depletion, and amortization	173,884.	95,050.	27,980.	50,854.
<b>23</b> Insurance				
<b>24</b> 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.)				
<b>a</b> <b>EQUIP RENTAL AND MAINT</b>	216,616.	130,321.	30,628.	55,667.
<b>b</b> <b>DUES &amp; SUBSCRIPTIONS</b>	35,838.	20,355.	8,319.	7,164.
<b>c</b> <b>EMPLOYEE EDUCATION</b>	10,708.	7,789.	1,036.	1,883.
<b>d</b> _____				
<b>e</b> All other expenses _____	15,601.	8,919.	2,371.	4,311.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	18,080,909.	15,321,926.	1,164,679.	1,594,304.
<b>26</b> <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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	2,950,500.	<b>2</b>	2,362,587.
	<b>3</b> Pledges and grants receivable, net .....	10,500,654.	<b>3</b>	10,262,377.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	107,803.	<b>9</b>	131,153.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 7,520,902.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 5,255,617.	2,237,206.	<b>10c</b> 2,265,285.
	<b>11</b> Investments - publicly traded securities .....	4,072,026.	<b>11</b>	4,156,697.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	11,150,904.	<b>15</b>	11,912,717.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	31,019,093.	<b>16</b>	31,090,816.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	802,943.	<b>17</b>	1,107,456.
	<b>18</b> Grants payable .....	5,655,699.	<b>18</b>	5,417,384.
	<b>19</b> Deferred revenue .....	325,420.	<b>19</b>	291,632.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	1,756,930.	<b>25</b>	2,018,509.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	8,540,992.	<b>26</b>	8,834,981.
<b>Net Assets or Fund Balances</b>	<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>			
	<b>27</b> Unrestricted net assets .....	13,533,485.	<b>27</b>	13,364,734.
	<b>28</b> Temporarily restricted net assets .....	5,375,254.	<b>28</b>	5,073,239.
	<b>29</b> Permanently restricted net assets .....	3,569,362.	<b>29</b>	3,817,862.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	22,478,101.	<b>33</b>	22,255,835.	
<b>34</b> Total liabilities and net assets/fund balances .....	31,019,093.	<b>34</b>	31,090,816.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,949,747.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,080,909.
3	Revenue less expenses. Subtract line 2 from line 1	3	-131,162.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	22,478,101.
5	Net unrealized gains (losses) on investments	5	263,059.
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	-354,163.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	22,255,835.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public Inspection

Name of the organization: **UNITED WAY OF BUFFALO AND ERIE COUNTY** Employer identification number: **16-0743969**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations: \_\_\_\_\_
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	18080689.	19615300.	16962946.	22091057.	17823912.	94573904.
<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 .....	18080689.	19615300.	16962946.	22091057.	17823912.	94573904.
<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) .....						1605829.
<b>6 Public support.</b> Subtract line 5 from line 4.						92968075.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	18080689.	19615300.	16962946.	22091057.	17823912.	94573904.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	89,091.	56,807.	61,001.	71,229.	94,767.	372,895.
<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 VI.) .....	26,287.	39,499.	21,270.	21,647.	31,068.	139,771.
<b>11 Total support.</b> Add lines 7 through 10						95086570.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<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 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	97.77 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	97.96 %
<b>16a 33 1/3% support test - 2018.</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 - 2017.</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 - 2018.</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 VI 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 - 2017.</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 VI 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"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.) .....						
<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 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....  ►

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**Part VI**

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

Multiple horizontal lines for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

Name of organization  <b>UNITED WAY OF BUFFALO AND ERIE COUNTY</b>	Employer identification number  <b>16-0743969</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>1,327,327.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>462,934.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,201,965.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>814,451.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,084,443.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>1,070,113.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF BUFFALO AND ERIE COUNTY</b>	Employer identification number  <b>16-0743969</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>463,764.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>454,337.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>637,697.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>364,878.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization  <b>UNITED WAY OF BUFFALO AND ERIE COUNTY</b>	Employer identification number  <b>16-0743969</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>UNITED WAY OF BUFFALO AND ERIE COUNTY</b>	Employer identification number  <b>16-0743969</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(a) No. from Part I</b>	<b>(b) Purpose of gift</b>	<b>(c) Use of gift</b>	<b>(d) Description of how gift is held</b>
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**  
Open to Public Inspection

Name of the organization **UNITED WAY OF BUFFALO AND ERIE COUNTY** Employer identification number **16-0743969**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

Preservation of land for public use (e.g., recreation or education)       Preservation of a historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

a Revenue included on Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

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

▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,150,904.	8,138,490.	7,049,632.	5,161,642.	3,670,106.
b Contributions	621,799.	2,331,267.	261,738.	2,136,504.	1,259,946.
c Net investment earnings, gains, and losses	240,014.	777,047.	927,120.	-248,514.	248,553.
d Grants or scholarships					
e Other expenditures for facilities and programs	100,000.	96,000.	100,000.		16,963.
f Administrative expenses					
g End of year balance	11,912,717.	11,150,904.	8,138,490.	7,049,632.	5,161,642.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  71.96 %
  - b Permanent endowment  25.33 %
  - c Temporarily restricted endowment  2.71 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		158,930.		158,930.
b Buildings		3,693,604.	1,963,870.	1,729,734.
c Leasehold improvements				
d Equipment		3,668,368.	3,291,747.	376,621.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  **2,265,285.**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>BENEFICIAL INTEREST IN ASSETS HELD AT CFGB</b>	<b>11,912,717.</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>11,912,717.</b>

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>ACCRUED POSTRETIREMENT BENEFIT</b>	
(3) <b>OBLIGATION</b>	<b>190,000.</b>
(4) <b>ACCRUED PENSION LIABILITY</b>	<b>1,828,509.</b>
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>2,018,509.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	13,359,639.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 263,059.		
<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>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	263,059.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	13,096,580.
<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> 4,853,167.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	4,853,167.
<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>	17,949,747.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	13,227,742.
<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>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	13,227,742.
<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> 4,853,167.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	4,853,167.
<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>	18,080,909.

**Part XIII Supplemental Information.**

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

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

**DONOR DESIGNATIONS**

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

**DONOR DESIGNATIONS**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF BUFFALO AND ERIE COUNTY** Employer identification number **16-0743969**

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

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

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

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

<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 noncash assistance	<b>(h)</b> Purpose of grant or assistance
AFL-CIO EMERGENCY SERVICES 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	30,000.	0.			PROGRAM FUNDING
AFRICAN CULTURAL CENTER OF BUFFALO 350 MASTEN AVENUE BUFFALO, NY 14209	16-0920652	501(C)(3)	25,000.	0.			PROGRAM FUNDING
ALGONQUIN SPORTS FOR KIDS 403 MAIN STREET 200 BUFFALO, NY 14203	26-0682893	501(C)(3)	20,000.	0.			PROGRAM FUNDING
AMERICAN RED CROSS SERVING ERIE AND NIAGARA COUNTIES - 786 DELAWARE AVENUE - BUFFALO, NY 14209-2088	53-0196605	501(C)(3)	167,000.	0.			PROGRAM FUNDING
BAKER VICTORY SERVICES 780 RIDGE ROAD LACKAWANNA, NY 14218	16-0743191	501(C)(3)	40,000.	0.			PROGRAM FUNDING
BE A FRIEND PROGRAM INC. 85 RIVER ROCK DRIVE, SUITE 107 BUFFALO, NY 14207	16-1106399	501(C)(3)	104,750.	0.			PROGRAM FUNDING

**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 ▶ \_\_\_\_\_

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Schedule I (Form 990) (2018)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	54,748.	0.			GO BUFFALO MOM & SUPPLIES
BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	20,000.	0.			PROGRAM FUNDING - FAMILY HOUSING STABILITY CASE MANAGEMENT
BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	51,980.	0.			UNITED WAY WORKS
BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	75,439.	0.			FAMILY HOUSING STABILITY CASE MANAGEMENT
BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	111,000.	0.			PROGRAM FUNDING
BESTSELF BEHAVIORAL HEALTH 255 DELAWARE AVE., SUITE 300 BUFFALO, NY 14202	16-1004090	501(C)(3)	10,510.	0.			CHILDREN'S CENTER FOR SUCCESS
BESTSELF BEHAVIORAL HEALTH 255 DELAWARE AVE., SUITE 300 BUFFALO, NY 14202	16-1004090	501(C)(3)	64,364.	0.			CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
BESTSELF BEHAVIORAL HEALTH 255 DELAWARE AVE., SUITE 300 BUFFALO, NY 14202	16-1004090	501(C)(3)	304,500.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF BUFFALO INC. - 282 BABCOCK STREET - BUFFALO, NY 14210	16-0849516	501(C)(3)	181,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF THE NORTHTOWNS OF WNY - 54 RIVERDALE AVENUE - BUFFALO, NY 14207	16-0755733	501(C)(3)	95,000.	0.			PROGRAM FUNDING
BPS ADULT LEARNING CENTER/BUFFALO PUBLIC SCHOOLS FOUNDATION - 389 VIRGINIA STREET - BUFFALO, NY 14201	38-3704493	501(C)(3)	538,651.	0.			UNITED WAY WORKS
BUFFALO & ERIE COUNTY WORKFORCE DEVELOPMENT CONSORTIUM - 726 EXCHANGE STREET, SUITE 630 - BUFFALO, NY 14210	16-1585625	501(C)(3)	22,360.	0.			EMPIRE STATE POVERTY REDUCTION INITIATIVE
BUFFALO CENTER FOR ARTS AND TECHNOLOGY - 1221 MAIN STREET - BUFFALO, NY 14209	45-5213027	501(C)(3)	20,000.	0.			PROGRAM FUNDING
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	5,729.	0.			CREATING ASSETS, SAVINGS AND HOPE
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	14,580.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	81,844.	0.			VOLUNTEER INCOME TAX ASSISTANCE
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	148,000.	0.			PROGRAM FUNDING
BUFFALO HEARING AND SPEECH CENTER 50 EAST NORTH STREET BUFFALO, NY 14203	16-0776186	501(C)(3)	20,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO NIAGARA PARTNERSHIP 257 WEST GENESEE STREET SUITE 600 BUFFALO, NY 14202	16-0365700	501(C)(6)	41,205.	0.			EMPIRE STATE POVERTY REDUCTION INITIATIVE
BUFFALO PRENATAL PERINATAL SERVICES - 625 DELAWARE AVENUE SUITE 410 - BUFFALO, NY 14202	16-1302764	501(C)(3)	31,819.	0.			GO BUFFALO MOM & SUPPLIES
BUFFALO PRENATAL PERINATAL SERVICES - 625 DELAWARE AVENUE SUITE 410 - BUFFALO, NY 14202	16-1302764	501(C)(3)	50,000.	0.			PROGRAM FUNDING
BUFFALO PROMISE NEIGHBORHOOD 465 MAIN STREET., SUITE 510 BUFFALO, NY 14203	20-1405438	501(C)(3)	20,000.	0.			PROGRAM FUNDING
BUFFALO URBAN LEAGUE INC. 15 GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	161,000.	0.			PROGRAM FUNDING
CALVARY DESIGN TEAM, INC. 855 PUBLISHERS PARKWAY WEBSTER, NY 14580	06-1468155		6,745.	0.			WORKFORCE DEVELOPMENT APPRENTICESHIP TOOLS GRANT
CALVARY DESIGN TEAM, INC. 855 PUBLISHERS PARKWAY WEBSTER, NY 14580	06-1468155		16,453.	0.			AMERICAN APPRENTICESHIP INITIATIVE FEDERAL GRANT
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	13,234.	0.			COMMUNITY BABY SHOWER DONOR SUPPORT
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	14,856.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	103,999.	0.			CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	150,317.	0.			UNITED WAY WORKS
CENTER FOR EMPLOYMENT OPPORTUNITIES - 170 FRANKLIN STREET SUITE 701 - BUFFALO, NY 14202	13-3843322	501(C)(3)	40,000.	0.			PROGRAM FUNDING
CENTER FOR GOVERNMENTAL RESEARCH ONE SOUTH WASHINGTON STREET, SUITE ROCHESTER, NY 14614	16-0754774	501(C)(3)	5,900.	0.			CLOSING THE GAP - EVALUATIONS, MEETINGS & SURVEY REPORTS
CENTER FOR GOVERNMENTAL RESEARCH ONE SOUTH WASHINGTON STREET, SUITE ROCHESTER, NY 14614	16-0754774	501(C)(3)	15,186.	0.			EMPIRE STATE POVERTY REDUCTION INITIATIVE
CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE - BUFFALO, NY 14202	16-1004825	501(C)(3)	210,000.	0.			PROGRAM FUNDING
CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216	22-2916451	501(C)(3)	7,500.	0.			CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216	22-2916451	501(C)(3)	55,000.	0.			PROGRAM FUNDING
COMMUNITY CONNECTIONS OF NY INC. 567 EXCHANGE STREET SUITE 201 BUFFALO, NY 14210	01-0909860	501(C)(3)	7,667.	0.			EMPIRE STATE POVERTY REDUCTION INITIATIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS HOUSE 1451 MAIN STREET BUFFALO, NY 14209	23-7363167	501(C)(3)	10,218.	0.			100 WOMEN WHO CARE GRANT AND SUPPLIES
COMPASS HOUSE 1451 MAIN STREET BUFFALO, NY 14209	23-7363167	501(C)(3)	115,000.	0.			PROGRAM FUNDING
COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE, SUITE 210 BUFFALO, NY 14202	16-1454202	501(C)(3)	84,000.	0.			PROGRAM FUNDING
CRADLE BEACH CAMP INC. 8038 OLD LAKESHORE ROAD ANGOLA, NY 14006	16-0743025	501(C)(3)	76,000.	0.			PROGRAM FUNDING
CRADLE BEACH CAMP INC. 8038 OLD LAKESHORE ROAD ANGOLA, NY 14006	16-0743025	501(C)(3)	91,892.	0.			CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
CUMMINS JAMESTOWN ENGINE PLANT 4720 BAKER STREET LAKEWOOD, NY 14750	35-0257090		19,492.	0.			AMERICAN APPRENTICESHIP INITIATIVE FEDERAL GRANT
DONOR DESIGNATIONS TO AGENCIES		501(C)(3)	4,853,167.	0.			DONOR DESIGNATIONS TO AGENCIES
EARLY CHILDHOOD DIRECTION CENTER/ KALEIDA HEALTH - 3131 SHERIDAN DRIVE - AMHERST, NY 14226	16-1533232	501(C)(3)	33,000.	0.			PROGRAM FUNDING
ERIE 1 BOCES 355 HARLEM ROAD WEST SENECA, NY 14224	37-1481300	501(C)(3)	13,250.	0.			UNITED WAY WORKS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERIE COUNTY COUNCIL FOR THE PREVENTION OF ALCOHOL & SUBSTANCE ABUSE - 1625 HERTEL AVENUE - BUFFALO, NY 14216	16-0743218	501(C)(3)	20,000.	0.			PROGRAM FUNDING
ERIE REGIONAL HOUSING DEVELOPMENT CORP. (BELLE CENTER) - 104 MARYLAND STREET - BUFFALO, NY 14201	16-1559032	501(C)(3)	154,620.	0.			UNITED WAY WORKS
EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALO, NY 14202	16-1160182	501(C)(3)	77,000.	0.			PROGRAM FUNDING
FAMILY HELP CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511	501(C)(3)	86,735.	0.			CHILDREN'S CENTER FOR SUCCESS
FAMILY HELP CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511	501(C)(3)	167,000.	0.			PROGRAM FUNDING
FAMILY JUSTICE CENTER OF ERIE COUNTY - 237 MAIN STREET 14TH FLOOR - BUFFALO, NY 14203	20-2250813	501(C)(3)	125,000.	0.			PROGRAM FUNDING
FOOD BANK OF WESTERN NEW YORK 91 HOLT STREET BUFFALO, NY 14206	22-2470820	501(C)(3)	7,000.	0.			CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
FOOD BANK OF WESTERN NEW YORK 91 HOLT STREET BUFFALO, NY 14206	22-2470820	501(C)(3)	9,831.	0.			FAMILY VOLUNTEER DAY AGENCY SUPPLIES
GERARD PLACE HDFC, INC. 2515 BAILEY AVENUE #1 BUFFALO, NY 14215	16-1562738	501(C)(3)	20,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF WESTERN NEW YORK 3332 WALDEN AVENUE SUITE 106 DEPEW, NY 14043	16-0743096	501(C)(3)	24,500.	0.			PROGRAM FUNDING
GOODWILL INDUSTRIES OF WNY INC. 1119 WILLIAM STREET BUFFALO, NY 14206-1897	16-0761225	501(C)(3)	73,000.	0.			PROGRAM FUNDING
GRASSROOTS GARDENS OF BUFFALO 389 BROADWAY BUFFALO, NY 14204	16-1479159	501(C)(3)	5,000.	0.			NEXT GENERATION UNITED PITCH 10 GRANT
GRASSROOTS GARDENS OF BUFFALO 2495 MAIN STREET SUITE #408 BUFFALO, NY 14214	16-1479159	501(C)(3)	20,000.	0.			PROGRAM FUNDING
HEARTS AND HANDS - FAITH IN ACTION 50 JOHN STREET AKRON, NY 14001	43-2008066	501(C)(3)	45,000.	0.			PROGRAM FUNDING
HILLSIDE WORK-SCHOLARSHIP PROGRAM 1183 MONROE AVENUE ROCHESTER, NY 14620	16-1453581	501(C)(3)	50,000.	0.			PROGRAM FUNDING
HORIZON HEALTH SERVICES 3020 BAILEY AVENUE 2ND FLOOR BUFFALO, NY 14215	16-6198498	501(C)(3)	47,000.	0.			PROGRAM FUNDING
INTERNATIONAL INSTITUTE OF BUFFALO INC. - 864 DELAWARE AVENUE - BUFFALO, NY 14209-2093	16-0743052	501(C)(3)	5,375.	0.			CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
INTERNATIONAL INSTITUTE OF BUFFALO INC. - 864 DELAWARE AVENUE - BUFFALO, NY 14209-2093	16-0743052	501(C)(3)	86,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACKSON PARKER COMMUNICATION LLC 50 MEECH STREET BUFFALO, NY 14208	80-0150328		22,799.	0.			EMPIRE STATE POVERTY REDUCTION INITIATIVE
JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876	501(C)(3)	187,500.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM
JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876	501(C)(3)	262,000.	0.			PROGRAM FUNDING
JEWISH COMMUNITY CENTER OF ERIE COUNTY - 2640 NORTH FOREST ROAD - GETZVILLE, NY 14068	16-0760887	501(C)(3)	35,000.	0.			PROGRAM FUNDING
JEWISH FAMILY SERVICE OF BUFFALO & ERIE COUNTY - 70 BARKER STREET - BUFFALO, NY 14209	16-0760888	501(C)(3)	76,000.	0.			PROGRAM FUNDING
JUNIOR ACHIEVEMENT OF WNY 275 OAK STREET, SUITE 222 BUFFALO, NY 14203	16-0821488	501(C)(3)	40,000.	0.			PROGRAM FUNDING
KING URBAN LIFE CENTER INC. 938 GENESEE STREET BUFFALO, NY 14211	16-1336419	501(C)(3)	110,000.	0.			PROGRAM FUNDING
KROLIKOWSKI, AARON 30 ELMWOOD AVENUE BUFFALO, NY 14201	81-1330858		10,813.	0.			GO BUFFALO MOM CONSULTING SERVICES
LITERACY NEW YORK BUFFALO-NIAGARA INC. - 1 LAFAYETTE SQUARE - 2ND FLOOR - BUFFALO, NY 14203	16-1199474	501(C)(3)	20,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY NEW YORK BUFFALO-NIAGARA INC. - 1 LAFAYETTE SQUARE - 2ND FLOOR - BUFFALO, NY 14203	16-1199474	501(C)(3)	26,883.	0.			UNITED WAY WORKS
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	107,509.	0.			UNITED WAY WORKS
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	180,000.	0.			PROGRAM FUNDING
MAGIC PENNY EARLY LEARNING INSTITUTE - 61 WEHRLE DRIVE - BUFFALO, NY 14225	20-5359720	501(C)(3)	20,000.	0.			PROGRAM FUNDING
MASSACHUSETTS AVENUE PROJECT 271 GRANT STREET BUFFALO, NY 14213	16-1585356	501(C)(3)	20,000.	0.			PROGRAM FUNDING
MENTAL HEALTH ASSOCIATION OF ERIE COUNTY INC. - 999 DELAWARE AVENUE - BUFFALO, NY 14209	16-6050086	501(C)(3)	43,000.	0.			PROGRAM FUNDING
NEIGHBORHOOD LEGAL SERVICES INC. 237 MAIN STREET, SUITE 400 BUFFALO, NY 14203	51-0198935	501(C)(3)	58,000.	0.			PROGRAM FUNDING
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	10,339.	0.			CREATING ASSETS, SAVINGS AND HOPE
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	20,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	122,943.	0.			UNITED WAY WORKS
OLMSTED CENTER FOR SIGHT 1170 MAIN STREET P.O. BOX 398 BUFFALO, NY 14209	16-0743930	501(C)(3)	122,000.	0.			PROGRAM FUNDING
OLMSTED CENTER FOR SIGHT 1170 MAIN STREET P.O. BOX 398 BUFFALO, NY 14209	16-0743930	501(C)(3)	146,667.	0.			WNY 211
OPTIMATION INDUSTRIAL SERVICES, LLC - 50 HIGH TECH DRIVE - RUSH, NY 14543	20-5216962		8,029.	0.			WORKFORCE DEVELOPMENT APPRENTICESHIP TOOLS GRANT
OPTIMATION INDUSTRIAL SERVICES, LLC - 50 HIGH TECH DRIVE - RUSH, NY 14543	20-5216962		9,580.	0.			AMERICAN APPRENTICESHIP INITIATIVE FEDERAL GRANT
PEACE OF THE CITY MINISTRIES 301 14TH STREET BUFFALO, NY 14213	75-3008707	501(C)(3)	40,000.	0.			PROGRAM FUNDING
PROGRESSIVE MACHINE & DESIGN, LLC 727 ROWLEY ROAD VICTOR, NY 14564	16-1451739		14,730.	0.			AMERICAN APPRENTICESHIP INITIATIVE FEDERAL GRANT
READ TO SUCCEED BUFFALO 392 PEARL STREET SUITE 100 BUFFALO, NY 14202	26-3606661	501(C)(3)	110,000.	0.			PROGRAM FUNDING
SENECA BABCOCK COMMUNITY ASSOCIATION - 1168 SENECA STREET - BUFFALO, NY 14210	23-7367697	501(C)(3)	20,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENECA BABCOCK COMMUNITY ASSOCIATION - 1168 SENECA STREET - BUFFALO, NY 14210	23-7367697	501(C)(3)	47,967.	0.			UNITED WAY WORKS
SKF AEROENGINE ONE MAROCO ROAD FALCONER, NY 14733	23-1043740		5,014.	0.			AMERICAN APPRENTICESHIP INITIATIVE FEDERAL GRANT
THE ECONOMIC DEVELOPMENT GROUP INC. DBA NORTHLAND WORKFORCE TRAINING CENTER - 683 NORTHLAND AVENUE - BUFFALO, NY 14211	22-3781639		18,644.	0.			EMPIRE STATE POVERTY REDUCTION INITIATIVE
THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 14202	13-5562351	501(C)(3)	10,848.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM
THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 14202	13-5562351	501(C)(3)	139,000.	0.			PROGRAM FUNDING
THE SERVICE COLLABORATIVE OF WNY 173 ELM STREET SUITE 100 BUFFALO, NY 14203	16-1596462	501(C)(3)	25,000.	0.			PROGRAM FUNDING
TRINITY ELECTRIC INC. 2044 ALLEN STREET EXT., SUITE 7 FALCONER, NY 14733	75-3263246		6,720.	0.			AMERICAN APPRENTICESHIP INITIATIVE FEDERAL GRANT
TRUE COMMUNITY DEVELOPMENT CORP. 594 WINSLOW AVENUE BUFFALO, NY 14211	04-3754904	501(C)(3)	20,000.	0.			PROGRAM FUNDING
UAW-FORD NATIONAL PROGRAM CENTER 151 W. JEFFERSON AVENUE DETROIT, MI 48226	38-2416006		73,500.	0.			AMERICAN APPRENTICESHIP INITIATIVE FEDERAL GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY DISTRICT COMMUNITY DEV. ASSOC. / GLORIA J. PARKS COMMUNITY CTR - 3242 MAIN STREET - BUFFALO, NY 14214	16-1072548	501(C)(3)	71,379.	0.			UNITED WAY WORKS
VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210	16-0964724	501(C)(3)	11,083.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM
VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210	16-0964724	501(C)(3)	165,000.	0.			PROGRAM FUNDING
VIA EVALUATION 628 WASHINGTON STREET, 4TH FLOOR BUFFALO, NY 14203	16-1548586		20,000.	0.			CLOSING THE GAP - EVALUATIONS, MEETINGS & SURVEY REPORTS
WESTERN NEW YORK INTEGRATED CARE COLLABORATIVE, INC. - 742 DELAWARE AVENUE - BUFFALO, NY 14209	81-3431441	501(C)(3)	129,750.	0.			WNYICC
WESTERN NEW YORK LAW CENTER 237 MAIN STREET SUITE 1130 BUFFALO, NY 14203	16-1497552	501(C)(3)	20,000.	0.			PROGRAM FUNDING
WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE - 436 GRANT STREET - BUFFALO, NY 14213	20-4230463	501(C)(3)	40,000.	0.			PROGRAM FUNDING
WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA STREET - BUFFALO, NY 14213	16-1425062	501(C)(3)	20,000.	0.			PROGRAM FUNDING
WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA STREET - BUFFALO, NY 14213	16-1425062	501(C)(3)	69,100.	0.			CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WNY WOMEN'S FOUNDATION 742 DELAWARE AVENUE BUFFALO, NY 14209	27-4154672	501(C)(3)	20,000.	0.			PROGRAM FUNDING
YOUNG AUDIENCES OF WNY 1 LAFAYETTE SQUARE BUFFALO, NY 14203	16-0916472	501(C)(3)	20,000.	0.			PROGRAM FUNDING

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

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

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

PART I, LINE 2:

EACH FUNDED PROGRAM IS MONITORED THROUGHOUT THE YEAR FOR PERFORMANCE AGAINST PROPOSED OUTCOMES. IF CONCERNS ARE NOTED OR BROUGHT TO OUR ATTENTION, MORE INTENSIVE INVESTIGATION AND CONSULTATION WITH THE PROGRAM AGENCY PARTNER IS COMMENCED. ANNUALLY EACH GRANTEE SUBMITS FORMAL PROGRAMMATIC OUTCOMES REPORTS AND RECEIVES A COMPREHENSIVE ONSITE VISIT AND REVIEW. EFFECTIVELY MEETING PROPOSED PERFORMANCE OUTCOMES ON CURRENT PROGRAMS IS TAKEN INTO CONSIDERATION IN ALL FUTURE GRANT REQUESTS FROM THE PROGRAM AGENCY PARTNER.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization: **UNITED WAY OF BUFFALO AND ERIE COUNTY**  
 Employer identification number: **16-0743969**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee   | <input checked="" type="checkbox"/> Written employment contract          |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL WEINER PRESIDENT & CEO	(i)	208,728.	0.	0.	0.	718.	209,446.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

STABILITY AND HEALTH AND WELLNESS, ALWAYS ATTEMPTING TO SHOW  
MEASUREABLE RESULTS WITHIN OUR COMMUNITY. WE FOSTER AND ENCOURAGE THE  
ACTIVE INVOLVEMENT OF INDIVIDUALS, GROUPS, ORGS, CORPS AND LABOR TO  
SERVE THE COMMUNITY. WE ARE HONEST, ETHICAL AND TRANSPARENT AS WE  
SERVE. WE ARE CARETAKERS OF INDIVIDUAL WORTH, SELF-RESPECT AND OUR  
DONORS RESOURCES. WE ACT IN WAYS THAT RESPECT THE DIGNITY, UNIQUENESS  
AND INTRINSIC WORTH OF EVERY PERSON. WE WORK TOGETHER PRODUCTIVELY, AS  
AN ORGANIZATION AND WITH OUR PARTNERS THROUGHOUT THE COMMUNITY. WE  
VALUE DIVERSITY AND STRIVE FOR INCLUSION. WE TAKE RESPONSIBILITY FOR  
COMMITMENTS AND DELIVERING HIGH QUALITY, HIGH VALUE AND RELEVANT  
RESULTS. WE LOOK FOR INNOVATIVE WAYS TO MEET OUR MISSION.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY IMPACT PROGRAM SERVICES - WORK DONE IN ANALYZING COMMUNITY  
NEEDS, FOCUSING RESOURCES, DETERMING AND EVALUATING OUTCOMES AND  
ENLISTING AGENCY SERVICES IN OUR COMMUNITY IMPACT FOCUS AREAS OF  
EDUCATION, INCOME AND HEALTH AND WELLNESS.

EXPENSES \$ 1,677,329. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

ONE CLASS OF MEMBERS IS CALLED THE ADVISORY COUNCIL. THE ADVISORY COUNCIL  
IS COMPOSED OF A CROSS-SECTION OF CONTRIBUTORS, VOLUNTEERS AND OTHERS,  
REFLECTIVE OF THE MISSION OF THE UNITED WAY. THE DELEGATES ARE ELECTED AT  
THE ANNUAL MEETING BY A PLURALITY OF THE VOTES CAST, AND EXERCISE ALL  
POWERS GRANTED TO 'MEMBERS' UNDER PROVISIONS OF THE NOT-FOR-PROFIT

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
---	--

CORPORATION LAW. ALL DIRECTORS ARE ELECTED AT EACH ANNUAL MEETING OF THE ADVISORY COUNCIL.

FORM 990, PART VI, SECTION A, LINE 7A:

THE 'MEMBERS' (THE ADVISORY COUNCIL) ANNUALLY ELECT A SLATE OF DIRECTORS. THE DIRECTORS ARE ELECTED TO A THREE YEAR TERM AND CAN SERVE NOT MORE THAN TWO CONSECUTIVE THREE YEAR TERMS. APPROXIMATELY ONE THIRD OF THE SLATE OF DIRECTORS IS UP FOR ELECTION EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING, THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND BOARD OF DIRECTORS OF THE UNITED WAY.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS (AND/OR UPON BEING NEWLY HIRED/APPOINTED), THE ORGANIZATION'S WRITTEN "CONFLICT OF INTEREST POLICY" IS REVIEWED WITH EACH EMPLOYEE AND DIRECTOR. AS WRITTEN EVIDENCE EACH EMPLOYEE/DIRECTOR SIGNS A STATEMENT THAT HE/SHE HAS REVIEWED THE POLICY, FULLY UNDERSTANDS, HAS COMPLIED AND WILL CONTINUE TO COMPLY WITH THE POLICY. THIS CERTIFICATION PROCESS IS MANDATORY FOR ALL UNITED WAY STAFF, MEMBERS OF THE BOARD OF DIRECTORS, AND LOANED EXECUTIVES.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S BOARD CHAIRMAN IN CONJUNCTION WITH A VOLUNTEER BASED HUMAN RESOURCES COMMITTEE AND THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS THE COMPENSATION LEVEL OF THE CEO, KEY EMPLOYEES, AND THE SALARY RANGES FOR ALL OTHER PAID STAFF. THIS REVIEW FULLY CONSIDERS AND INCLUDES COMPARATIVE AND COMPETITIVE DATA, PERFORMANCE CRITERIA, SPAN OF CONTROL, AND OTHER

Name of the organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
---	--

IMPORTANT HR CONCERNS. ANY AND ALL SALARY CHANGES ARE SUBSTANTIATED BY WRITTEN RECORD AND MAINTAINED IN THE PERMANENT EMPLOYEE FILES.

FORM 990, PART VI, SECTION C, LINE 19:

OUR FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND VARIOUS OTHER GOVERNING DOCUMENTS OF NOMINAL INTEREST TO OUR DONORS, AGENCY PARTNERS, AND THE GENERAL PUBLIC ARE ALWAYS AVAILABLE UPON REQUEST AND ARE GENERALLY MAINTAINED ON OUR WEBSITE (WWW.UWBEC.ORG) FOR EASE OF ACCESS. INCLUDED IN OUR PUBLISHED ORGANIZATIONAL GOALS IS THE REQUIREMENT OF TRANSPARENCY AND ACCOUNTABILITY FOR OUR MISSION, TO OUR DONOR BASE, TO THE PROGRAMS WE SUPPORT, AND TO THE GENERAL PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACCUMULATED NET ASSET ADJUSTMENT-ASC 715-30-25 DEFINED	
BENEFIT PENSION PLAN	-354,163.

PART XII, LINE 2C;

THE FINANCE COMMITTEE OVERSEES THE AUDIT AND THE SELECTION OF AN INDEPENDENT AUDITOR AND MAKES RECOMMENDATIONS ON BOTH FOR FINAL APPROVAL BY THE BOARD OF DIRECTORS. THERE WAS NO CHANGE IN THIS PROCESS OVER THE PRIOR YEAR.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning APR 1, 2018, and ending MAR 31, 2019

# 2018

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year</p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>UNITED WAY OF BUFFALO AND ERIE COUNTY</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>742 DELAWARE AVENUE</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>BUFFALO, NY 14209</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>16-0743969</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)</p>
<p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>			

**H** Enter the number of the organization's unrelated trades or businesses. ▶ Describe the only (or first) unrelated trade or business here ▶ . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **THOMAS WRINN** Telephone number ▶ **(716) - 887 - 2626**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from a partnership or an S corporation (attach statement)	<b>5</b>		
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>0.</b>	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
<b>14</b> Compensation of officers, directors, and trustees (Schedule K)		<b>14</b>	
<b>15</b> Salaries and wages		<b>15</b>	
<b>16</b> Repairs and maintenance		<b>16</b>	
<b>17</b> Bad debts		<b>17</b>	
<b>18</b> Interest (attach schedule) (see instructions)		<b>18</b>	
<b>19</b> Taxes and licenses		<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)		<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>		
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>	
<b>23</b> Depletion		<b>23</b>	
<b>24</b> Contributions to deferred compensation plans		<b>24</b>	
<b>25</b> Employee benefit programs		<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)		<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)		<b>27</b>	
<b>28</b> Other deductions (attach schedule)		<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28		<b>29</b>	<b>0.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>30</b>	<b>0.</b>
<b>31</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		<b>31</b>	
<b>32</b> Unrelated business taxable income. Subtract line 31 from line 30		<b>32</b>	<b>0.</b>

<b>Part III Total Unrelated Business Taxable Income</b>			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	<b>Unrelated business taxable income.</b> Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

<b>Part IV Tax Computation</b>			
39	<b>Organizations Taxable as Corporations.</b> Multiply line 38 by 21% (0.21)	39	0.
40	<b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	<b>Proxy tax.</b> See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	<b>Tax on Noncompliant Facility Income.</b> See instructions	43	
44	<b>Total.</b> Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

<b>Part V Tax and Payments</b>			
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	<b>Total credits.</b> Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	<b>Total tax.</b> Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	1,253.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	<b>Total payments.</b> Add lines 50a through 50g	51	1,253.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	<b>Tax due.</b> If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	<b>Overpayment.</b> If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	1,253.
55	Enter the amount of line 54 you want: <b>Credited to 2019 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	55	1,253.

<b>Part VI Statements Regarding Certain Activities and Other Information</b> (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

<b>Signature of officer</b>	_____	<b>Date</b>	_____	<b>CFO Title</b>	_____	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	_____		_____		_____	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	DONNA M. GONSER	<i>Donna M. Gonsler</i>	01/16/20		P01448922	
	Firm's name <b>LUMSDEN &amp; MCCORMICK, LLP</b>	369 FRANKLIN STREET		Firm's EIN <b>16-0765486</b>		
	Firm's address <b>BUFFALO, NY 14202</b>			Phone no. <b>(716) 856-3300</b>		

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

**2018**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>04/01/2018</b> and Ending (mm/dd/yyyy) <b>03/31/2019</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>UNITED WAY OF BUFFALO AND ERIE COUNTY</b>	Employer Identification Number (EIN): <b>16-0743969</b>
	Mailing Address: <b>742 DELAWARE AVENUE</b>	NY Registration Number: <b>00-77-12</b>
	City / State / ZIP: <b>BUFFALO, NY 14209</b>	Telephone: <b>716 887-2626</b>
	Website: <b>WWW.UWBEC.ORG</b>	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.		

## 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:	<b>MICHAEL WEINER</b> <b>PRESIDENT &amp; CEO</b>	_____
	Signature	Print Name and Title Date
Chief Financial Officer or Treasurer:	<b>THOMAS WRINN</b> <b>CFO</b>	_____
	Signature	Print Name and Title Date

## 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single check or money order payable to: <b>"Department of Law"</b>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 28 Liberty Street  
 New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2018

Open to Public  
Inspection

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

**Use additional pages if necessary.** Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

### 1. Organization Information

Name of Organization:	NY Registration Number:
UNITED WAY OF BUFFALO AND ERIE COUNTY	00-77-12

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. US DEPARTMENT OF HOMELAND SECURITY'S FEDERAL EMERGENC	1. 2,463.
2. NYS OFFICE OF CHILDREN AND FAMILY SERVICES	2. 247,852.
3. US DEPARTMENT OF THE TREASURY	3. 107,093.
4. NIAGARA FRONTIER TRANSPORTATION AUTHORITY	4. 100,211.
5. US DEPARTMENT OF EDUCATION	5. 462,934.
6. NYS OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE SER	6. 637,698.
7. ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES	7. 1,327,327.
8. US DEPARTMENT OF LABOR	8. 454,337.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 3,339,915.