

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ Do not enter Social Security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2013Open to Public
Inspection**A** For the **2013** calendar year, or tax year beginning **APR 1, 2013** and ending **MAR 31, 2014****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**UNITED WAY OF BUFFALO AND ERIE COUNTY**

Doing Business As

Number and street (or P.O. box if mail is not delivered) street address, apt./suite

742 DELAWARE AVENUE

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

BUFFALO, NY 14209**F** Name and address of principal officer: **MICHAEL WEINER**
SAME AS C ABOVE**D** Employer identification number**16-0743969****E** Telephone number**(716) 887-2626****G** Gross receipts \$ **20,522,312.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ▶ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UWBECC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1947** **M** State of legal domicile: **NY****Part I Summary**

| | | | | |
|------------------------------------|--|---|----------------------------------|---------------------|
| Activities & Governance | 1 | Briefly describe the organization's mission or most significant activities: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING. | | |
| | 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 31 |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 31 |
| | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 5 | 69 |
| | 6 | Total number of volunteers (estimate if necessary) | 6 | 5381 |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 | Program service revenue (Part VIII, line 2g) | 16,061,982. | 20,434,316. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0. | 0. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 25,777. | 45,784. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 51,638. | 42,212. |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 16,139,397. | 20,522,312. |
| Expenses | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 11,615,216. | 12,951,189. |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 0. | 0. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 3,064,161. | 3,147,048. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,562,679. | 0. | 0. |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,535,356. | 1,425,109. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 16,214,733. | 17,523,346. |
| Net Assets or Fund Balances | 19 | Revenue less expenses. Subtract line 18 from line 12 | -75,336. | 2,998,966. |
| | 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| | 21 | Total liabilities (Part X, line 26) | 18,769,373. | 22,309,343. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 7,863,010. | 7,604,636. |
| | | | 10,906,363. | 14,704,707. |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | |
|-------------------------------|---|---------------------------------|------|---|
| Sign Here | Signature of officer | | Date | |
| | THOMAS WRINN, CFO | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature/ | Date | Check if self-employed <input type="checkbox"/> PTIN P01448922 |
| | Firm's name ▶ LUMSDEN & MCCORMICK, LLP | Firm's EIN ▶ 16-0765486 | | |
| | Firm's address ▶ 369 FRANKLIN STREET BUFFALO, NY 14202 | Phone no. (716) 856-3300 | | |

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

Part III Statement of Program Service Accomplishments

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

☒**1** Briefly describe the organization's mission:

OUR MISSION: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING. OUR VISION: WE ARE A WORLD CLASS ORGANIZATION TRANSFORMING QUALITY OF LIFE IN OUR COMMUNITY. OUR VALUES: SERVICE,

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 9,337,171. including grants of \$ 9,337,171.) (Revenue \$)
GRANTS, ALLOCATIONS AND DESIGNATIONS TO HEALTH AND HUMAN SERVICES AGENCIES.

4b (Code:) (Expenses \$ 3,871,861. including grants of \$ 3,614,018.) (Revenue \$)
GRANT PROGRAMS AND INITIATIVES - THESE PROGRAMS ARE AIMED AT PROVIDING SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.

4c (Code:) (Expenses \$ 840,582. including grants of \$) (Revenue \$)
COMMUNITY IMPACT PROGRAM SERVICES - AREA RESPONSIBLE FOR ANALYZING COMMUNITY NEEDS, FOCUSING RESOURCES, AND DETERMINING THE COMMUNITY IMPACT OF THE WORK DONE AND NEEDED TO BE DONE IN SOLVING PROBLEMS IN UNITED WAYS FOCUSED AREAS OF "INCOME", "EDUCATION", AND "HEALTH AND WELLNESS".

4d Other program services (Describe in Schedule O.)(Expenses \$ 1,479,559. including grants of \$) (Revenue \$)**4e** Total program service expenses **15,529,173.**

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II | | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | | X |
| c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? | | X |
| If "Yes," complete Schedule N, Part I | | |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | X |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | |
| Note. All Form 990 filers are required to complete Schedule O | X | |

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|-----|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 63 | |
| 1b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 69 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | |
| a | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | |
| c | Enter the amount of reserves on hand | 13c | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | |

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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

☒**Section A. Governing Body and Management**

| | Yes | No |
|---|----------|----------|
| 1a Enter the number of voting members of the governing body at the end of the tax year 1a 31 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | |
| b Enter the number of voting members included in line 1a, above, who are independent 1b 31 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 | | X |
| 6 Did the organization have members or stockholders? 6 | X | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a | X | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a The governing body? 8a | X | |
| b Each committee with authority to act on behalf of the governing body? 8b | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 | | X |

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

| | Yes | No |
|--|----------|----------|
| 10a Did the organization have local chapters, branches, or affiliates? 10a | | X |
| b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c | X | |
| 13 Did the organization have a written whistleblower policy? 13 | X | |
| 14 Did the organization have a written document retention and destruction policy? 14 | X | |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official 15a | X | |
| b Other officers or key employees of the organization 15b | 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? 16a | | X |
| b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b | | |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►
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 ContractorsCheck 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) TINA BATTISTONI-PAUL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (2) JEREMY BECK DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (3) JOHN CHRISTOPHER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (4) JIM CIROLI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (5) DENNIS ELSENBECK DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) ROBERT FELDMAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) STEVE FINCH CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (8) GRETCHEN GEITTER DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) BRIAN GWITT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) RODERICK HENNINGS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) EVELYN HIDALGO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) DAVID HORE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) FRANK HOTCHKISS DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) PETER HUNT DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) DR. RICHARD JURASEK DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) LUANNE KINGSTON SECRETARY | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (17) LISA LINDQUIST 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) DAVID MCNAMARA DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) RICH MCCARTHY VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (20) JAY MCWATTERS VICE CHAIR/TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (21) EILEEN MORGAN DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (22) EUGENE PARTRIDGE DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (23) DR. KHALID QAZI DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (24) SHARON RANDACCIO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (25) HON. ROBERT RUSSELL DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| (26) ELIZABETH SAVINO DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| 1b Sub-total | | | | | | | | 0. | 0. | 0. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 378,949. | 0. | 10,005. |
| d Total (add lines 1b and 1c) | | | | | | | | 378,949. | 0. | 10,005. |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization | | 0 |

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a | Federated campaigns | 1a | | | |
| | b | Membership dues | 1b | | | |
| | c | Fundraising events | 1c | | | |
| | d | Related organizations | 1d | | | |
| | e | Government grants (contributions) | 1e | 1,571,451. | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above | 1f | 18,862,865. | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | | | |
| | h | Total. Add lines 1a-1f | | 20,434,316. | | |
| Program Service Revenue | 2 a | | Business Code | | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f | All other program service revenue | | | | |
| | g | Total. Add lines 2a-2f | | | | |
| | Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts) | | 45,784. | |
| 4 | | Income from investment of tax-exempt bond proceeds | | | | |
| 5 | | Royalties | | | | |
| 6 a | | Gross rents | (i) Real (ii) Personal | | | |
| b | | Less: rental expenses | | | | |
| c | | Rental income or (loss) | | | | |
| d | | Net rental income or (loss) | | | | |
| 7 a | | Gross amount from sales of assets other than inventory | (i) Securities (ii) Other | | | |
| b | | Less: cost or other basis and sales expenses | | | | |
| c | | Gain or (loss) | | | | |
| d | | Net gain or (loss) | | | | |
| 8 a | | Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | a | | | |
| b | | Less: direct expenses | b | | | |
| c | | Net income or (loss) from fundraising events | | | | |
| 9 a | | Gross income from gaming activities. See Part IV, line 19 | a | | | |
| b | | Less: direct expenses | b | | | |
| c | | Net income or (loss) from gaming activities | | | | |
| 10 a | | Gross sales of inventory, less returns and allowances | a | | | |
| b | | Less: cost of goods sold | b | | | |
| c | | Net income or (loss) from sales of inventory | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a | MISCELLANEOUS | 900099 | 42,212. | | 42,212. | |
| b | | | | | | |
| c | | | | | | |
| d | All other revenue | | | | | |
| e | Total. Add lines 11a-11d | | 42,212. | | | |
| 12 | Total revenue. See instructions. | | 20,522,312. | 0. | 0. | 87,996. |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 12,951,189. | 12,951,189. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 395,243. | 237,146. | 39,524. | 118,573. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 2,114,872. | 1,211,370. | 204,192. | 699,310. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 223,349. | 128,759. | 21,954. | 72,636. |
| 9 Other employee benefits | 231,780. | 133,384. | 22,766. | 75,630. |
| 10 Payroll taxes | 181,804. | 104,809. | 17,870. | 59,125. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) | 337,849. | 142,961. | 48,109. | 146,779. |
| 12 Advertising and promotion | 245,416. | 101,432. | 12,926. | 131,058. |
| 13 Office expenses | | | | |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 244,410. | 140,396. | 21,718. | 82,296. |
| 17 Travel | 43,928. | 21,704. | 8,202. | 14,022. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 37,419. | 18,489. | 6,986. | 11,944. |
| 20 Interest | | | | |
| 21 Payments to affiliates | 168,688. | 99,719. | 9,223. | 59,746. |
| 22 Depreciation, depletion, and amortization | 154,303. | 91,215. | 8,436. | 54,652. |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a EQUIP RENTAL AND MAINT | 162,552. | 131,826. | 4,109. | 26,617. |
| b MEMBERSHIP DUES | 11,889. | 5,695. | 4,209. | 1,985. |
| c EMPLOYEE EDUCATION | 9,862. | 5,830. | 539. | 3,493. |
| d MISCELLANEOUS | 8,793. | 3,249. | 731. | 4,813. |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 17,523,346. | 15,529,173. | 431,494. | 1,562,679. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 3,235,007. | 2 | 3,882,082. |
| | 3 Pledges and grants receivable, net | 7,794,313. | 3 | 7,473,175. |
| | 4 Accounts receivable, net | 1,335,696. | 4 | 2,205,156. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 75,580. | 9 | 68,506. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 6,911,323. | | |
| | b Less: accumulated depreciation | 10b 4,476,592. | 2,496,857. | 10c 2,434,731. |
| | 11 Investments - publicly traded securities | 24,518. | 11 | 16,898. |
| | 12 Investments - other securities. See Part IV, line 11 | 2,730,539. | 12 | 2,541,862. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 1,076,863. | 15 | 3,686,933. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 18,769,373. | 16 | 22,309,343. | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,097,445. | 17 | 1,403,420. |
| | 18 Grants payable | 5,067,248. | 18 | 5,019,443. |
| | 19 Deferred revenue | 152,727. | 19 | 208,039. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 1,545,590. | 25 | 973,734. |
| | 26 Total liabilities. Add lines 17 through 25 | 7,863,010. | 26 | 7,604,636. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 6,970,929. | 27 | 10,890,981. |
| | 28 Temporarily restricted net assets | 3,920,434. | 28 | 3,642,456. |
| | 29 Permanently restricted net assets | 15,000. | 29 | 171,270. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 10,906,363. | 33 | 14,704,707. |
| | 34 Total liabilities and net assets/fund balances | 18,769,373. | 34 | 22,309,343. |

Form 990 (2013)

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 | 20,522,312. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 17,523,346. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 2,998,966. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 10,906,363. |
| 5 | Net unrealized gains (losses) on investments | 5 | 314,173. |
| 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 | 485,205. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 14,704,707. |

Part XII Financial Statements and Reporting

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

☒

| | | Yes | No |
|---|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other | | |
| If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | X |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: | | | |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | X | |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: | | | |
| <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | | |
| 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? | X | |
| 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? | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | |

Form 990 (2013)

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.

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

OMB No. 1545-0047

2013

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 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____ ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
- (ii) A family member of a person described in (i) above? _____
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

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

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

Schedule A (Form 990 or 990-EZ) 2013

332021
09-25-13

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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 12407492. | 14649944. | 15430722. | 16061982. | 20434316. | 78984456. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 12407492. | 14649944. | 15430722. | 16061982. | 20434316. | 78984456. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 78984456. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|--------------------------|
| 7 Amounts from line 4 | 12407492. | 14649944. | 15430722. | 16061982. | 20434316. | 78984456. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 25,928. | 23,131. | 27,353. | 25,777. | 45,784. | 147,973. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 41,056. | 11,456. | 22,814. | 51,638. | 42,212. | 169,176. |
| 11 Total support. Add lines 7 through 10 | | | | | | 79301605. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|-------------------------------------|
| 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.60 % |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 | 15 | 99.50 % |
| 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Schedule A (Form 990 or 990-EZ) 2013

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2013. 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 - 2012.** 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☐

Also complete this part for any additional information. (See instructions).

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

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 | ERIE COUNTY - DEPARTMENT OF SOCIAL SERVICES 95 FRANKLIN STREET, ROOM 746 BUFFALO, NY 14202 | \$ 1,137,053. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY**16-0743969****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

Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY

16-0743969

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

Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

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" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | 1 | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | 241,242. | |

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

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

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

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

| | |
|--|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

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

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register | 2d |

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

| | |
|--|------|
| (i) Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| (ii) Assets included in Form 990, Part X | ▶ \$ |

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

| | |
|--|------|
| a Revenues included in Form 990, Part VIII, line 1 | ▶ \$ |
| b Assets included in Form 990, Part X | ▶ \$ |

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

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

(check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,076,863. | 940,885. | 831,445. | 540,154. | 231,933. |
| b Contributions | 2,293,114. | 135,978. | 109,440. | 291,291. | 308,221. |
| c Net investment earnings, gains, and losses | 316,956. | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 3,686,933. | 1,076,863. | 940,885. | 831,445. | 540,154. |

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

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

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

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

(i) unrelated organizations

(ii) related organizations

| | Yes | No |
|--------|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 3b | | |

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to 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 | | 3,664,627. | 1,528,660. | 2,135,967. |
| c Leasehold improvements | | | | |
| d Equipment | | 3,087,766. | 2,947,932. | 139,834. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 2,434,731. |

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to 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) MONEY MARKET | 1,126,314. | END-OF-YEAR MARKET VALUE |
| (B) CERTIFICATES OF DEPOSIT | 1,278,813. | END-OF-YEAR MARKET VALUE |
| (C) MUTUAL FUNDS | 136,735. | END-OF-YEAR MARKET VALUE |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 2,541,862. | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) ASSETS HELD IN TRUST | 3,686,933. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 3,686,933. |

Part X Other Liabilities.

Complete if the organization answered "Yes" to 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) ACCRUED POSTRETIREMENT BENEFIT | |
| (3) OBLIGATION | 275,000. |
| (4) ACCRUED PENSION LIABILITY | 698,734. |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 973,734. |

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 ☐

Schedule D (Form 990) 2013

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

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

| | | | |
|---|---|----|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 16,086,314. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | 314,173. |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 314,173. |
| 3 | Subtract line 2e from line 1 | 3 | 15,772,141. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 4,750,171. |
| c | Add lines 4a and 4b | 4c | 4,750,171. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 20,522,312. |

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

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

| | | | |
|---|--|----|-------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 12,773,175. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | |
| e | Add lines 2a through 2d | 2e | 0. |
| 3 | Subtract line 2e from line 1 | 3 | 12,773,175. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIII.) | 4b | 4,750,171. |
| c | Add lines 4a and 4b | 4c | 4,750,171. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 17,523,346. |

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:

RECLASS OF DONOR DESIGNATED GIFTS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF DONOR DESIGNATED GIFTS

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Part I General Information on Grants and Assistance

Employer identification number
16-0743969

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

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209 | 16-0743251 | 501(C)(3) | 49,543. | 0. | | | CLOSING THE GAP - BFN WESTMINSTER FOUNDATION |
| CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209 | 16-0743251 | 501(C)(3) | 1,834,299. | 0. | | | CLOSING THE GAP - SAY YES TO EDUCATION |
| CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209 | 16-0743251 | 501(C)(3) | 203,626. | 0. | | | CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT |
| EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALO, NY 14202 | 16-1160182 | 501(C)(3) | 25,663. | 0. | | | CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT |
| FAMILY HELP CENTER 60 DINGENS STREET BUFFALO, NY 14206 | 22-2219511 | 501(C)(3) | 40,898. | 0. | | | CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT |
| WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA STREET - BUFFALO, NY 14213 | 16-1425062 | 501(C)(3) | 14,969. | 0. | | | CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT |

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

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

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

Schedule I (Form 990) (2013)

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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---|
| OLMSTED CENTER FOR SIGHT 1170 MAIN STREET P.O. BOX 398 BUFFALO, NY 14209 | 16-0743930 | 501(C)(3) | 5,000. | 0. | | | CREATING ASSETS, SAVINGS AND HOPE |
| BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209 | 16-1080227 | 501(C)(3) | 22,500. | 0. | | | CREATING ASSETS, SAVINGS AND HOPE IDA AND ASSETS FOR INDEPENDENCE |
| AMERICAN RED CROSS SERVING ERIE AND NIAGARA COUNTIES - 786 DELAWARE AVENUE - BUFFALO, NY 14209-2088 | 53-0196605 | 501(C)(3) | 4,960. | 0. | | | DONOR SPONSORED FAMILY SUPPORT |
| JERICHO ROAD MINISTRIES 184 BARTON STREET BUFFALO, NY 14213 | 42-1571876 | 501(C)(3) | 4,712. | 0. | | | COMMUNITY BABY SHOWER |
| VOLUNTEER CENTER 742 DELAWARE AVENUE BUFFALO, NY 14209 | 16-0743969 | 501(C)(3) | 2,029. | 0. | | | VOLUNTEER RECOGNITION |
| JERICHO ROAD MINISTRIES 184 BARTON STREET BUFFALO, NY 14213 | 42-1571876 | 501(C)(3) | 12,300. | 0. | | | FUND FOR ALLIANCES |
| BENEDICT HOUSE OF WNY 2211 MAIN STREET BUFFALO, NY 14214 | 16-1311732 | 501(C)(3) | 6,975. | 0. | | | FUND FOR ALLIANCES |
| BOYS AND GIRLS CLUB OF BUFFALO INC. - 282 BABCOCK STREET - BUFFALO, NY 14210 | 16-0849516 | 501(C)(3) | 250. | 0. | | | BENNETT FUND |
| BOYS AND GIRLS CLUB OF BUFFALO INC. - 282 BABCOCK STREET - BUFFALO, NY 14210 | 16-0849516 | 501(C)(3) | 875. | 0. | | | DAY OF CARING 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE - BUFFALO, NY 14202 | 16-1004825 | 501(C)(3) | 875. | 0. | | | DAY OF CARING PROGRAM |
| FAMILY HELP CENTER 60 DINGENS STREET BUFFALO, NY 14206 | 22-2219511 | 501(C)(3) | 875. | 0. | | | DAY OF CARING PROGRAM |
| READ TO SUCCEED BUFFALO 392 PEARL STREET SUITE 100 BUFFALO, NY 14202 | 26-3606661 | 501(C)(3) | 875. | 0. | | | DAY OF CARING PROGRAM |
| MERCY USA FOR 211 WNY (OLMSTED CENTER FOR SIGHT) - 1170 MAIN STREET P.O. BOX 398 - BUFFALO, NY 14209 | 16-0743930 | 501(C)(3) | 3,502. | 0. | | WNY HOLIDAY PARTNERSHIP | |
| AFL-CIO EMERGENCY SERVICES 742 DELAWARE AVENUE BUFFALO, NY 14209 AMERICAN RED CROSS SERVING ERIE AND NIAGARA COUNTIES - 786 DELAWARE AVENUE - BUFFALO, NY 14209-2088 | 16-0743969 | 501(C)(3) | 30,000. | 0. | | PROGRAM FUNDING | PROGRAM FUNDING |
| BE A FRIEND PROGRAM INC. 85 RIVER ROCK DRIVE, SUITE 107 BUFFALO, NY 14207 | 53-0196605 | 501(C)(3) | 247,000. | 0. | | | PROGRAM FUNDING |
| BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209 | 16-1106399 | 501(C)(3) | 70,500. | 0. | | | PROGRAM FUNDING |
| BOYS AND GIRLS CLUB OF BUFFALO INC. - 282 BABCOCK STREET - BUFFALO, NY 14210 | 16-1080227 | 501(C)(3) | 59,750. | 0. | | | PROGRAM FUNDING |
| | 16-0849516 | 501(C)(3) | 180,567. | 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 EAST AURORA 24 PAINE STREET P.O. BOX 36 EAST AURORA, NY 14052 | 16-0755732 | 501(C)(3) | 64,000. | 0. | | | PROGRAM FUNDING |
| BOYS AND GIRLS CLUB OF THE NORTH TOWNS OF WNY - 54 RIVERDALE AVENUE - BUFFALO, NY 14207 | 16-0755733 | 501(C)(3) | 83,000. | 0. | | | PROGRAM FUNDING |
| BOYS AND GIRLS CLUB OF ORCHARD PARK - 25 SOUTH LINCOLN AVENUE - ORCHARD PARK, NY 14127 | 16-1094894 | 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) | 147,234. | 0. | | | PROGRAM FUNDING |
| BUFFALO PERINATAL PERINATAL SERVICES - 625 DELAWARE AVENUE SUITE 410 - BUFFALO, NY 14202 | 16-1302764 | 501(C)(3) | 43,500. | 0. | | | PROGRAM FUNDING |
| BUFFALO URBAN LEAGUE INC. 15 GENESEE STREET BUFFALO, NY 14203 | 16-0743940 | 501(C)(3) | 182,375. | 0. | | | PROGRAM FUNDING |
| CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209 | 16-0743251 | 501(C)(3) | 354,000. | 0. | | | PROGRAM FUNDING |
| CHILD & ADOLESCENT TREATMENT SERVICES - 301 CAYUGA ROAD, SUITE 200 - CHEEKTOWAGA, NY 14225 | 16-0839225 | 501(C)(3) | 364,040. | 0. | | | PROGRAM FUNDING |
| CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE - BUFFALO, NY 14202 | 16-1004825 | 501(C)(3) | 326,936. | 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 |
|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216 | 22-2916451 | 501(C)(3) | 30,000. | 0. | | | PROGRAM FUNDING |
| COMPASS HOUSE 1451 MAIN STREET BUFFALO, NY 14209 | 23-7363167 | 501(C)(3) | 114,500. | 0. | | | PROGRAM FUNDING |
| COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE BUFFALO, NY 14202 | 16-1454202 | 501(C)(3) | 70,588. | 0. | | | PROGRAM FUNDING |
| CONCERNED ECUMENICAL MINISTRY TO THE UPPER WEST SIDE - 286 LAFAYETTE AVENUE - BUFFALO, NY 14213 | 16-0981256 | 501(C)(3) | 30,000. | 0. | | | PROGRAM FUNDING |
| CRADLE BEACH CAMP INC. 8038 OLD LAKESHORE ROAD ANGOLA, NY 14006 | 16-0743025 | 501(C)(3) | 75,752. | 0. | | | PROGRAM FUNDING |
| DEAF ADULT SERVICES 2495 MAIN STREET SUITE 446 BUFFALO, NY 14214 | 16-1433932 | 501(C)(3) | 15,094. | 0. | | | PROGRAM FUNDING |
| DEFEW-LANCASTER BOYS & GIRLS CLUB INC. - 5440 BROADWAY AVENUE - LANCASTER, NY 14086 | 16-1313581 | 501(C)(3) | 18,000. | 0. | | | PROGRAM FUNDING |
| EARLY CHILDHOOD DIRECTION CENTER/ KALEIDA HEALTH - 3131 SHERIDAN DRIVE - AMHERST, NY 14226 | 16-1533232 | 501(C)(3) | 28,000. | 0. | | | PROGRAM FUNDING |
| ERIE COUNTY COUNCIL FOR THE PREVENTION OF ALCOHOL & SUBSTANCE ABUSE - 1625 HERTEL AVENUE - BUFFALO, NY 14216 | 16-0743218 | 501(C)(3) | 27,257. | 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.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALO, NY 14202 | 16-1160182 | 501(C)(3) | 21,974. | 0. | | | PROGRAM FUNDING |
| FAMILY HELP CENTER 60 DINGENS STREET BUFFALO, NY 14206 | 22-2219511 | 501(C)(3) | 161,500. | 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 |
| GIRL SCOUTS OF WESTERN NEW YORK 3332 WALDEN AVENUE SUITE 106 DEPEW, NY 14043 | 16-0743096 | 501(C)(3) | 23,460. | 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 |
| HEALTHY COMMUNITY ALLIANCE 1 SCHOOL STREET SUITE 100 GOWANDA, NY 14070 | 16-1514684 | 501(C)(3) | 11,000. | 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 1 MUSTARD STREET 1ST FLOOR ROCHESTER, NY 14609 | 16-1453581 | 501(C)(3) | 50,000. | 0. | | | PROGRAM FUNDING |
| HOMEFRONT, INC. 780 FILLMORE AVENUE BUFFALO, NY 14212 | 16-1065303 | 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.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| HORIZON HEALTH SERVICES 3020 BAILEY AVENUE 2ND FLOOR BUFFALO, NY 14215 | 16-6198498 | 501(C)(3) | 46,819. | 0. | | | PROGRAM FUNDING |
| INTERNATIONAL INSTITUTE OF BUFFALO INC. - 864 DELAWARE AVENUE - BUFFALO, NY 14209-2093 | 16-0743052 | 501(C)(3) | 86,000. | 0. | | | PROGRAM FUNDING |
| JERICHO ROAD MINISTRIES 184 BARTON STREET BUFFALO, NY 14213 | 42-1571876 | 501(C)(3) | 266,250. | 0. | | | PROGRAM FUNDING |
| JEWISH COMMUNITY CENTER OF ERIE COUNTY - 2640 NORTH FOREST ROAD - GETZVILLE, NY 14068 | 16-0760887 | 501(C)(3) | 29,700. | 0. | | | PROGRAM FUNDING |
| JEWISH FAMILY SERVICE OF BUFFALO & ERIE COUNTY - 70 BARKER STREET - BUFFALO, NY 14209 | 16-0760888 | 501(C)(3) | 55,232. | 0. | | | PROGRAM FUNDING |
| KING URBAN LIFE CENTER INC. 938 GENESEE STREET BUFFALO, NY 14211 | 16-1336419 | 501(C)(3) | 85,000. | 0. | | | PROGRAM FUNDING |
| LITERACY EMPOWERMENT ACTION PLAN 3200 ELMWOOD AVENUE ROOM 214 BUFFALO, NY 14217 | 20-8692424 | 501(C)(3) | 14,000. | 0. | | | PROGRAM FUNDING |
| LITERACY NEW YORK BUFFALO-NIAGARA INC. - 1 LAFAYETTE SQUARE - 2ND FLOOR - BUFFALO, NY 14203 LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212 | 16-1199474 | 501(C)(3) | 45,000. | 0. | | | PROGRAM FUNDING |
| | 16-1067572 | 501(C)(3) | 134,546. | 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.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| MASSACHUSETTS AVENUE PROJECT 271 GRANT STREET BUFFALO, NY 14213 | 16-1585356 | 501(C)(3) | 15,000. | 0. | | | PROGRAM FUNDING |
| MENTAL HEALTH ASSOCIATION OF ERIE COUNTY INC. - 999 DELAWARE AVENUE - BUFFALO, NY 14209 | 16-6050086 | 501(C)(3) | 38,000. | 0. | | | PROGRAM FUNDING |
| NATIVE AMERICAN COMMUNITY SERVICES OF ERIE/NIAGARA - 1005 GRANT STREET - BUFFALO, NY 14207-2854 | 16-1043710 | 501(C)(3) | 35,000. | 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) | 20,000. | 0. | | | PROGRAM FUNDING |
| OLMSTED CENTER FOR SIGHT 1170 MAIN STREET P.O. BOX 398 BUFFALO, NY 14209 | 16-0743930 | 501(C)(3) | 112,000. | 0. | | | PROGRAM FUNDING |
| READ TO SUCCEED BUFFALO 392 PEARL STREET SUITE 100 BUFFALO, NY 14202 | 26-3606661 | 501(C)(3) | 60,600. | 0. | | | PROGRAM FUNDING |
| RURAL TRANSIT SERVICE INC. 1000 BRANT FARNHAM ROAD P.O. BOX 21 BRANT, NY 14027 | 16-1511948 | 501(C)(3) | 10,000. | 0. | | | PROGRAM FUNDING |
| SCHILLER PARK COMMUNITY SERVICES INC. - C/O GEORGE K. ARTHUR COMMUNITY CENTER 2056 GENESEE STREET - BUFFALO, NY 14211 | 23-7355996 | 501(C)(3) | 13,000. | 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.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| SENECA BABCOCK COMMUNITY ASSOCIATION - 1168 SENECA STREET - BUFFALO, NY 14210 | 23-7367697 | 501(C)(3) | 15,668. | 0. | | | PROGRAM FUNDING |
| THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 14202 | 13-5562351 | 501(C)(3) | 139,000. | 0. | | | PROGRAM FUNDING |
| VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210 | 16-0964724 | 501(C)(3) | 160,158. | 0. | | | PROGRAM FUNDING |
| WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA STREET - BUFFALO, NY 14213 | 16-1425062 | 501(C)(3) | 35,000. | 0. | | | PROGRAM FUNDING |
| CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216 | 22-2916451 | 501(C)(3) | 10,000. | 0. | | | SUCCESS BY 6-CHILD CARE SERVICES |
| KALEIDA HEALTH SYSTEM 726 EXCHANGE STREET, SUITE 200 BUFFALO, NY 14210 | 16-1417483 | 501(C)(3) | 2,634. | 0. | | | SUCCESS BY 6-CHILD CARE SERVICES |
| KALEIDA HEALTH SYSTEM 726 EXCHANGE STREET, SUITE 200 BUFFALO, NY 14210 | 16-1417483 | 501(C)(3) | 3,272. | 0. | | | SUCCESS BY 6-HELP ME GROW |
| FAMILY HELP CENTER 60 DINGENS STREET BUFFALO, NY 14206 | 22-2219511 | 501(C)(3) | 42,531. | 0. | | | CHILDREN'S CENTER FOR SUCCESS |
| CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216 | 22-2916451 | 501(C)(3) | 5,000. | 0. | | | CHILDREN'S CENTER FOR SUCCESS |

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.)

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209 | 16-1080227 | 501(C)(3) | 22,277. | 0. | | | SIEMER INSTITUTE FOR FAMILY STABILITY |
| BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297 | 16-1172623 | 501(C)(3) | 12,239. | 0. | | | TARGETED FOOD STAMP OUTREACH PROGRAM |
| CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209 | 16-0743251 | 501(C)(3) | 8,875. | 0. | | | TARGETED FOOD STAMP OUTREACH PROGRAM |
| INTERNATIONAL INSTITUTE OF BUFFALO INC. - 864 DELAWARE AVENUE - BUFFALO, NY 14209-2093 | 16-0743052 | 501(C)(3) | 26,850. | 0. | | | TARGETED FOOD STAMP OUTREACH PROGRAM |
| JERICHO ROAD MINISTRIES 184 BARTON STREET BUFFALO, NY 14213 | 42-1571876 | 501(C)(3) | 53,503. | 0. | | | TARGETED FOOD STAMP OUTREACH PROGRAM |
| LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212 | 16-1067572 | 501(C)(3) | 6,340. | 0. | | | TARGETED FOOD STAMP OUTREACH PROGRAM |
| THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 14202 | 13-5562351 | 501(C)(3) | 11,121. | 0. | | | TARGETED FOOD STAMP OUTREACH PROGRAM |
| BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209 | 16-1080227 | 501(C)(3) | 68,590. | 0. | | | UNITED WAY WORKS |
| BPS ADULT LEARNING CENTER/BUFFALO PUBLIC SCHOOLS FOUNDATION - 389 VIRGINIA STREET - BUFFALO, NY 14201 | 38-3704493 | 501(C)(3) | 248,346. | 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.)

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209 | 16-0743251 | 501(C)(3) | 116,621. | 0. | | | UNITED WAY WORKS |
| ERIE REGIONAL HOUSING DEVELOPMENT CORP. (BELLE CENTER) - 104 MARYLAND STREET - BUFFALO, NY 14201 | 16-1559032 | 501(C)(3) | 197,911. | 0. | | | UNITED WAY WORKS |
| LITERACY NEW YORK BUFFALO-NIAGARA INC. - 1 LAFAYETTE SQUARE - 2ND FLOOR - BUFFALO, NY 14203 LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212 | 16-1199474 | 501(C)(3) | 21,769. | 0. | | | UNITED WAY WORKS |
| NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207 | 16-1067572 | 501(C)(3) | 146,052. | 0. | | | UNITED WAY WORKS |
| SENECA BABCOCK COMMUNITY ASSOCIATION - 1168 SENECA STREET - BUFFALO, NY 14210 | 16-1060168 | 501(C)(3) | 141,945. | 0. | | | UNITED WAY WORKS |
| UNIVERSITY DISTRICT COMMUNITY DEV. ASSOC. / GLORIA J. PARKS COMMUNITY CTR - 3242 MAIN STREET - BUFFALO, NY 14214 | 23-7367697 | 501(C)(3) | 63,516. | 0. | | | UNITED WAY WORKS |
| OLMSTED CENTER FOR SIGHT 1170 MAIN STREET P.O. BOX 398 BUFFALO, NY 14209 | 16-1072548 | 501(C)(3) | 70,914. | 0. | | | UNITED WAY WORKS |
| DONOR DESIGNATIONS TO AGENCIES | 16-0743930 | 501(C)(3) | 98,986. | 0. | | | WNY 211 |
| DONOR DESIGNATIONS TO AGENCIES | | 501(C)(3) | 4,750,171. | 0. | | | DONOR DESIGNATIONS TO AGENCIES |

Schedule I (Form 990)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

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 in 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 (e.g., 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 in 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 in 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in 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?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

Part III Supplemental Information

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

Area with horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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

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:

INTEGRITY, COLLABORATION, ACCOUNTABILITY, INNOVATION. SERVICE: WE

FOSTER AND ENCOURAGE THE ACTIVE INVOLVEMENT OF INDIVIDUALS, GROUPS,

ORGANIZATIONS, CORPORATIONS AND LABOR TO SERVE THE COMMUNITY. INTEGRITY:

WE ARE HONEST, ETHICAL, AND TRANSPARENT AS WE SERVE. WE ARE CARETAKERS

OF INDIVIDUAL WORTH AND SELF-RESPECT AND OUR DONORS RESOURCES. WE ACT

IN WAYS THAT RESPECT THE DIGNITY, UNIQUENESS AND INTRINSIC WORTH OF

EVERY PERSON. COLLABORATION: WE WORK TOGETHER PRODUCTIVELY, AS AN

ORGANIZATION AND WITH OUR PARTNERS THROUGHOUT THE COMMUNITY. WE VALUE

DIVERSITY AND STRIVE FOR INCLUSION. ACCOUNTABILITY: WE TAKE

RESPONSIBILITY FOR COMMITMENTS AND DELIVERING HIGH QUALITY, HIGH VALUE

AND RELEVANT RESULTS. INNOVATION: WE LOOK FOR INNOVATIVE WAYS TO MEET

OUR MISSION.

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

COMMUNITY IMPACT PROGRAM SERVICES - THIS PROGRAM IS RESPONSIBLE FOR

ANALYZING COMMUNITY NEEDS, FOCUSING RESOURCES, AND DETERMINING THE

COMMUNITY IMPACT OF THE WORK DONE AND NEEDED TO BE DONE IN SOLVING

PROBLEMS IN THE HEALTH AND HUMAN AREA.

EXPENSES \$ 1,479,559. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

M.I.S

GOVERNMENT & LABOR RELATIONS

CREATIVE SERVICES

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

INITIATIVE & OTHER SPECIAL PROGRAMS

RESOURCE CENTER

VOLUNTEER SERVICES

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 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 11:

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),

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

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 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- SFAS 158 DEFINED BENEFIT

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

PENSION PLAN

485,205.

PART XI, LINE 2C;

THE FINANCE COMMITTEE OVERSEES THE AUDIT AND IS

RESPONSIBLE FOR SELECTING AN INDEPENDENT AUDITOR.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

| | | |
|--|--|--|
| Type or print | Name of exempt organization or other filer, see instructions. UNITED WAY OF BUFFALO AND ERIE COUNTY | Employer identification number (EIN) or 16-0743969 |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions. 742 DELAWARE AVENUE | Social security number (SSN) |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUFFALO, NY 14209 | |

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 03 | Form 4720 (other than individual) | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

THOMAS WRINN

- The books are in the care of ► **742 DELAWARE AVENUE - BUFFALO, NY 14209**

Telephone No. ► **(716) - 887-2626**

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year _____ or
- ☒ tax year beginning **APR 1, 2013**, and ending **MAR 31, 2014**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

| | | | |
|--|----|----|----|
| 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | \$ | 0. |
| b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | \$ | 0. |
| c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ | 0. |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**

For calendar year 2013, or fiscal year beginning APR 1, 2013, and ending MAR 31, 2014

2013

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

▶ Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY

16-0743969

Name and title of officer

THOMAS WRINN

CFO

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

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

| | | |
|--|--|-----------------------|
| 1a Form 990 check here ▶ <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b 20,522,312. |
| 2a Form 990-EZ check here ▶ <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b |
| 3a Form 1120-POL check here ▶ <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b |
| 4a Form 990-PF check here ▶ <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b |
| 5a Form 8868 check here ▶ <input type="checkbox"/> | b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b |

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **LUMSDEN & MCCORMICK, LLP** to enter my PIN **01180**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

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

16377899111

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

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