Net Assets or Fund Balances

21 Total liabilities (Part X, line 26)

Part II | Signature Block

Net assets or fund balances Subtract line 21 from line 20

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.

OMB No 1545-0047

Information about Form 990 and its instructions is at www.lrs.gov/form990.									
A F	or the	2016 calendar year, or tax year beginning $JUL~1$, 2016 and ending	JUN 30, 2017						
B C	heck if pplicable	C Name of organization	D Employer identific	ation number					
	Addres	EDUCATION COLLABORATIVE OF WNY, INC.							
F	Name change		16-1	555928					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/st							
	Final return/	P.O. BOX 745		829-2103					
	term:n-		G Gross receipts \$	1,243,900.					
	Amend		H(a) Is this a group re						
一	Applica		for subordinates						
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in						
1.7	ax exe	empt status X 501(c)(3) 501(c)() ((insert no.) 4947(a)(1) or 1	/ 	list (see instructions)					
JV	Vebsit	e: WWW.EDCOWNY.ORG	H(c) Group exemption						
				State of legal domicile: NY					
	irt I	Summary							
_	1 1	Briefly describe the organization's mission or most significant activities TO ASSIS	r THE 15 INDE	PENDENT					
ü]	MEMBER SCHOOLS IN PROVIDING QUALITY SECONDAR	Y SCHOOL EDUCA	ATION.					
rna	2 0	Check this box If the organization discontinued its operations or disposed of m	ore than 25% of its net as	sets					
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	8					
Ō	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	8					
Activities & Governance	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	3					
Viţi.	6	Total number of volunteers (estimate if necessary)	6	8					
\cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
_	bı	Net unrelated business taxable income from Form 990-T, line 34	7b	0.					
			Prior Year	Current Year					
ā	8 (Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	1,252,566.	1,088,248.					
Revenue			176,157.	153,428.					
ě		Investment income (Part VIII, column (A), Irre\$3, 4, and 7d)	2,773.	2,224.					
_	11 (Other revenue (Part VIII, column (A), lines 5 ed 8c, 9A Noc and 21e)p	1,773.	0.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line (12)	1,433,269.	1,243,900.					
	13	Grants and similar amounts paid (Part IX, column (A) lines 1:3)	1,343,267.	1,219,198.					
	14	Benefits paid to or for members (Part IX, column A) line ()	0.	147 102					
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	214,076.	147,192.					
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
Ϋ́	1	Total fundraising expenses (Part IX, column (D), line 25)	163 164	136,659.					
_	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	163,164. 1,720,507.	1,503,049.					
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)							
<u> </u>		Revenue less expenses Subtract line 18 from line 12	<287,238.						
ets or			Beginning of Current Year 595,739.	End of Year 326,664.					
<u>a, co</u>	120	Total assets (Part X, line 16)	333,139.	340,004.					

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 CHRIS LAURICELLA, PRESIDENT Type or print name and title	Jai al 1/9/16							
Paid Preparer	Print/Type preparer's name DONNA M. GONSER Firm's name LUMSDEN & MCCORMICK, LLP	Check PTIN P1 P1 P1 P1 P1 P1 P1 P							
Use Only	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)									

LHA For Paperwork Reduction Act Notice, see the separate instructions.

16,825.

1,656.

	990 (2016) EDUCATION COLLABORATIVE OF WNY, INC.	16-1555928	Page 2
Par	rt 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 EDUCATION COLLABORATIVE OF WNY, INC. HELPS TO BETTER PRE	PARE OUR	
	STUDENTS FOR THE FUTURE BY PROVIDING ITS UNIQUE MEMBER S	CHOOLS WITH	
	OPPORTUNITIES FOR COLLABORATION, A FORUM FOR SHARING IDE	AS, AND A	
	STRUCTURE FOR ADVOCATING THE VALUES OF PRIVATE EDUCATION	ſ	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	L Yes	X No
_	If "Yes," describe these new services on Schedule O	Yes	V
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes	LA∟ NO
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 1,467,197. including grants of \$ 1,219,198.) (Revenue		
	SCHOLARSHIPS, TECHNOLOGY GRANTS, SOFTWARE & TRAINING FOR	STUDENTS A	ND
	TEACHERS OF THE 15 MEMBER INSTITUTIONS.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	e \$	
	/ (Laborator)		
			<u> </u>
		·	
			
			
4c	(Code) (Expenses \$) (Revenue)	e\$,
		····	
			
			
		<u> </u>	
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ▶ 1,467,197.		90 (2016)
		r 0	

16-1555928 Page 3

•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		<u>x</u> _
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<u>x</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			i
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	,	,	
	as applicable	- *	,	
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f			1	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			₩.
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	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	1.3	1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		T	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	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	17		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	18		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	19		X
		Forn	դ 990	(2016

632003 11-11-16

Part IV | Checklist of Required Schedules (continued)

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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			77
	Schedule J .	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		l	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K If "No", go to line 25a	24a	∤	<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		İ	
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>x</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		İ	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			X
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			Х
~~	complete Schedule L, Part II	26		
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			Х
20	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	2.7	,	,
-	Instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer director, trustee, or key employee? If "Yes " complete Schedule I. Part IV	28a	,	X
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		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	34	X	L
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
		Form	990	(2016)

Pai				$\overline{}$					
	Check if Schedule O contains a response or note to any line in this Part V		 -	<u> </u>					
4.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No					
b	Enter the number of Forms W-2G included in line 1a Enter -0 if not applicable								
·	(gambling) winnings to prize winners?								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1c	<u> </u>						
	filed for the calendar year ending with or within the year covered by this return 2a 3			1					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	,					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b							
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	1							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- {							
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).			1					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	İ		х					
	to file Form 8282?	7c		_ ^					
d e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ند	X					
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	76		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<i>′</i>		à,					
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.		4						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter			1					
а	Initiation fees and capital contributions included on Part VIII, line 12			(·					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			, *					
11	Section 501(c)(12) organizations. Enter								
a	Gross income from members or shareholders	•		1 :					
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
10-	amounts due or received from them)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(a)(20) qualified propagatit books incomes incomes			١ '					
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		 					
a	Note. See the instructions for additional information the organization must report on Schedule O	134	 	 					
h	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			:					
С	Enter the amount of reserves on hand		1						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b							
		Form	990	(2016)					

EDUCATION COLLABORATIVE OF WNY, INC. Form 990 (2016) 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 \mathbf{X} Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 8 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Яa X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х q organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 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? X a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b 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 16a taxable entity during the year? 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?

Sec	ction C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶NY						
18							
	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						

ERIC YARWOOD - (716) 829-2103
12 ACHESON ANNEX, UNIVERSITY AT BUFFALO, BUFFALO, NY 14214

State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related				ation	COI	mpei	nsat	ted any current officer,				
(A) (B)			(C) Position					(D)	(E)	(F)		
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated		
	hours per	box	, unie	93 pe	erson is both an director/trustee)		h an	compensation	compensation	amount of		
	week	 	ceran	o a o	recto	or/trus	tee)	from	from related	other		
	(list any	ec [ļ .	ŀ	the	organizations	compensation		
	hours for	ij,	يو ا		1	ated		organization	(W-2/1099-MISC)	from the		
	related	stee	trust		, p	bens		(W-2/1099-MISC)	Ì	organization and related		
	organizations below	l ag	onal		Bloye	ខ្លួន				organizations		
	line)	ndividual trustee or director	institutional trustee	Otticer	Key employee	Highest compensated employee	Former			Organizations		
(1) CHRIS LAURICELLA	1.00	Γ-	_		Ť	-						
PRESIDENT		X	1	X	1			0.	0.	0.		
(2) MARCIA O'NEIL-WHITE	1.00											
VICE PRESIDENT		X	1	X		1	ł	0.	0.	0.		
(3) ANNE KOHL	1.00											
TREASURER		X		Х			L	0.	0.	0.		
(4) TOM SULLIVAN	1.00											
BOARD MEMBER		X	_	X	<u> </u>			0.	0.	0.		
(5) STEVE HARVEY	1.00]						_				
BOARD MEMBER		X			<u> </u>		<u> </u>	0.	0.	0.		
(6) CAROL KOSTYNIAK	1.00	1	l		l	1		_				
BOARD MEMBER		X	L	Ĺ	<u> </u>	_	<u> </u>	0.	0.	0.		
(7) REBECCA KRANZ	1.00	┨		i	l							
BOARD MEMBER		X		<u> </u>	┖		_	0.	0.	0.		
(8) ROBERT SCOTT	1.00	┨	ļ		ļ							
BOARD MEMBER	1	Х	<u> </u>	Ļ	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.		
(9) RICHARD BRYAN	40.00	1	ĺ	ĺ.,	1	ĺ			1	1		
EXECUTIVE DIRECTOR (THRU 11/2016)	 	ļ.		X			<u> </u>	75,850.	0.	19,849.		
(10) ERIC YARWOOD	40.00				1	1		F0 010		7 700		
EXECUTIVE DIRECTOR (EFF. 11/2016)		↓_	<u> </u>	X	<u> </u>	<u> </u>	_	53,912.	0.	7,708.		
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										000		

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

Par	t VI	II Statement of Rever	nue					
		Check if Schedule O conta	ains a response	or note to any l	ne in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	e f	Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included about	ts, and ve 11 1	,088,248.	1,088,248.			
l	2 a	COUNTY CINOSED BY		Business Code 611710 611710		150,600. 2,828.		-
Program Service Revenue	d e f		enue					
	g	Total. Add lines 2a-2f			153,428.			
Other Revenue	3	Investment income (including other similar amounts) Income from investment of tax		>	2,224.			2,224.
	5 6 a	Royalties	(i) Real	(ii) Personal		2/3/		*
	b	Less rental expenses		•		35 / S	\$, , , , , , , , , , , , , , , , , , ,
	t	a Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	(i) Securities	(ii) Other				
		Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of 1c) See	a	, ,		,14	,
	(Less direct expenses Net income or (loss) from fund Gross income from gaming and Part IV, line 19	l draising events ctivities See	→				- ^ ~ max eV ~ e
	10 a	 b Less direct expenses c Net income or (loss) from gan a Gross sales of inventory, less and allowances 	ning activities returns	b	A. C. C. C. C. C. C. C. C. C. C. C. C. C.			- and distribution in the same
		b Less cost of goods sold c Net income or (loss) from sale Miscellaneous Revenue	es of inventory	Business Cod	e			
		ab						
	l '	d All other revenue e Total. Add lines 11a-11d		<u> </u>	1 243 900	153 428	0	2 224

632009 11-11-16

	Check if Schedule O contains a responsion include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b, t	3b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations	1 200 240	1 200 248		
_	and domestic governments. See Part IV, line 21	1,209,248.	1,209,248.		
2	Grants and other assistance to domestic	9,950.	9,950.		
2	Individuals See Part IV, line 22	3,330.	9,930.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		_		
5	Compensation of current officers, directors,				
-	trustees, and key employees	96,460.	72,345.	24,115.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1	ļ		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	36,179.	36,179.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	3,594.	3,594.		
9	Other employee benefits	1,220.	1,220.		
10	Payroll taxes	9,739.	9,739.		
11	Fees for services (non-employees)			1	
а	Management				<u> </u>
	Legal				
	Accounting				
	Lobbying Destroying Con Port IV June 17		, e, e		
	Professional fundraising services. See Part IV, line 17	1,818.		1,818.	
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,	1,010.	··· 	1,010.	
g	column (A) amount, list line 11g expenses on Sch 0.)	9,919.		9,919.	
12	Advertising and promotion	3,3230		- 77-27	
13	Office expenses	11,660.	11,660.		
14	Information technology	· <u> </u>	· · · · · ·		
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	<u> </u>			
	for any federal, state, or local public officials			<u></u>	
19	Conferences, conventions, and meetings	6,230.	6,230.		
20	Interest				
21	Payments to affiliates	4 4 5 6			
22	Depreciation, depletion, and amortization	1,179.	1,179.		
23	Insurance	3,059.	3,059.		_
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.)		į		
а	VIRTUAL LIBRARY & RELAT	64,497.	64,497.		
b	STEAM SUMMER EXPERIENCE	18,607.	18,607.		
С					
d					
e	All other expenses	19,690.	19,690.		
25	Total functional expenses. Add lines 1 through 24e	1,503,049.	1,467,197.	35,852.	0
26	Joint costs. Complete this line only if the organization	ĺ	İ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	İ			

Form	990	(2016	5)
Day	T 77	The second	1_

	Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	91,159.	_1	139,009
2	Savings and temporary cash investments	677.	2	557
3	Pledges and grants receivable, net	50,000.	3	92,800
4	Accounts receivable, net	2,637.	4	2,375
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees. Complete			
1	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	363,813.	9	
10a	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 2,005,383.			
b	basis Complete Part VI of Schedule D Less accumulated depreciation 10a 2,005,383. 10b 2,004,868.	1,694.	10c	51!
11	Investments - publicly traded securities	85,759.	11	91,40
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	595,739.	16	326,66
17	Accounts payable and accrued expenses	0.	17	1,65
18	Grants payable		18	
19	Deferred revenue	16,825.	19	
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,	```	Ķ	,
1	key employees, highest compensated employees, and disqualified persons		۶۰ ٔ	lui îi š
	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24) Complete Part X of			
	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	16,825.	26	1,65
	Organizations that follow SFAS 117 (ASC 958), check here			,
	complete lines 27 through 29, and lines 33 and 34.	len e suu an sasaa s	-	A M. H. C. P. C. G. G. A. A. M. M. A.
27	Unrestricted net assets	150,649.	27	219,58
28	Temporarily restricted net assets	428,265.	28	105,42
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ▶	,		
1	and complete lines 30 through 34.	The is a definition above the		
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	578,914.	33	325,00
34	Total liabilities and net assets/fund balances	595,739.	34	326,66

	990 (2016) EDUCATION COLLABORATIVE OF WNY, INC.	16-15	55928	Pag	_{ge} 12
Pai	rt XI Reconciliation of Net Assets				
· 	Check if Schedule O contains a response or note to any line in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,24		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,50		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>49.</u> >
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			14.
5	Net unrealized gains (losses) on investments	5		<u>5,2</u>	<u>43.</u>
6	Donated services and use of facilities .	6		_	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9_			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	32	<u>5,0</u>	08.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</u>
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	`		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	_	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			-
	separate basis, consolidated basis, or both		1 1	,	, j
	Separate basis Consolidated basis Both consolidated and separate basis			,	
b	Were the organization's financial statements audited by an independent accountant?		2ь	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis,			,
	consolidated basis, or both			,	,
	X Separate basis Consolidated basis Both consolidated and separate basis			>	1 1
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		,	* ;
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			(~"
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt	ا م د	,	نہ ا
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit]
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		Щ.
			Form	990	(2016)

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

2016

Open to Public Inspection

Name of the organization Employer identification number 16-1555928 EDUCATION COLLABORATIVE OF WNY, INC. Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: ___ 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). 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) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization <u>15</u> f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (III) Type of organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) BISHOP TIMON-ST. JUDE HS 16-1075384 2 X 61,776. BUFFALO ACADEMY OF 2 THE SACRED HEART 16-0806891 X 78,500. 2 **BUFFALO SEMINARY** 16-0367980 X 129,750. CARDINAL O'HARA 2 HIGH SCHOOL 16-1401184 X 69,500. CANISIUS HIGH SCHOOL 16-0743943 2 X 90,332. 179,248. 0. Total

INC. 16-1555928 Page 2 Schedule A (Form 990 or 990 EZ) 2016 EDUCATION COLLABORATIVE OF WNY, 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) (f) Total (e) 2016 (a) 2012 (b) 2013 (c) 2014 (d) 2015 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 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 Section B. Total Support Calendar year (or fiscal year beginning in) **(b)** 20,13̈́ (a) 2012 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990/s for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2015 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts, and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% /tacts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the ofganization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 /Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2016

16-1555928 Page 3 INC. Schedule A (Form 990 or 990-EZ) 2016 EDUCATION COLLABORATIVE OF WNY, Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2014(d) 2015 (e) 2016 (f) Total (a) 2012 (b) 2013 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 (a) 2012 Calendar year (or fiscal year beginning in) **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 C Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part V/) 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support/percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 % 16 % 16 Public support percentage from 2015 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2015 Schedule A, Part III, line 17 18 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33/1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 / Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016

632023 09-21-16

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
		_
1		<u>X</u>
2		x
3a		X
3b		
3c	*	
, à	- ~	
4a		
1, 2		
4b		;
	'	A decision of the
4c	_	7
) ;		***
	, *•	3
5a_	x	ļ
-	· **	x
5b 5c		
,		1
	× .	
44	_	
6_	X	<u> </u>
ĺ		- 1
7		X
8		X
1		
	-	X
9a	 	1
9b	<u> </u>	X
	1	X
	-	
9c	-	== :
9c	-	
	-	
9c	-	

632024 09-21-16

Sche	dule A (Form 990 or 990-EZ) 2016 EDUCATION COLLABORATIVE OF WNY, INC. 16-15	5592	8 Pa	ge 5
Pa	t IV Supporting Organizations (continued)			
			Yes	No_
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			77
	below, the governing body of a supported organization?	11a		X
b	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	_11c_	j	X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Oid the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		.,	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
_	supervised, or controlled the supporting organization	_2	لــــا	X
Sec	tion C. Type II Supporting Organizations		- I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		, ,	
	or management of the supporting organization was vested in the same persons that controlled or managed	٠.		ı ′ Û
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	10	'	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ζ, 5	\ \ \ \	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	l'	`	2
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	,	, ,	*
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	`	2
2	the organization maintained a close and continuous working relationship with the supported organization(s).	 -		,
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2.		
	Significant voice in the organization's investment policies and in directing the use of the organization's]	*)* \
	Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3	1	ĺ
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see Instructions).			
' a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see inst	tructions	s)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		· ·	
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	ļ	•
	how the organization was responsive to those supported organizations, and how the organization determined			İ
	that these activities constituted substantially all of its activities	2a	Ĭ .	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			Ī
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these]	ł
	activities but for the organization's involvement	2b	1	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	1	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a ·	_	[
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u>L</u>	

Sche	dule A (Form 990 or 990-EZ) 2016 EDUCATION COLLABORATIVE			.6-1555928 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	•	• • •	Part VI) See instructions . Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recovenes of prior-year distributions	2		
3_	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		·	,
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	, ^	,	- ·
	factors (explain in detail in Part VI)	,		· ,
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		, , , , , , , , , , , , , , , , , , ,	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	,	<u> </u>
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		<u> </u>
4	Enter greater of line 2 or line 3	4	,	
5	Income tax imposed in prior year	5		L
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		
	emergency temporary reduction (see instructions)	6_		<u></u>
7	Check here if the current year is the organization's first as a non-functions	Illy integr	ated Type III supporting or	anization (see

16-1555928 Page 7 Schedule A (Form 990 or 990-EZ) 2016 EDUCATION COLLABORATIVE OF WNY, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (pnor IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2016 from Section C, line 6 10 Line 8 amount divided by Line 9 amount (i) (ii) Distributable Underdistributions **Excess Distributions** Amount for 2016 Section E - Distribution Allocations (see instructions) Pre-2016 Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2016 а h c From 2013 d From 2014 e From 2015 Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2016 from Section D. a Applied to underdistributions of prior years **b** Applied to 2016 distributable amount c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI See instructions Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7 8 а b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016 EDUCATION COLLABORATIVE OF WNY, INC. 16-1555928 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
SECTION A, LINE 1
ORIGINAL VOTING MEMBERS ARE LISTED IN APPENDIX A OF THE BY-LAWS.
MEMBERSHIP SHALL BE OPEN TO ADDITIONAL INDEPENDENT SECONDARY SCHOOLS.
SUCH SCHOOLS MUST APPLY TO EDUCATION COLLABORATIVE OF WNY, INC. PRIOR
TO THE ANNUAL MEETING OF MEMBERS IN ORDER TO BE VOTED IN AT THE ANNUAL
MEETING. TERMINATION OF ANY MEMBER'S MEMBERSHIP SHALL REQUIRE
AFFIRMATIVE VOTING IN WRITING OF AT LEAST THREE-QUARTERS OF THE MEMBERS
WHO ARE NOT, AT THE APPLICABLE TIME, SUBJECT TO TERMINATION PURSUANT TO
SUCH CLAUSES.
SECTION A, PART VI, LINE 5A
IMMACULATA ACADEMY (16-0783522) CLOSED ON JUNE 30, 2016. SUPPORTING
ORGANIZATION WAS REMOVED DURING TAX YEAR SINCE THEY NO LONGER EXIST.
SECTION A, PART VI, LINE 6
IN FY2017 PROVIDED \$30,000 TO BUFFALO PREP FOR THEIR PREP FOR TOMORROW
CAPITAL CAMPAIGN

(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
organization	(,	(described on lines 1-10 above)	listed i governing (Yes	ın your	support	other support
MT. MERCY ACADEMY	16-0955330	2	х	ļ 	79,250.	
MT. ST. MARY ACADEMY	16-1283636	2	х		68,660.	
NARDIN ACADEMY NIAGARA CATHOLIC	16-0838979	2	х		68,620.	
HIGH SCHOOL	16-1401192	2		х	41,985.	
VICHOLS SCHOOL	16-0755808	2	х	ļ	124,200.	
PARK SCHOOL ST. FRANCIS HIGH	16-0755814	2	х		99,075.	
SCHOOL ST. JOSEPH'S	16-0846639	2	х	<u> </u>	68,980.	
COLLEGIATE INSTITUT ST. MARY'S HIGH	16-0743159	2	x		84,320.	
SCHOOL	16-1401191	2	х		67,300.	
THE GOW SCHOOL	16-1034793	2		х	47,000.	
						
				<u> </u>		 -
		<u> </u>	<u> </u>	<u> </u>		
			<u> </u>	<u> </u>		
	<u> </u>					
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				ļ		
Continuation Totals					749,390.	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Employer identification number Name of the organization 16-1555928 EDUCATION COLLABORATIVE OF WNY, INC.

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	=	
·	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	donor advisor, or for any other purpose	Yes No
Pa		anization answered "Yes" on Form 990. I	
1	Purpose(s) of conservation easements held by the organization		4,117, 1110
•	Preservation of land for public use (e.g., recreation or e	. —	orically important land area
	Protection of natural habitat	Preservation of a cert	• •
	Preservation of open space	Freservation of a cert	ined historic structure
2	Complete lines 2a through 2d if the organization held a qualif	ind concernation contribution in the form	of a concentation accoment on the last
_	day of the tax year	led conservation contribution in the form	Held at the End of the Tax Year
•	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic stri	ustura mahudad in (a)	2c
d		• • •	
u	Number of conservation easements included in (c) acquired a listed in the National Register	arter 6/17/06, and not on a historic struct	ure 2d
3	Number of conservation easements modified, transferred, rel	loosed syting uphed or terminated by th	
3	year	leased, extinguished, or terminated by the	e organization during the tax
4	Number of states where property subject to conservation eas	nament is leasted	
5			
3	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements if Staff and volunteer hours devoted to monitoring, inspecting,		
J	Stan and volunteer flours devoted to morntoning, inspecting,	riandling of violations, and emorcing com	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing consens	ation assements during the year
•	\$ \$ \$	ming of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	M/b)(4)(P)(i)
•	and section 170(h)(4)(B)(ii)?	re satisfy the requirements of section 170	Yes No
9	In Part XIII, describe how the organization reports conservati	on accompate in its revenue and expense	
•	include, if applicable, the text of the footnote to the organization	•	
	conservation easements	tion's imancial statements that describes	the organization's accounting to
Pa	rt III Organizations Maintaining Collections o	f Art Historical Treasures or O	ther Similar Assets
	Complete if the organization answered "Yes" on Form	· · · · · · · · · · · · · · · · · · ·	And Jimai 7,000to.
12	If the organization elected, as permitted under SFAS 116 (AS		mont and halance shoot works of art
14	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		ance of public service, provide, arr arr xill,
h			t and halance cheet works of art, historical
b	If the organization elected, as permitted under SFAS 116 (AS	· ·	
	treasures, or other similar assets held for public exhibition, en	ducation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items		.
	(i) Revenue included on Form 990, Part VIII, line 1		*
_	(ii) Assets included in Form 990, Part X	and the second	> 5
2	If the organization received or held works of art, historical tre		ai gain, provide
_	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	.
a	Revenue included on Form 990, Part VIII, line 1		5
D	Assets included in Form 990, Part X		▶ 5

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

632051 08-29-16

Sche	dule D (Form 990) 2016 EDUCATIO	ON COLLABO	RATIVE	OF	WNY,	INC.		16-15	55928	Page 2
	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal T	reasure	s, or Oth	er Simi	lar Asse	ts(continu	ed)
.3	Using the organization's acquisition, accession	on, and other record	s, check an	y of the	e following	that are a	significan	t use of its	collection	tems
	(check all that apply)									
а	Public exhibition	d	Loa	or exc	change pr	ograms				
b	Scholarly research	е	Cth	er						
C	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they t	further	the organ	zation's ex	empt purp	oose in Pa	rt XIII	
5	During the year, did the organization solicit or	r receive donations of	of art, histor	ical trea	asures, or	other simila	ar assets	_	_	
	to be sold to raise funds rather than to be ma								Yes	No_
Pai	t IV Escrow and Custodial Arrang	- '	te if the org	anızatı	on answer	ed "Yes" o	n Form 99	90, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for con	tributio	ns or othe	r assets no	t included	t	_	_
	on Form 990, Part X?						••	∟	Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table	•						
								<u> </u>	Amount	
С	Beginning balance						1c	<u> </u>		
d	Additions during the year						1d			
е	Distributions during the year .						1e			
f	Ending balance						1f	<u> </u>		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escr	ow or c	custodial a	ccount liab	ulity?	L.	_ Yes	L No
	If "Yes," explain the arrangement in Part XIII									<u></u>
Pai	t V Endowment Funds. Complete if	the organization an	swered "Ye	s" on F						
		(a) Current year	(b) Prior	year	(c) Two	years back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance								<u> </u>	
b	Contributions						<u> </u>		ļ	
С	Net investment earnings, gains, and losses				-				ļ	
d	Grants or scholarships				ļ		ļ		ļ	
е	Other expenditures for facilities				1		1		ļ	
	and programs		_						ļ	
f	Administrative expenses				-				ļ. — .	
g	End of year balance	<u></u> 1			<u> </u>		<u> </u>		<u> </u>	
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, c	olumn ((a)) held as	3				
а	Board designated or quasi-endowment		_%							
þ	Permanent endowment	%								
С	Temporarily restricted endowment	<u></u> %								
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%								
3а	Are there endowment funds not in the posse	ssion of the organiza	ation that ar	e held :	and admir	nistered for	the organ	ıızatıon	_	
	by								\Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
þ	If "Yes" on line 3a(ii), are the related organiza				?				3b	
4	Describe in Part XIII the intended uses of the		wment fund	<u>ls</u>						
LPai	t VI Land, Buildings, and Equipm				_ =					
	Complete if the organization answered			e 11a	See Form					
	Description of property	(a) Cost or of	I		st or other	1	Accumula		(d) Book	value
		basis (investri	nent)	basis	other)	1 d	epreciatio	n		
1a	Land									
b	Buildings	ļ	<u> </u>							
C	Leasehold improvements			2 2	0 E 2 C		004 (<u> </u>
d	Equipment			4,00	05,38	3. 4,	004,8	200.		515.
	Other (C.)	15 222 5	<u> </u>		10.)			_ +		515.
ı ota	I. Add lines 1a through 1e (Column (d) must e	uuai Form 990. Part	x. column (i	o). IIne	IUC I					$J \perp J \bullet$

Schedule D (Form 990) 2016

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

Open to Public OMB No 1545-0047 Inspection

16. Schedule I (Form 990) (2016) <u>≗</u> Employer identification number 16-1555928 STUDENT SCHOLARSHIPS AND STUDENT SCHOLARSHIPS AND STUDENT SCHOLARSHIPS AND STUDENT SCHOLARSHIPS AND STUDENT SCHOLARSHIPS AND STUDENT SCHOLARSHIPS AND (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any STEAM GRANT STEAM GRANT STEAM GRANT STEAM GRANT STEAM GRANT STEAM GRANT 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 (g) Description of noncash assistance : (f) Method of valuation (book, FMV, appraisal, other) ٥. ö ö 。 ٥. 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 61,776. 129,750, 90,332. (d) Amount of 79,250 78,500 69,500 cash grant INC. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table EDUCATION COLLABORATIVE OF WNY, (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 Enter total number of other organizations listed in the line 1 table 16-0955330 16-1075384 16-0806891 16-0367980 16-0743943 16-1401184 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? ž 1 (a) Name and address of organization BISHOP TIMON- ST JUDE HIGH SCHOOL HEART - 3860 MAIN ST - BUFFALO, BUFFALO ACADEMY OF THE SACRED CARDINAL O'HARA HIGH SCHOOL CANISIUS HIGH SCHOOL TONAWANDA, NY 14150 Name of the organization 88 RED JACKET PKWY 1180 DELAWARE AVE 601 MCKINLEY PKWY BUFFALO, NY 14220 BUFFALO, NY 14222 BUFFALO, NY 14209 MT. MERCY ACADEMY BUFFALO, NY 14220 205 BIDWELL PKWY BUFFALO SEMINARY 39 O'HARA RD Part II Part 14226 N

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Schedule (Form 990) EDUCATION COLLABORATIVE OF WNY, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	COLLABORATIV	ATIVE OF WNY vernments and Organiz	Y, INC.	nited States (Sche	dule I (Form 990), Par		16-1555928 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section f 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
MT. ST. MARY ACADEMY 3756 DELAWARE AVE KENMORE, NY 14217	16-1283636	501(C)3	. 099,89	.0			STUDENT SCHOLARSHIPS AND STEAM GRANT
NARDIN ACADEMY 135 CLEVELAND AVE BUFFALO, NY 14222	16-0838979	501(c)3	68,620.	0			STUDENT SCHOLARSHIPS AND STEAM GRANT
NICHOLS SCHOOL 1250 AMHERST ST BUFFALO, NY 14216	16-0755808	501(C)3	124,200.	0.			STUDENT SCHOLARSHIPS AND STEAM GRANT
NIAGARA CATHOLIC HIGH SCHOOL 520 66TH ST NIAGARA FALLS, NY 14304	16-1401192	501(C)3	41,985.	0.			STUDENT SCHOLARSHIPS AND STEAM GRANT
PARK SCHOOL 4625 HARLEM RD SNYDER NY 14226	16-0755814	501(C)3	.99,075.	.0			STUDENT SCHOLARSHIPS AND STEAM GRANT
ST. FRANCIS HIGH SCHOOL 4129 LAKE SHORE RD ATHOL SPRINGS, NY 14010	16-0846639	501(C)3	.086,89	0.0			STUDENT SCHOLARSHIPS AND
1 2 5 1	16-0743159	501(C)3	84,320.	.0			STUDENT SCHOLARSHIPS AND STEAM GRANT
ST. MARY'S HIGH SCHOOL 142 LAVERACK AVE LANCASTER, NY 14086	16-1401191	501(c)3	67,300.	0.			STUDENT SCHOLARSHIPS AND STEAM GRANT
THE GOW SCHOOL 2491 EMERY RD. SOUTH WALES, NY 14139	16-1034793	501(C)3	47,000.	0.		ļ	STUDENT SCHOLARSHIPS AND STEAM GRANT
							Schedule I (Form 990)

16-1555928 Page 1	(g) Description of non-cash assistance or assistance or assistance	PREP FOR TOMORROW CAPITAL CAMPAIGN					Schedule I (Form 990)
edule I (Form 990), Parl	(f) Method of valuation (book, FMV, appraisal, other)						
nited States (Sche	(e) Amount of non-cash assistance	0.					
Y, INC.	(d) Amount of cash grant	30,000.					32
ATIVE OF WNY, vernments and Organizat	(c) IRC section if applicable	501(C)3					
COLLABOR Assistance to Go	(b) EIN	16-1359846					
Schedule I (Form 990) EDUCATION COLLABORATIVE OF WNY, INC. 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	BUFFALO PREP 18 ACHESON ANNEX, UNIVERISTY AT BUP BUFFALO, NY 14214					632241 04-01-16

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed STIPENDS EDUCATION COLLABORATIVE OF WNY, INC. KEEPS ACCURATE RECORDS OF ALL INC. KEEPS ACCURATE RECORDS OF (d) Amount of non-cash assistance °. THE INDEPENDENT MEMBER SCHOOLS TRANSFERS OF FUNDS TO THE 15 INDEPENDENT MEMBER SCHOOLS. 9,950 (c) Amount of cash grant (b) Number of recipients EDUCATION COLLABORATIVE OF WNY, AWARDED TO EACH TEACHER IN (a) Type of grant or assistance SCHEDULE B PART III SCHEDULE B PART II TEACHER STIPENDS

Page 2

16-1555928

EDUCATION COLLABORATIVE OF WNY, INC.

Schedule I (Form 990) (2016)

Part III

Schedule I (Form 990) (2016)

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632102 11-01-16

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

▶ Attach to Form 990 or Form 990-EZ. Open To Public Department of the Treasury ▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Internal Revenue Service Inspection **Employer identification number** Name of the organization 16-1555928 EDUCATION COLLABORATIVE OF WNY, INC. Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (d) Corrected? (b) Relationship between disqualified (a) Name of disqualified person (c) Description of transaction person and organization Yes No Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (d) Loan to or (i) Written (a) Name of (b) Relationship (c) Purpose (e) Original (f) Balance due (g) In by board or agreement? interested person with organization principal amount default? of loan committee? organization? No To From Yes No Yes No Yes ▶ \$ Total Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (e) Purpose of (a) Name of interested person (c) Amount of (d) Type of (b) Relationship between assistance assistance assistance interested person and the organization

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

Schedule L (Form 990 or 990-EZ) 2016

Schedule L (Form 990 or 990-EZ) 2016

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2016
Open to Public Inspection

Name of the organization

EDUCATION COLLABORATIVE OF WNY, INC.

Employer identification number 16-1555928

FORM 990, PART VI, SECTION A, LINE 6:
MEMBERS ARE THE 15 INDEPENDENT SCHOOLS IN THE CONSORTIUM.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS ELECT THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION A, LINE 7B:
MEMBER SCHOOLS OCCASIONALLY VOTE TO APPROVE RECOMMENDATIONS MADE BY THE
BOARD OF DIRECTORS. DECISIONS REGARDING STRATEGIC PLANNING AND CHANGES TO
BRAND LOGO HAVE BEEN VOTED UPON BY MEMBER SCHOOLS.
FORM 990, PART VI, SECTION B, LINE 11B:
THE EXECUTIVE DIRECTOR RECEIVES THE COMPLETED FORM 990 FROM INDEPENDENT
ACCOUNTANTS AND REVIEWS FOR ACCURACY.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE RESPONSIBLE FOR SELF MONITORING ADHERENCE TO POLICY. THE
EXECUTIVE DIRECTOR MONITORS COMMITTEE MEMBERS ON AN ANNUAL BASIS.
FORM 990, PART VI, SECTION B, LINE 15:
SALARIES ARE APPROVED BY THE BOARD ON AN ANNUAL BASIS AND DOCUMENTED
THROUGH WRITTEN CORRESPONDENCE.
FORM 990, PART VI, SECTION C, LINE 19:
FINANCIAL STATEMENTS AND POLICIES ARE MADE AVAILABLE TO THE PUBLIC UPON
REQUEST. LUA For Denominant Reduction And Nation and the Instructions for Form 200 or 200 F7. Schoolule O (Form 200 or 200 F7) (2016)

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization	EDUCATION COLLABORATIVE OF WNY, INC.	Employer identification number 16-1555928
990 PART XII	LINE 2C	
	EEN NO CHANGES FROM THE PRIOR YEAR.	
INEKE IMVE DI	3BN NO CHANGED FROM THE TREOK THEK.	
·		

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990.

EDUCATION COLLABORATIVE OF WNY, INC.

2016

OMB No 1545-0047

Information about Schedule R (Form 990) and its instructions is at www.lrs.gov/form990.

Open to Public' Inspection

Employer identification number 16-155928

Part I	Identification of Disregarded Entrites. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	if the organization answered "Yes"	on Form 990, Part IV, line 33					
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity	
Part	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year	ions. Complete if the organization a	Inswered "Yes" on Form 990	, Part IV, line 34 be	cause it had one	or more related tax-exe	ımpt	
	(a)	(p)	(၁)	(p)	(e)	(J)	(9)	(h)/13)
	Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled entity?	60 V2)
					501(c)(3))		Yes	ટ
BISHOP	BISHOP TIMON-ST, JUDE HS - 16-1075384							
601 MC1	601 MCKINLEY PKWY							
BUFFALO, NY	14220	зсноог	NEW YORK	501(C)3	сноог	N/A		×

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

TONAWANDA, NY 14150

39 O'HARA RD

38

Schedule R (Form 990) 2016

×

×

N/A

SCHOOL

501(C)3

NEW YORK

SCHOOL

CARDINAL O'HARA HIGH SCHOOL - 16-1401184

BUFFALO, NY 14222 205 BIDWELL PKWY

SCHOOL

501(C)3

NEW YORK

SCHOOL

×

Z/A

SCHOOL

501(C)3

NEW YORK

SCHOOL

16-0806891, 3860 MAIN ST., BUFFALO, NY 14226 BUFFALO ACADEMY OF THE SACRED HEART -

BUFFALO SEMINARY - 16-0367980

632161 09-06-16 LHA

16-1555928

EDUCATION COLLABORATIVE OF WNY, INC.

Schedule R (Form 990) EDUCATIO

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(q)	(2)	(p)	(e)	£	(6)	0.5
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	(5L)(13)
of related organization		foreign country)	section	status (if section	entity	organization?	ition?
				501(c)(3))		Yes	ş
CANISIUS HIGH SCHOOL - 16-0743943							
1180 DELAWARE AVE							
BUFFALO, NY 14209	всноог	NEW YORK	501(C)3	SCHOOL	N/A		×
MT MERCY ACADEMY - 16-0955330	<u> </u>						
88 RED JACKET PKWY							
BUFFALO, NY 14220	зсноог	NEW YORK	501(C)3	SCHOOL	N/A		×
MT ST MARY ACADEMY - 16-1283636							
3756 DELAWARE AVE							
KENMORE, NY 14217	зсноог.	NEW YORK	501(C)3	SCHOOL	N/A		×
NARDIN ACADEMY - 16-0838979							
135 CLEVELAND AVE							
BUFFALO, NY 14222	сноог	NEW YORK	501(C)3	SCHOOL	N/A		×
NIAGARA CATHOLIC HIGH SCHOOL - 16-1401192							
520 66TH ST							
NIAGARA FALLS, NY 14304	SCHOOL	NEW YORK	501(C)3	SCHOOL	N/A		×
NICHOLS SCHOOL - 16-0755808							
1250 AMHERST ST							
BUFFALO, NY 14216	зсноог	NEW YORK	501(C)3	SCHOOL	N/A		×
PARK SCHOOL - 16-0755814							
4625 HARLEM RD							
SNYDER, NY 14226	SCHOOL	NEW YORK	501(C)3	SCHOOL	N/A		×
ST FRANCIS HIGH SCHOOL - 16-0846639							
4129 LAKE SHORE RD							
ATHOL SPRINGS, NY 14010	school	NEW YORK	501(C)3	зсноог	N/A		×
ST JOSEPH'S COLLEGIATE INSTITUTE -							
16-0743159, 845 KENMORE AVE, BUFFALO, NY							;
14223	sсноог	NEW YORK	501(C)3	SCHOOL	N/A		×
ST MARY'S HIGH SCHOOL - 16-1401191							
142 LAVERACK AVE							
LANCASTER, NY 14086	зсноог	NEW YORK	501(C)3	SCHOOL	N/A		×
GOW SCHOOL - 16-1034793							
2491 EMERY ROAD							;
SOUTH WALES, NY 14139	зсноог	NEW YORK	501(C)3	SCHOOL	N/A		×

16-1555928 , Page 2

Schedule R (Form 990) 2016 EDUCATION COLLABORATIVE OF WNY, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership Schedule R (Form 990) 2016 Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, tine 34 because it had one or more related organizations treated as a corporation or trust during the tax year (i) Section 512(b)(13) controlled entity? 玉 Percentage ownership Yes No Ξ Code V-UBI amount in box '20 of Schedule K-1 (Form 1065) Share of end-of-year assets <u>6</u> **Disproportionate** Yes aflocations? Ξ Share of total income Share of end-of-year assets 9 Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ፱ <u>e</u> Legal domicile (state or foreign country) (d) | Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization 632162 09-06-16 Part IV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	in Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			ta X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)			: : .	X Dt
 Loans or loan guarantees by related organization(s) 				1e X
f Dividends from related organization(s)				¥
g Sale of assets to related organization(s)				
h Purchase of assets from related organization(s)				# X
i Exchange of assets with related organization(s)			:	ų.
j Lease of facilities, equipment, or other assets to related organization(s)			:	i-
k Lease of facilities, equipment, or other assets from related organization(s)			. :	1k
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)		. :	×
	anization(s)		;	E ÷
	lori(s)		,	= ÷
 Sharing of paid employees with related organization(s) 			: : .	0
p Reimbursement paid to related organization(s) for expenses			:	ф Х
 Reimbursement paid by related organization(s) for expenses 			:	01 0
 r Other transfer of cash or property to related organization(s) s Other transfer of cash or property from related organization(s) 			:	ts x
ı	who must complete t	his line, including covered	relationships and transaction thresholds	•
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	ınvolved
(1)				
6				
(3)				
(4)				
(5)				
(9)				
632163 09-06-16	41		Sched	Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 EDUCATION COLLABORATIVE OF WNY, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(k) rcentage vnership					!	Schedule R (Form 990) 2016
No Pe	:					
General or managing partner?						- R e
Code V-UBI General or Percentage amount in box 20 manners ownership of Schedule K-1 partner? (Form 1065) Yes No						Schedul
(h) Ospropor- bonate azlocations? Yes No						
<u> </u>		 				
(g) Share of end-of-year assets		:				
(f) Share of total income						
Are all partners sec 501(c)(3) orgs?				-		
Jer Jer (-			
Predominant income (related, unrelated, excluded from tax under sections 512-514)			T			
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of entity						

Schedule R	(Form 990) 2016	EDUCATION	COLLABORATIVE	OF	WNY,	INC.	16-1555928	Page 5
Part VII	(Form 990) 2016 Supplemental Infor	mation.						
',	Broude additional inform	ation for recogness to	o questions on Schedule R	See inc	tructions			
	Flovide additional inform	ation for responses to	duestions on ochedule in	OCC 1113	il de lions			
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