Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

GOVERNMENT COPY

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

Open to Public

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2011

Inspection

September Comment Co	Α	For the 2	2011 calendar year, or tax year beginning $$ APR 1 , $$ 2011 $$ and ending	MAR	31, 2012	
UNITED WAY OF BUFFALO AND ERIE COUNTY Colora Business As Control time in the colora of the policy in male in and delinered to street address) Recombsuits E Telephone number (716) 887–2626 Colora Business As	_			D En	nplover identific	cation number
UNITED WAY OF SUPFALLO AND EXTS COUNTY Total property The pro	_	applicable:	- · · · · · · · · · · · · · · · · · · ·			
The content of the		Address	UNITED WAY OF BUFFALO AND ERIE COUNTY			
Rounds R	F	Name			16-0	743969
Task personner Tas	F	Initial	<u> </u>	uito F T-		
Ety or town, state or country, and ZP + 4 BUFFRALO, NY 14209	F			uite E Te	epnone number 1716	\007 2626
Sty or town, state or country, and 201-y		Jated		_		
Table Form Formation Table	H	Ireturn	City or town, state or country, and ZIP + 4			
F Name and address of principal officer, PLTARLED WB_LNBER No No No Real address of principal officer, PLTARLED WB_LNBER No No No No No No No N		—ltiòn				eturn
Tax-exempt status:			F Name and address of principal officer:MICHAEL WEINER			
Website: ▶ WWW.UWBEC.ORG Hc) Group exemption number ▶ Vear of romation: XJ Corporation Trust Association Other ▶ Vear of formation: 1947 M State of legal domicile: NY						
Form of organization: X Corporation				527 I	f "No," attach a	list. (see instructions)
Part Summary						
Briefly describe the organization's mission or most significant activities: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING.				ear of forma	ation: 1947 N	State of legal domicile: NY
AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING. 2 Check this box	P					
AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING. 2 Check this box	Φ	1 B	riefly describe the organization's mission or most significant activities: ${ m WE}$ ${ m BRING}$	PEOP:	LE, ORGA	NIZATIONS
B Net unrelated business taxable income from Form 990-T, line 34 To University	JL C	A	ND RESOURCES TOGETHER TO IMPROVE COMMUNITY	WELL]	BEING.	
B Net unrelated business taxable income from Form 990-T, line 34 To University	ž	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore than 2	25% of its net as	sets.
B Net unrelated business taxable income from Form 990-T, line 34 To University	Ŏ.	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	
B Net unrelated business taxable income from Form 990-T, line 34 To University	Ğ	4 N				28
B Net unrelated business taxable income from Form 990-T, line 34 To University	S					76
B Net unrelated business taxable income from Form 990-T, line 34 To University	ij					5438
B Net unrelated business taxable income from Form 990-T, line 34 To University	댢					0.
B S Contributions and grants (Part VIII, line 1h)	⋖					
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_	1			-	Current Year
9	_	8 0	ontributions and grants (Part VIII line 1h)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ηe					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ş.	1	-		I	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14 , 684 , 531 . 15 , 480 , 889 .	æ					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,478,325. 10,703,241. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,480,315. 3,151,127. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 1,443,675. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 119,815. 13,515. 19 Revenue less expenses. Subtract line 18 from line 12 119,815. 133,515. 20 Total assets (Part X, line 16) 18,395,279. 18,132,448. 20 Total lassets (Part X, line 26) 6,987,037. 7,155,521. 21 Total liabilities (Part X, line 26) 11,408,242. 10,976,927. Part II Signature Block 11,408,242. 10,976,927. Part II Signature Block 11,408,242. 10,976,927. Part II Signature of officer Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name		1		1/		
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11d, 11f.24e) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 11,408,242. 10,976,927. Part II Signature Block Signature Block Part X, line 26 Index 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. PrintType preparer's name	_					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,480,315. 3,151,127.		1		<i>,</i>		
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 .		I		3	1	• •
17 Other expenses (Part X, column (A), lines 11a-11d, 111-24e) 14,564,716. 15,467,374. 19 Revenue less expenses. Subtract line 18 from line 12 119,815. 13,515. 20 Total assets (Part X, line 16) 18,395,279. 18,132,448. 21 Total liabilities (Part X, line 26) 6,987,037. 7,155,521. 22 Net assets or fund balances. Subtract line 21 from line 20 11,408,242. 10,976,927. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Check PTIN Print/Type preparer's name Preparer's signature Date PTIN DONNA M. GONSER Firm's name LUMSDEN & MCCORMICK, LLP Firm's EIN 16-0765486 Firm's name LUMSDEN & MCCORMICK, LLP Firm's EIN 16-0765486 Beginning of Current Year End of	ses	15 S		3,		
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19 Revenue less expenses. Subtract line 18 from line 12 119,815. 13,515.	_	17 0				
Beginning of Current Year End of Year 18,395,279 18,132,448 18,132,448						
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 THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name Print/Type preparer's name Ponna M. Gonser Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300		19 R	evenue less expenses. Subtract line 18 from line 12			13,515.
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 THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name Print/Type preparer's name Ponna M. Gonser Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	SOF					End of Year
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 THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name Print/Type preparer's name Ponna M. Gonser Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	Sset	20 To	otal assets (Part X, line 16)			
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 THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name Print/Type preparer's name Ponna M. Gonser Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	TA A	21 To				
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 THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name DONNA M. GONSER Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	<u> </u>	22 N		11,	408,242.	10,976,927.
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Sign Here Signature of officer THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name DONNA M. GONSER Preparer Use Only Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Date Check PTIN FIRM's EIN PO1448922 Firm's EIN 16-0765486 Phone no. (716)856-3300		•		-	•	/ knowledge and belief, it is
Here THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name Print/Type preparer's name Donna M. Gonser Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	true	e, correct,	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any	/ knowledge.	
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Type or print name and title Print/Type preparer's name Print/Type preparer's name Donna M. Gonser Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's eaddress 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	Sig	ın			Date	
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Paid DONNA M. GONSER Firm's name LUMSDEN & MCCORMICK, LLP			Type or print name and title			
Preparer Use Only Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300		F	Print/Type preparer's name Preparer's signature	Date	Check	-
Use Only Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	Pai	d D			self-employe	
BUFFALO, NY 14202 Phone no. (716)856-3300	Pre	parer F			Firm's EIN	16-0765486
	Use	Only F				
May the IRS discuss this return with the preparer shown above? (see instructions)	_		BUFFALO, NY 14202		Phone no. (
	Ма	y the IRS	6 discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO
	IMPROVE COMMUNITY WELL BEING. OUR VISION: WE ARE A WORLD CLASS
	ORGANIZATION TRANSFORMING QUALITY OF LIFE IN OUR COMMUNITY. OUR
	VALUES: SERVICE,
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
Ū	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
	others, the total expenses, and revenue, if any, for each program service reported. (Code:) (Expenses \$ 8,518,198 • including grants of \$) (Revenue \$)
4a	(Code:) (Expenses \$ 8,518,198 including grants of \$) (Revenue \$) (Revenue \$) GRANTS, ALLOCATIONS AND DESIGNATIONS TO HEALTH AND HUMAN SERVICES
	AGENCIES
	AGENCIES
	(Code:) (Expenses \$ 2,823,085 • including grants of \$ 2,142,125 •) (Revenue \$)
4b	(Code:) (Expenses \$
	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND
	INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
4c	(Code:) (Expenses \$ 765,720 • including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ 765,720 • including grants of \$) (Revenue \$) COMMUNITY IMPACT PROGRAM SERVICES - AREA RESPONSIBLE FOR ANALYZING
	COMMUNITY NEEDS, FOCUSING RESOURCES, AND DETERMINING THE COMMUNITY
	IMPACT OF THE WORK DONE AND NEEDED TO BE DONE IN SOLVING PROBLEMS IN
	UNITED WAYS FOCUSED AREAS OF "INCOME", "EDUCATION", AND "HEALTH AND
	WELLNESS".
	Other pregram convises (Describe in Cabadula O.)
4d	Other program services (Describe in Schedule O.) (Expenses \$ 1,538,960 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 13,645,963.

132002 02-09-12

Page 3

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		37	
	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, VII, 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,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	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, XII, and XIII	10-	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	21	
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes " complete Schedule F	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	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	40		Х
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	complete Schedule G, Part III	19		Х
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	• • • • • • • • • • • • • • • • • • • •			

Page 4

Form 990 (2011) UNITED WAY OF BUFF Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	251		х
06	Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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?	١		Х
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32	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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	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		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form 990 (2011) UNITED WAY OF BUFFALO AND ERIE (Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V							
			•••••		Yes	No		
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	36		163	NO		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r		hle gaming					
·	(gambling) winnings to prize winners?			1c	х			
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	<u> </u>						
Zu	filed for the calendar year ending with or within the year covered by this return	2a	76					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	х			
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions							
За		•		За		Х		
	If IIV = II has it filed a Fame 000 T for this way 0 if IIN a II provide an explanation in Cohodula O			3b				
	At any time during the calendar year, did the organization have an interest in, or a signature or other							
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		Х		
b	If "Yes," enter the name of the foreign country:		,					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х		
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c				
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the							
	any contributions that were not tax deductible?			6a		Х		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution							
	were not tax deductible?			6b				
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	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 w	as rec	uired					
	to file Form 8282?	1		7c		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f		X		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7h				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D							
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any un	ie during the year?	8				
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?			0-				
a b	Did the organization make a distribution to a donor, donor advisor, or related person?			9a 9b				
10	Section 501(c)(7) organizations. Enter:			an				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?			13a				
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the		,					
	organization is licensed to issue qualified health plans	13b						
С	Enter the amount of reserves on hand	13c						
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еО <u></u>		14b				
				Form	990 (2011)		

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

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent1b	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiz	ation:		
	THOMAS WRINN - (716)-887-2626			
	742 DELAWARE AVENUE, BUFFALO, NY 14209			

Form **990** (2011)

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

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

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.

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

- 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.

(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	cition more than one erson is both an director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) CAREY ANDERSON	1 00	37						0	0		
DIRECTOR (2) TINA BATTISTONI	1.00	Х						0.	0.	0.	
DIRECTOR	1.00	x						0.	0.	0.	
(3) JEREMY BECK	1.00	1						0.	0.		
DIRECTOR	1.00	x						0.	0.	0.	
(4) STEPHEN BELL	1.00	 						•	•		
DIRECTOR	1.00	x						0.	0.	0.	
(5) JOHN CHRISTOPHER											
DIRECTOR	1.00	X						0.	0.	0.	
(6) JIM CIROLI											
DIRECTOR	1.00	X						0.	0.	0.	
(7) HOWARD COHEN											
DIRECTOR	1.00	Х						0.	0.	0.	
(8) ROGER COMINSKY											
DIRECTOR	1.00	Х						0.	0.	0.	
(9) DENNIS EISENBECK											
DIRECTOR	1.00	Х						0.	0.	0.	
(10) STEVE FINCH	1 00	l		l				•		•	
VICE CHAIR	1.00	Х		Х				0.	0.	0.	
(11) GRETCHEN GEITTER	1 00	,,						_		0	
DIRECTOR	1.00	Х						0.	0.	0.	
(12) MICHAEL HOFFERT DIRECTOR	1.00	x						0.	0.	0.	
(13) PETER HUNT	1.00	^						0.	0.	0.	
DIRECTOR	1.00	X						0.	0.	0.	
(14) RICHARD JURASEK	1.00	122						0.	0.		
DIRECTOR	1.00	x						0.	0.	0.	
(15) LUANNE KINGSTON	1.00							•	•		
DIRECTOR	1.00	x						0.	0.	0.	
(16) KATHLEEN LAWLEY-BEST											
DIRECTOR	1.00	x						0.	0.	0.	
(17) RICH MCCARTHY											
SECRETARY	1.00	Х		Х				0.	0.	0.	

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									KIE COUNTI	10-07	43	909		age o
Par	t VII Section A. Officers, Directors, Tru		mplo	oyee			High	est	t Compensated Employ	rees (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos check ess pe	more rson	than	h an	compensation	(E) Reportable compensation from related	n	an	(F) stimate nount other	of
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om th anizat d relat anizat	ne tion ted
(18)	JAY MCWATTERS													
TRE	SURER	1.00	X		Х				0.		0.			0.
(19)	EILEEN MORGAN		l											_
	CTOR	1.00	X						0.		0.			0.
	JUDGE JEANETTE OGDEN	1	l											•
	CTOR	1.00	X						0.		0.			0.
	EUGENE PARTRIDGE	1 00	,,											^
	CTOR	1.00	Х				-		0.		0.			0.
	LOU SANTIAGO	1 00	\ \ -						0.		0.			0.
	CTOR PETER SPIRA	1.00	Х					-	0.		٠.			<u> </u>
. – .		1.00	X						0.		0.			0.
	DIRECTOR (24) ROBERT STEVENSON		₽						· ·		٠.			<u> </u>
	DIRECTOR		X						0.		0.			0.
	KEITH STOLZENBURG	1.00	1					H	-		•			
	CTOR	1.00	x						0.		0.			0.
	FLORENCE TRIPI		 											
DIRE	CTOR	1.00	x						0.		0.			0.
1b	Sub-total			•	•		┢		0.		0.			0.
С	Total from continuation sheets to Part VI								366,416.		0.		9,8	05.
	Total (add lines 1b and 1c)								366,416.		0.		9,8	05.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bove	e) wl	ho r	received more than \$100	0,000 of reportable	е			
	compensation from the organization													2
													Yes	No
3	Did the organization list any former officer,	•		e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su									the organization				
_	and related organizations greater than \$150											4	X	
5	Did any person listed on line 1a receive or a	•				•		rela [.]	ted organization or indiv	idual for services		_		v
Soc	rendered to the organization? If "Yes," comtion B. Independent Contractors	piete Schedul	e J i	or s	ucn	pers	son					5		Х
		mnonostad in	don	200	nnt o	ont	ro ot	250	that received more than	\$100,000 of com		ation 1		
1	Complete this table for your five highest co										pens	alioni	TOITI	
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B)										(0	٠,			
										ompe		'n		

\$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

	AY OF BU	JFI	ŀΑΙ	0	Αì	ND	EI	RIE COUNTY	16-074	3969
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B))			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	call t	that	app	ly)	compensation	compensation	amount of
	per					au au		from the	from related	other
	week	to				ploye		organization	organizations (W-2/1099-MISC)	compensation from the
		direc				ad em		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	organization
		tee or	ustee			ensate		,		and related
		al trus	nal tr		loyee	dwoo				organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
		Ĕ	Ĕ	₩	Α.	Ξ̈́	굔			
(27) JAMES WALLESHAUSER	1 00	,,								0
DIRECTOR	1.00	Х						0.	0.	0.
(28) ROBERT ZAK	1 00	7.		37					0	0
CHAIR	1.00	Х		Х				0.	0.	0.
(29) MICHAEL WEINER	1000			v				170 751	0.	1 200
PRESIDENT	40.00			Х				179,751.	0.	1,200.
(30) THOMAS WRINN CHIEF FINANCIAL OFFICER	40.00			х				80,600.	0.	178.
(31) JAMES MORGAN	40.00			Δ				00,000.	0.	170.
CHIEF OPERATING OFFICER	40.00			Х				106,065.	0.	8,427.
- CHIEF CLEARING OFFICER	40.00			77				100,005.	0.	0,427.
					_		<u> </u>			
		-		_	_		\vdash			
					_		\vdash			
_	<u> </u>									
Total to Part VII, Section A, line 1c								366,416.		9,805.
TOTAL TO LAIL VII, OCCHOLLA, III C IC									l	2,000.

Pa	rt VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f	b c d d = 1,625,336.	15430722.			
Program Service Revenue	2 a b c d	All other program service revenue	Business Code				
	3 4	Total. Add lines 2a-2f Investment income (including dividends, other similar amounts) Income from investment of tax-exempt by	interest, and ond proceeds	27,353.			27,353.
	b c	Royalties (i) Res Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss)	al (ii) Personal				
	b	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) (i) Secur					
Other Revenue	8 a	Net gain or (loss) Gross income from fundraising events (rincluding \$ of contributions reported on line 1c). See Part IV, line 18	a				
#O	с 9 а	Less: direct expenses Net income or (loss) from fundraising every Gross income from gaming activities. Se Part IV, line 19 Less: direct expenses	ents > e a				
	c 10 a b	Net income or (loss) from gaming activiti Gross sales of inventory, less returns and allowances Less: cost of goods sold	a b				
		Net income or (loss) from sales of invent Miscellaneous Revenue MISCELLANEOUS	Business Code 900099	22,814.			22,814.
13200 01-23-	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.	>	22,814. 15480889.	0.	0 .	50,167. Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

com	plete columns (B), (C), and (D).		· D + N/		
_	Check if Schedule O contains a respon	nse to any question in th	is Part IX (B)	(C)	L
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and	10 500 041	10 700 041		
	organizations in the United States. See Part IV, line 21	10,703,241.	10,703,241.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	256 000	062 255	20.000	00 56
	trustees, and key employees	376,222.	263,355.	30,098.	82,769
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0 110 660	1 060 600	101 000	650.00
7	Other salaries and wages	2,110,663.	1,260,603.	191,830.	658,230
8	Pension plan accruals and contributions (include	104 000	110 520	18 518	
	section 401(k) and section 403(b) employer contributions)	194,022.	118,730.	17,517.	57,77
9	Other employee benefits	282,606.	172,074.	25,617.	84,915
10	Payroll taxes	187,614.	114,808.	16,940.	55,860
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	J				
d	, 5				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	260 180	055 410	12 456	0.5.24
g	Other	368,179.	257,413.	13,456.	97,310
12	Advertising and promotion	205 500	152 000	10 510	1.41 000
13	Office expenses	305,522.	153,292.	10,510.	141,720
14	Information technology				
15	Royalties	025 400	1 4 2 4 4 6	10 454	<u> </u>
16	Occupancy	235,498.	143,446.	19,454.	72,598
17	Travel	52,233.	28,961.	5,969.	17,303
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	02 000	45.051	0.730	06 00
19	Conferences, conventions, and meetings	83,220.	47,251.	9,739.	26,230
20	Interest	160 551	01 020	15 150	F4 F40
21	Payments to affiliates	160,551.	91,832.	17,170.	51,549
22	Depreciation, depletion, and amortization	190,918.	119,525.	10,094.	61,299
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
9	EQUIP RENTAL AND MAINT	175,642.	144,633.	4,368.	26,641
a b	MEMBERGHER BHEG	16,802.	9,940.	3,913.	2,949
C	MISCELLANEOUS	14,416.	10,583.	531.	3,302
d	EMPLOYEE EDUCATION	10,025.	6,276.	530.	3,219
	All other expenses		7,2.00		-,
25 25	Total functional expenses. Add lines 1 through 24e	15,467,374.	13,645,963.	377,736.	1,443,675
26	Joint costs. Complete this line only if the organization	-,,	., . = 2, 2 2 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, = = = , = , =
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 01-23-12				Form 990 (20

Pa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	3,459,802.
	3	Pledges and grants receivable, net		3	7,870,491.
	4	Accounts receivable, net	542,586.	4	483,967.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II		_	
	_	of Schedule L Receivables from other disqualified persons (as defined under section		5	
	6	· · · ·			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ	_	employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	37,243.
	9	Prepaid expenses and deferred charges	= 3,7=3.	9	37,243.
	10a	Land, buildings, and equipment: cost or other			
	١.	basis. Complete Part VI of Schedule D 10a 6,783,723 Less: accumulated depreciation 10b 4,155,176	2,766,501.	40	2,628,547.
		1	10 101	10c	43,367.
	11	Investments - publicly traded securities	· <u> </u>	11	2,668,146.
	12	Investments - other securities. See Part IV, line 11		12	2,000,140.
	13	Investments - program-related. See Part IV, line 11	1	13	
	14	Intangible assets	831,445.	14	940,885.
	15	Other assets. See Part IV, line 11	10 205 050	15	18,132,448.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	606 611	16	568,983.
	17	Accounts payable and accrued expenses	4 504 000	17	4,847,325.
	18	Grants payable	==0 000	18	268,723.
	19	Deferred revenue		19	200,723.
	20	Tax-exempt bond liabilities		20	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ij	22	Payables to current and former officers, directors, trustees, key employees,			
L:		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of			
			1,009,026.	25	1,470,490.
	26	Schedule D	6,987,037.	26	7,155,521.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here	. 0,501,051.	20	7,133,321
"		lines 27 through 29, and lines 33 and 34.			
čě	07	•	6,763,605.	27	6,743,788.
lan	27	Unrestricted net assets	4 444	28	4,218,139.
Ba	28	Temporarily restricted net assets	15,000.	29	15,000.
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here and	15,000.	29	13,000.
Ē		Organizations that do not follow SFAS 117, check here and complete lines 30 through 34.			
S S	20			20	
se	30	Capital stock or trust principal, or current funds		30 31	
; As	31	Paid-in or capital surplus, or land, building, or equipment fund		_	
Net	32	Retained earnings, endowment, accumulated income, or other funds	11 11 11	32	10,976,927.
_	33	Total net assets or fund balances	18,395,279.	33	18,132,448.
	34	Total liabilities and net assets/fund balances	10,333,473.	34	10,134,440.

18,132,448. Form **990** (2011)

Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response to any question in this Part XI				[]	X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,4			
3	Revenue less expenses. Subtract line 2 from line 1	3		13,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,4			
5	Other changes in net assets or fund balances (explain in Schedule O)	5		44,		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10,9	76,	, 92'	<u>7.</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response to any question in this Part XII		<u></u>		<u>نا</u>	x_
			_	Ye	es N	No_
1	Accounting method used to prepare the Form 990: Cash X Accrual Cother					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a l		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2	b 2	ζ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2	2c 2	ζ	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
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 Aud	it			
	Act and OMB Circular A-133?		2	a 2	ζ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	it			
	or audite, explain why in Schedule O and describe any steps taken to undergo such audite		ء ا	n 3	ζ	

SCHEDULE A

Department of the Treasurv Internal Revenue Service

(Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No. 1545-0047

Inspection

Name of the organization

Employer identification number UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization organization in col. in col. (i) listed in your organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes No Total

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2011 UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13644145.	12925495.	12407492.	14649944.	15430722.	69057798.
2	Tax revenues levied for the organ-						
	ization'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	13644145.	<u> 12925495.</u>	<u> 12407492.</u>	14649944.	<u> 15430722.</u>	<u>69057798.</u>
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.						69057798.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	13644145.	12925495.	<u> 12407492.</u>	14649944.	15430722.	<u>69057798.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	256,542.	107,329.	25,928.	23,131.	27,353.	440,283.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	493.	21,054.	41,056.	11,456.	22,814.	
11	Total support. Add lines 7 through 10						69594954.
12	Gross receipts from related activities	, etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
0	organization, check this box and stor						>
	ction C. Computation of Publ					l I	00 00
	Public support percentage for 2011 (14	99.23 %
	Public support percentage from 2010					15	98.93 %
16a	33 1/3% support test - 2011. If the c	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the	-					
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes	•					•
	and if the organization meets the "fac				· ·	-	
	meets the "facts-and-circumstances"	-	-				
b	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the		•				
40	organization meets the "facts-and-circ		•	•	,		
<u> 18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs

Schedule A (Form 990 or 990-EZ) 2011

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

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

Se	ction A. Public Support	ow, picase com	piete i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and		(-,	(-/	(-)	(-/	(-,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	· · · · · · · · · · · · · · · · · · ·						
Э	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
_	ŭ ⊢						
	Total. Add lines 1 through 5				+		
/ 6	A Amounts included on lines 1, 2, and						
	3 received from disqualified persons 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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support		# > 0000	() 0000	()) 0040	() 0044	(0 T
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6 a Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for t	•		•	•		
<u> </u>	check this box and stop here						>
	ction C. Computation of Public						
	Public support percentage for 2011 (lin					15	<u>%</u>
	Public support percentage from 2010 S					16	<u>%</u>
	ction D. Computation of Invest			10		47	
	Investment income percentage for 201					17	<u>%</u>
	Investment income percentage from 20					18	%
19	a 33 1/3% support tests - 2011. If the c	-					
	more than 33 1/3%, check this box and						
ı	o 33 1/3% support tests - 2010. If the c	•			•	·	. —
	line 18 is not more than 33 1/3%, chec			•		ū	
20	Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check tl	his box and see in:	structions	<u></u> ▶∟∟

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

Internal Revenue Service

or 990-PF)
Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

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

purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions of \$5,000 or more during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY

16-0743969

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ERIE COUNTY - DEPARTMENT OF SOCIAL SERVICES 95 FRANKLIN STREET, ROOM 746 BUFFALO, NY 14202	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED STATES - DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW, ROOM 4C138 WASHINGTON, DC 20202	495,451.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number**

UNITED WAY OF BUFFALO AND ERIE COUNTY

16-0743969

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u>-</u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u>-</u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
102452 01 2		Schedule B (Form 6	90 990-F7 or 990-PF\ (2011)

Page 4 Name of organization Employer identification number UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969 religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organization year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. ➤ See separate instructions.

2011
Open to Public Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

 $\begin{array}{c} \textbf{Employer identification number} \\ 16-0743969 \end{array}$

Pai	ort I Organizations Mainta	ining Donor Advised	Funds or Other Similar Fund	ds or Accou	unts. Complete if the
	organization answered "Yes	" to Form 990, Part IV, line 6	5.		
			(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year		1	-	
2	Aggregate contributions to (during		0.		
3	Aggregate grants from (during year)	0.	1	
4	Aggregate value at end of year		191,621.		
5	Did the organization inform all done	ors and donor advisors in wr	riting that the assets held in donor adv	ised funds	
	are the organization's property, sul	eject to the organization's ex	xclusive legal control?		X Yes No
6	Did the organization inform all gran	tees, donors, and donor adv	visors in writing that grant funds can b	e used only	
	for charitable purposes and not for	the benefit of the donor or	donor advisor, or for any other purpos	se conferring	
					Yes No
Pai	art II Conservation Easem	ents. Complete if the orga	nization answered "Yes" to Form 990,	, Part IV, line 7	<u>. </u>
1	Purpose(s) of conservation easeme	ents held by the organization	n (check all that apply).		
	Preservation of land for publi	c use (e.g., recreation or ed	ucation) Preservation of an h	nistorically imp	ortant land area
	Protection of natural habitat		Preservation of a ce	ertified historic	structure
	Preservation of open space				
2	Complete lines 2a through 2d if the	organization held a qualifie	d conservation contribution in the form	m of a conserv	ation easement on the last
	day of the tax year.				
					Held at the End of the Tax Year
а	Total number of conservation ease				
b					
С			cture included in (a)		
d			ter 8/17/06, and not on a historic struc		
3		s modified, transferred, relea	ased, extinguished, or terminated by t	he organization	n during the tax
	year ▶				
4	Number of states where property s			-	
5			dic monitoring, inspection, handling o		
•	violations, and enforcement of the				Yes No
6			nd enforcing conservation easements		· · · · · · · · · · · · · · · · · · ·
7			nforcing conservation easements during		4
8			satisfy the requirements of section 17		Yes No
9			n easements in its revenue and expen		
3			on's financial statements that describe		
	conservation easements.	o roothote to the organization	or 3 mandar statements that describe	3 the organiza	alon's accounting for
Pai		nining Collections of	Art, Historical Treasures, or	Other Simi	lar Assets.
	Complete if the organization	-			
1a	If the organization elected, as perm	itted under SFAS 116 (ASC	958), not to report in its revenue state	ement and bal	ance sheet works of art.
		·	pition, education, or research in furthe		
	the text of the footnote to its finance			•	, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as perm	itted under SFAS 116 (ASC	958), to report in its revenue stateme	ent and balance	e sheet works of art, historical
			ication, or research in furtherance of p		
	relating to these items:	,	•	,	·
	(i) Revenues included in Form 99), Part VIII, line 1			\$
	(ii) Assets included in Form 990, F				\$
2	If the organization received or held		sures, or other similar assets for financ		
	the following amounts required to I	e reported under SFAS 116	6 (ASC 958) relating to these items:		
а	Revenues included in Form 990, Pa	art VIII, line 1			\$
b	Assets included in Form 990, Part	<		>	\$

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

Schedule D (Form 990) 2011

		WAY OF BUF							Page 2
Pai	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures,	or Oth	er Simila	r Asse	ts (contir	nued)
3	Using the organization's acquisition, accessi	ion, and other record	s, check any of the	following that	at are a s	significant us	se of its	collection	items
	(check all that apply):								
а	Public exhibition	d	Loan or exc	hange progr	ams				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explair	n how they further t	he organizat	ion's exe	empt purpos	e in Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or oth	er simila	r assets		_	
	to be sold to raise funds rather than to be m						<u></u>	Yes	└── No
Pai	rt IV Escrow and Custodial Arran		ete if the organization	n answered	"Yes" to	Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	ns or other as	ssets not	t included		7	
	on Form 990, Part X?						L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
								Amount	
С	Beginning balance								
d	Additions during the year					1d			
е	Distributions during the year								
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				L	Yes	└─ No
	If "Yes," explain the arrangement in Part XIV								
Pai	rt V Endowment Funds. Complete i	T .							
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three year		(e) Four	years back
1a	Beginning of year balance	831,445.	540,154.		1,933.	23	1,933.		
b	Contributions	109,440.	291,291.	30	8,221.				
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	242 225	224 445				1 000		
g	End of year balance	940,885.	831,445.		0,154.	23	1,933.		
2	Provide the estimated percentage of the cur	•		a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment	%							
_	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses.	ession of the organiza	ation that are held a	nd administe	ered for t	the organiza	tion	г.	
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	^_
	If "Yes" to 3a(ii), are the related organizations							3b	
4 Do:	Describe in Part XIV the intended uses of the								
Pai	rt VI Land, Buildings, and Equipm	<u> </u>	· · · · · · · · · · · · · · · · · · ·					() 5	
	Description of property	(a) Cost or of		or other		ccumulated		(d) Book	value
		basis (investn	' I	(other)	ae	preciation		1 🗆 0	020
	Land			8,930.	1	353 60	Q		3,930. ,019.
	Buildings		3,00	4,627.	Ι,	353,60	0 •	∠,311	.,оту.
	Leasehold improvements		2.06	N 166	2	001 56	。	1 🗆 0	<u> </u>
	Equipment		4,96	0,166.	۷,	801,56	0 •	108	3,598.
е	Other	1	l l				1		

Schedule D (Form 990) 2011

2,628,547.

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

Schedule D	(Form !	990)	2011

Part VII Investments - Other Securities. See	e Form 990, Part X, line 12	2.		y
(a) Description of security or category (including name of security)	(b) Book value		Method of valua end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) MONEY MARKET	181,252.			
(B) CERTIFICATES OF DEPOSIT	2,384,503.			
(C) MUTUAL FUNDS	102,391.	END-OF-YEAD	R MARKET	VALUE
(D)				
(E)				
(F)				
(G)				
(H)				
(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	2,668,146.			
Part VIII Investments - Program Related. Se				
			Method of valua	tion:
(a) Description of investment type	(b) Book value		end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
	Description			(b) Book value
(1) ASSETS HELD IN TRUST				940,885.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)	,			040 005
Total. (Column (b) must equal Form 990, Part X, col (B) line			>	940,885.
Part X Other Liabilities. See Form 990, Part X, I		(h) Dook value		
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes (2) ACCRUED POSTRETIREMENT BE	NEETO			
ODI TOMBONI	NEFII	298,000.		
(3) OBLIGATION (4) ACCRUED PENSION LIABILITY		1,172,490.		
		1,1/2,400		
(5) (6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)	1,470,490.		
FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to FIN 48 (ASC 740).	the organization's financial staten		's liability for uncertain	n tax positions under

2. FIN 4 132053 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 UNITED WAY OF BUFFALO AND ERIE COUNTY Part XIV Supplemental Information (continued)	16-0/43969 Page 5
Part XIV Supplemental Information (continued)	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
RECLASS OF DONOR DESIGNATED GIFTS	4,021,197.
THE STATE OF POWER PROPERTY.	1/021/15/0

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2011

OMB No. 1545-0047

Open to Public Inspection

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

➤ Attach to Form 990.

Name of the organization **Employer identification number** UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969 Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection XYes criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. if applicable cash grant non-cash assistance or assistance or government non-cash FMV, appraisal, assistance other) AFRICAN AMERICAN CULTURAL CENTER INC. - 350 MASTEN AVENUE -BUFFALO, NY 14209 16-0920652 501(C)(3) 46,000 0 PROGRAM FUNDING AMERICAN RED CROSS - GREATER BUFFALO CHAPTER - 786 DELAWARE 501(C)(3) 0 AVENUE - BUFFALO, NY 14209-2088 53-0196605 247,000 PROGRAM FUNDING BE A FRIEND PROGRAM INC. 85 RIVER ROCK DRIVE, SUITE 107 16-1106399 501(C)(3) 0 BUFFALO, NY 14207 70,500 PROGRAM FUNDING BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209 16-1080227 501(C)(3) 49.750 0 PROGRAM FUNDING BOYS AND GIRLS CLUB OF BUFFALO INC. - 282 BABCOCK STREET -16-0849516 BUFFALO, NY 14210 501(C)(3) 200,000 0 PROGRAM FUNDING BOYS AND GIRLS CLUB OF EAST AURORA 24 PAINE STREET P.O. BOX 36 64.000. 16-0755732 501(C)(3) 0. EAST AURORA, NY 14052 PROGRAM FUNDING 93. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	ırt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF THE							
NORTHTOWNS OF WNY - 54 RIVERDALE							
AVENUE - BUFFALO, NY 14207	16-0755733	501(C)(3)	63,000.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF ORCHARD							
PARK - 25 SOUTH LINCOLN AVENUE -							
ORCHARD PARK, NY 14127	16-1094894	501(C)(3)	20,000.	0.			PROGRAM FUNDING
SHOMMS TIME, HT TITE,	10 1031031	501(6)(3)	20,000.				I ROGIUM I GREEKE
BUFFALO FEDERATION OF NEIGHBORHOOD							
CENTERS INC. (BFNC) - 97 LEMON							
STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	172,000.	0.			PROGRAM FUNDING
BUFFALO PRENATAL PERINATAL							
SERVICES - 625 DELAWARE AVENUE -							
BUFFALO, NY 14202	16-1302764	501(C)(3)	43,500.	0.			PROGRAM FUNDING
BUFFALO URBAN LEAGUE INC.							
15 EAST GENESEE STREET							
BUFFALO, NY 14203	16-0743940	501(C)(3)	182,375.	0.			PROGRAM FUNDING
,							
CATHOLIC CHARITIES OF BUFFALO							
741 DELAWARE AVENUE							
BUFFALO, NY 14209	16-0743251	501(C)(3)	284,000.	0.			PROGRAM FUNDING
CHILD & ADOLESCENT TREATMENT							
SERVICES - 301 CAYUGA ROAD, SUITE	16 002025	E01/G)/3)	225 550	•			DDOGDAN BUNDING
200 - CHEEKTOWAGA, NY 14225	16-0839225	501(C)(3)	335,550.	0.			PROGRAM FUNDING
CHILD & FAMILY SERVICES OF ERIE							
COUNTY - 330 DELAWARE AVENUE -							
BUFFALO, NY 14202	16-1004825	501(C)(3)	356,936.	0.			PROGRAM FUNDING
.,		_,,,,,,	122,230	-			
CHILD CARE RESOURCE NETWORK							
1000 HERTEL AVENUE							
BUFFALO, NY 14216	22-2916451	501(C)(3)	25,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa r	ırt II.) T	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS HOUSE							
1451 MAIN STREET							
BUFFALO, NY 14209	23-7363167	501(C)(3)	114,500.	0.			PROGRAM FUNDING
COMPEER OF GREATER BUFFALO							
135 DELAWARE AVENUE							
BUFFALO, NY 14202	16-1454202	501(C)(3)	70,588.	0.			PROGRAM FUNDING
CONCERNED ECUMENICAL MINISTRY TO			,				
THE UPPER WEST SIDE - 286							
LAFAYETTE AVENUE - BUFFALO, NY							
14213	16-0981256	501(C)(3)	30,000.	0.			PROGRAM FUNDING
CRADLE BEACH CAMP INC.							
8038 OLD LAKESHORE ROAD							
ANGOLA, NY 14006	16-0743025	501(C)(3)	65,000.	0.			PROGRAM FUNDING
CRISIS SERVICES							
2969 MAIN STREET							
BUFFALO, NY 14214-1003	16-0956222	501(C)(3)	33,000.	0.			PROGRAM FUNDING
EARLY CHILDHOOD DIRECTION CENTER/							
KALEIDA HEALTH - 3131 SHERIDAN							
DRIVE - AMHERST, NY 14226	16-1533232	501(C)(3)	22,990.	0.			PROGRAM FUNDING
SKIVE IMMERST, NI 14220	10 1333232	501(0)(3)	22,330.	• • •			I ROGRAM I GNDING
ELIZABETH PIERCE OLMSTED, M.D.							
CENTER - 1170 MAIN STREET P.O. BOX							
398 - BUFFALO, NY 14209	16-0743930	501(C)(3)	22,000.	0.			PROGRAM FUNDING
			, , , , , ,	- •			
ERIE COUNTY BAR ASSN. VOLUNTEER							
LAWYERS PROJECT - 237 MAIN STREET							
SUITE 1000 - BUFFALO, NY 14203	16-1337417	501(C)(3)	10,000.	0.			PROGRAM FUNDING
ERIE REGIONAL HOUSING DEVELOPMENT			,	-			
CORP. (BELLE CENTER) - 104							
MARYLAND STREET - BUFFALO, NY							
14201	16-1559032	501(C)(3)	54,000.	0.			PROGRAM FUNDING

Part II Continuation of Grants and Other		overnments and Orga		nited States (Sch	edule I (Form 990), Pa		.0-0743309 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVERY PERSON INFLUENCES CHILDREN							
1000 MAIN STREET							
BUFFALO, NY 14202	16-1160182	501(C)(3)	86,974.	0.			PROGRAM FUNDING
FAMILY JUSTICE CENTER OF ERIE COUNTY - 237 MAIN STREET 14TH							
FLOOR - BUFFALO, NY 14203	20-2250813	501(C)(3)	125,000.	0.			PROGRAM FUNDING
GOODWILL INDUSTRIES OF WNY INC. 1119 WILLIAM STREET							
BUFFALO, NY 14206-1897	16-0761225	501(C)(3)	76,000.	0.			PROGRAM FUNDING
HEARTS AND HANDS - FAITH IN ACTION 50 JOHN STREET							
AKRON, NY 14001	43-2008066	501(C)(3)	45,000.	0.			PROGRAM FUNDING
HILLSIDE WORK-SCHOLARSHIP PROGRAM 1 MUSTARD STREET 1ST FLOOR							
ROCHESTER, NY 14609	16-1453581	501(C)(3)	50,000.	0.			PROGRAM FUNDING
HISPANICS UNITED OF BUFFALO 254 VIRGINIA STREET							
BUFFALO, NY 14201	16-1243094	501(C)(3)	10,000.	0.			PROGRAM FUNDING
HOMEFRONT, INC. 780 FILLMORE AVENUE							
BUFFALO, NY 14212	16-1065303	501(C)(3)	40,000.	0.			PROGRAM FUNDING
INTERNATIONAL INSTITUTE OF BUFFALO INC 864 DELAWARE AVENUE -							
BUFFALO, NY 14209-2093	16-0743052	501(C)(3)	86,000.	0.			PROGRAM FUNDING
JERICHO ROAD MINISTRIES 184 BARTON STREET							
BUFFALO, NY 14213	42-1571876	501(C)(3)	218,138.	0.			PROGRAM FUNDING

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
JEWISH COMMUNICTY CENTER OF							
GREATER BUFFALO - 2640 NORTH							
FOREST ROAD - GETZVILLE, NY 14068	16-0760887	501(C)(3)	29,700.	0.			PROGRAM FUNDING
TENTON EARTLY GERVIOR OF DUEEN O							
JEWISH FAMILY SERVICE OF BUFFALO & ERIE COUNTY - 70 BARKER STREET -							
BUFFALO, NY 14209	16-0760888	501(C)(3)	55,232.	0.			PROGRAM FUNDING
			,				
JOAN A. MALE FAMILY SUPPORT CENTER							
60 DINGENS STREET				_			
BUFFALO, NY 14206	22-2219511	501(C)(3)	161,500.	0.			PROGRAM FUNDING
KING URBAN LIFE CENTER INC.							
938 GENESEE STREET							
BUFFALO, NY 14211	16-1336419	501(C)(3)	85,000.	0.			PROGRAM FUNDING
	10 1000111						
LIFE TRANSITIONS CENTER							
225 COMO PARK BOULEVARD							
CHEEKTOWAGA, NY 14227	22-2203585	501(C)(3)	20,000.	0.			PROGRAM FUNDING
THE PAGE TWO CHENT AGE ON DIAN							
LITERACY EMPOWERMENT ACTION PLAN 3200 ELMWOOD AVENUE ROOM 214							
BUFFALO, NY 14217	20-8692424	501(C)(3)	14,000.	0.			PROGRAM FUNDING
LITERACY VOLUNTEERS OF AMERICA -	20 0032424	001(0)(3)	14,000.	0.			I KOGKAM FUNDING
BUFFALO AND ERIE CTY 1							
LAFAYETTE SQUARE - 2ND FLOOR -							
BUFFALO, NY 14203	16-1199474	501(C)(3)	45,000.	0.			PROGRAM FUNDING
LT. COLONEL MATT URBAN HUMAN		_,,,,,,		-			
SERVICES CENTER OF WNY - 1081							
BROADWAY STREET - BUFFALO, NY							
14212	16-1067572	501(C)(3)	44,000.	0.			PROGRAM FUNDING
MENTAL HEALTH ASSOCIATION OF ERIE							
COUNTY INC 999 DELAWARE AVENUE							
COUNTY INC. 333 DELAWARE AVENUE		1			I	1	I

Page 1 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 (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (b) EIN organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) NATIVE AMERICAN COMMUNITY SERVICES OF ERIE/NIAGARA - 1005 GRANT STREET - BUFFALO, NY 14207-2854 16-1043710 501(C)(3) 60,000 0 PROGRAM FUNDING NEIGHBORHOOD LEGAL SERVICES INC. 237 MAIN STREET, SUITE 400 51-0198935 58,000 0 BUFFALO, NY 14203 501(C)(3) PROGRAM FUNDING NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, 20,000 0 NY 14207 16-1060168 501(C)(3) PROGRAM FUNDING READ TO SUCCEED BUFFALO 392 PEARL STREET SUITE 100 BUFFALO, NY 14202 26-3606661 501(C)(3) 60,600 0 PROGRAM FUNDING RURAL TRANSIT SERVICE INC. 1000 BRANT FARNHAM ROAD 16-1511948 501(C)(3) 10,000 0 PROGRAM FUNDING BRANT, NY 14027 THE SALVATION ARMY 960 MAIN STREET 13-5562351 501(C)(3) 167,500 0 PROGRAM FUNDING BUFFALO, NY 14202 SCHILLER PARK COMMUNITY SERVICES INC. - C/O GEORGE K. ARTHUR COMMUNITY CENTER 2056 GENESEE 23-7355996 501(C)(3) 13,000 0 PROGRAM FUNDING STREET - BUFFALO, NY 14211 VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210 16-0964724 501(C)(3) 150,158 0 PROGRAM FUNDING WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA STREET - BUFFALO, NY 14213 16-1425062 501(C)(3) 20,000 0 PROGRAM FUNDING

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF WNY							
1005 GRANT STREET, SUITE 3							
BUFFALO, NY 14207-2840	16-0743243	501(C)(3)	24,611.	0.			PROGRAM FUNDING
AFL-CIO EMERGENCY SERVICES							
742 DELAWARE AVENUE							
BUFFALO, NY 14209	16-0743969	501(C)(3)	30,000.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF BUFFALO							
741 DELAWARE AVENUE							PROGRAM FUNDING - CTG
BUFFALO, NY 14209	16-0743251	501(C)(3)	70,000.	0.			PROGRAM MANAGER
BE A FRIEND PROGRAM INC.							
85 RIVER ROCK DRIVE, SUITE 107 BUFFALO, NY 14207	16-1106399	501(C)(3)	1,500.	0.			SPOTLIGHT VOLUNTEER AWARD
DOTTALO, NI 14207	10 1100333	501(0/(3/	1,500.	· ·			CREATING ASSETS, SAVINGS
BELMONT SHELTER CORP.							AND HOPE/SAFETY NET
1195 MAIN STREET							ACHIEVEMENT PROGRAM
BUFFALO, NY 14209	16-1080227	501(C)(3)	39,115.	0.			(SNAP)
BELMONT SHELTER CORP.							
1195 MAIN STREET							
BUFFALO, NY 14209	16-1080227	501(C)(3)	39,100.	0.			WNY WOMEN'S FUND I.D.A.
BPS ADULT LEARNING CENTER							
389 VIRGINIA STREET							SAFETY NET ACHIEVEMENT
BUFFALO, NY 14201		501(C)(3)	157,012.	0.			PROGRAM (SNAP)
			,	-			
BUFFALO FEDERATION OF NEIGHBORHOOD							
CENTERS INC. (BFNC) - 97 LEMON							CREATING ASSETS, SAVINGS
STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	30,240.	0.			AND HOPE
CATHOLIC CHARITIES OF BUFFALO							CLOSING THE GAP-FUND FOR
741 DELAWARE AVENUE							THE IMPROVEMENT OF
BUFFALO, NY 14209	16-0743251	501(C)(3)	227,473.	0.			EDUCATION FEDERAL GRANT

Page 1 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 (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (b) EIN organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV. appraisal, other) CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE SAFETY NET ACHIEVEMENT 16-0743251 501(C)(3) 37,311 0 PROGRAM (SNAP) BUFFALO, NY 14209 CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE SUCCESS BY 6-CHILD CARE 57,371 0 BUFFALO, NY 14216 22-2916451 501(C)(3) SERVICES ELIZABETH PIERCE OLMSTED, M.D. CENTER - 1170 MAIN STREET P.O. BOX 16-0743930 10,000 0 398 - BUFFALO, NY 14209 501(C)(3) WNY HOLIDAY PARTNERSHIP ELIZABETH PIERCE OLMSTED, M.D. CENTER - 1170 MAIN STREET P.O. BOX CREATING ASSETS, SAVINGS 398 - BUFFALO, NY 14209 16-0743930 501(C)(3) 2,500 0 AND HOPE ERIE REGIONAL HOUSING DEVELOPMENT CORP. (BELLE CENTER) - 104 MARYLAND STREET - BUFFALO, NY SAFETY NET ACHIEVEMENT 14201 16-1559032 501(C)(3) 171,260 0 PROGRAM (SNAP) EVERY PERSON INFLUENCES CHILDREN CLOSING THE GAP-FUND FOR 1000 MAIN STREET THE IMPROVEMENT OF 16-1160182 501(C)(3) 52,744 0 EDUCATION FEDERAL GRANT BUFFALO, NY 14202 JERICHO ROAD MINISTRIES 184 BARTON STREET TARGETED FOOD STAMP 42-1571876 501(C)(3) 23,775 0 OUTREACH PROGRAM BUFFALO, NY 14213 JERICHO ROAD MINISTRIES 184 BARTON STREET BUFFALO, NY 14213 42-1571876 501(C)(3) 10,751 0 FUND FOR ALLIANCES JOAN A. MALE FAMILY SUPPORT CENTER CLOSING THE GAP-FUND FOR THE IMPROVEMENT OF 60 DINGENS STREET BUFFALO, NY 14206 22-2219511 501(C)(3) 113,526. 0 EDUCATION FEDERAL GRANT

Schedule I (Form 990)

16-0743969 UNITED WAY OF BUFFALO AND ERIE COUNTY Schedule I (Form 990) Page 1 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 (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (b) EIN organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV. appraisal, other) KALEIDA HEALTH SYSTEM 726 EXCHANGE STEET, SUITE 200 SUCCESS BY 6-CHILD CARE 16-1417483 501(C)(3) 36,772 0 SERVICES BUFFALO, NY 14210 KALEIDA HEALTH SYSTEM 726 EXCHANGE STEET, SUITE 200 17,125 0 BUFFALO, NY 14210 16-1417483 501(C)(3) SUCCESS BY 6-HELP ME GROW LITERACY EMPOWERMENT ACTION PLAN 3200 ELMWOOD AVENUE ROOM 214 1,500 0 BUFFALO, NY 14217 20-8692424 501(C)(3) SPOTLIGHT VOLUNTEER AWARD LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 FUND FOR ALLIANCES / SAFETY NET ACHIEVEMENT BROADWAY STREET - BUFFALO, NY 14212 16-1067572 501(C)(3) 143,881 0 PROGRAM (SNAP) NORTHWEST BUFFALO COMMUNITY CENTER OUT OF SCHOOL TIME INC. - 155 LAWN AVENUE - BUFFALO, NY 14207 16-1060168 501(C)(3) 98,034 0 INITIATIVE NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO. SAFETY NET ACHIEVEMENT NY 14207 16-1060168 501(C)(3) 148,061 0 PROGRAM (SNAP) SENECA BABCOCK COMMUNITY ASSOCIATION - 1168 SENECA STREET SAFETY NET ACHIEVEMENT 23-7367697 501(C)(3) 77,821 0 PROGRAM (SNAP) BUFFALO, NY 14210 SOUTH BUFFALO EDUCATION CENTER 2234 SENECA STREET SAFETY NET ACHIEVEMENT BUFFALO, NY 14210 20-1930616 501(C)(3) 74,975 0 PROGRAM (SNAP) THE SALVATION ARMY 960 MAIN STREET TARGETED FOOD STAMP

Schedule I (Form 990)

OUTREACH PROGRAM

4,428

0

BUFFALO, NY 14202

13-5562351

501(C)(3)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa T	ırt II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE WNY WOMEN'S FOUNDATION, INC.							
742 DELAWARE AVENUE							
BUFFALO, NY 14209	27-4154672	501(C)(3)	414,584.	0.			START UP GRANT
URBAN CANVAS PROJECT OF BUFFALO,							
INC 96 SEYMOUR STREET #1004 -							CREATING ASSETS, SAVINGS
TONAWANDA, NY 14150	26-3785764	501(C)(3)	2,901.	0.			AND HOPE
UNIVERSITY HEIGHTS COMMUNITY DEV.							
ASSOC. / GLORIA J. PARKS COMMUNITY							
CENTER - 3242 MAIN STREET -							SAFETY NET ACHIEVEMENT
BUFFALO, NY 14214	16-1072548	501(C)(3)	90,019.	0.			PROGRAM (SNAP)
WNY UNITED AGAINST DRUG AND							CLOSING THE GAP-FUND FOR
ALCOHOL ABUSE INC 1195 NIAGARA				_			THE IMPROVEMENT OF
STREET - BUFFALO, NY 14213	16-1425062	501(C)(3)	55,164.	0.			EDUCATION FEDERAL GRANT
BOYS AND GIRLS CLUB OF BUFFALO							
INC 282 BABCOCK STREET -							
BUFFALO, NY 14210	16-0849516	501(C)(3)	500.	0.			GOODFELLOWS AWARD
BOYS AND GIRLS CLUB OF THE NORTHTOWNS OF WNY - 54 RIVERDALE							
AVENUE - BUFFALO, NY 14207	16-0755733	501(C)(3)	500.	0.			GOODFELLOWS AWARD
COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE, SUITE 210							
BUFFALO, NY 14202	16-1454202	501(C)(3)	500.	0.			GOODFELLOWS AWARD
JOAN A. MALE FAMILY SUPPORT CENTER 60 DINGENS STREET							
BUFFALO, NY 14206	22-2219511	501(C)(3)	1,500.	0.			SPOTLIGHT VOLUNTEER AWARD
BUFFALO FEDERATION OF NEIGHBORHOOD							
CENTERS INC. (BFNC) - 97 LEMON							TARGETED FOOD STAMP
STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	11,083.	0.			OUTREACH PROGRAM

		()					
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO URBAN LEAGUE INC.							
15 EAST GENESEE STREET							
BUFFALO, NY 14203	16-0743940	501(C)(3)	500.	0.			GOODFELLOWS AWARD
JERICHO ROAD MINISTRIES							
184 BARTON STREET							
BUFFALO, NY 14213	42-1571876	501(C)(3)	500.	0.			GOODFELLOWS AWARD
KING URBAN LIFE CENTER INC.							
938 GENESEE STREET							
BUFFALO, NY 14211	16-1336419	501(C)(3)	500.	0.			GOODFELLOWS AWARD
LITERACY VOLUNTEERS OF AMERICA -	10 1330113	501(0)(0)	300.	• • •			COOPI ELECTION CONTROL
BUFFALO AND ERIE CTY 1							
LAFAYETTE SQUARE - 2ND FLOOR -							
BUFFALO, NY 14203	16-1199474	501(C)(3)	500.	0.			GOODFELLOWS AWARD
MERCY USA FOR 211 WNY (OLMSTEAD	10 1133171	101(0)(0)	300.	••			COOPI ELECAND IMITED
CENTER FOR SIGHT) - 1170 MAIN							
STREET P.O. BOX 398 - BUFFALO, NY							
14209	16-0743930	501(C)(3)	3,497.	0.			GOODFELLOWS AWARD
11207	10 0743330	301(0)(3)	3,437.	٠.			GOODI HEHOMB TAMINED
							DONOR DESIGNATIONS TO
DONOR DESIGNATIONS TO AGENCIES		501(C)(3)	4,021,197.	0.			AGENCIES
		1	1			I	

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TELIV Supplemental Information. Complete this part to	o provide the informatio	n required in Part I	, line 2, and any other	additional information.	

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number 16-0743969

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			37
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		X
-	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2011

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

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

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

	(B) Breakdo	own of W-2 and/or 1099	MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name	(i) Base compensat	(i) Base (ii) Bonus & incentive compensation		(iii) Other reportable compensation		(B)(i)-(D)	reported as deferred in prior Form 990	
	179,7	751.	0.	0.	1,200.	180,951.	0.	
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number 16-0743969

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTEGRITY, COLLABORATION, ACCOUNTABILITY, INNOVATION. SERVICE: WE FOSTER AND ENCOURAGE THE ACTIVE INVOLVEMENT OF INDIVIDUALS, GROUPS, ORGANIZATIONS, CORPORATIONS AND LABOR TO SERVE THE COMMUNITY.INTEGRITY: ETHICAL, AND TRANSPARENT AS WE SERVE. WE ARE CARETAKERS WE ARE HONEST, INDIVIDUAL WORTH AND SELF-RESPECT AND OUR DONORS RESOURCES. WE ACT IN WAYS THAT RESPECT THE DIGNITY, UNIQUENESS AND INTRINSIC WORTH OF EVERY PERSON. COLLABORATION: WE WORK TOGETHER PRODUCTIVELY, AS AN ORGANIZATION AND WITH OUR PARTNERS THROUGHOUT THE COMMUNITY. WE VALUE DIVERSITY AND STRIVE FOR INCLUSION. ACCOUNTABILITY: WE TAKE RESPONSIBILITY FOR COMMITMENTS AND DELIVERING HIGH QUALITY, HIGH VALUE AND RELEVANT RESULTS. INNOVATION: WE LOOK FOR INNOVATIVE WAYS TO MEET OUR MISSION. PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNITY IMPACT PROGRAM SERVICES - THIS PROGRAM IS RESPONSIBLE FOR

ANALYZING COMMUNITY NEEDS, FOCUSING RESOURCES, AND DETERMINING THE COMMUNITY IMPACT OF THE WORK DONE AND NEEDED TO BE DONE IN SOLVING

EXPENSES \$ 1,538,960. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

M.I.S

GOVERNMENT & LABOR RELATIONS

PROBLEMS IN THE HEALTH AND HUMAN AREA.

CREATIVE SERVICES

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

Schedule O (Form 990 or 990-EZ) (2011)

Schedule O (Form 990 or 990-EZ) (2011) Page 2 Name of the organization **Employer identification number** UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969 INITIATIVE & OTHER SPECIAL PROGRAMS RESOURCE CENTER VOLUNTEER SERVICES FORM 990, PART VI, SECTION A, LINE 6: ONE CLASS OF MEMBERS IS CALLED THE HOUSE OF DELEGATES. THE HOUSE OF DELEGATES IS COMPOSED OF A CROSS-SECTION OF CONTRIBUTORS, VOLUNTEERS AND OTHERS, REFLECTIVE OF THE MISSION OF THE UNITED WAY. THE DELEGATES ARE ELECTED AT THE ANNUAL MEETING BY A PLURALITY OF THE VOTES CAST. AND EXERCISE ALL POWERS GRANTED TO 'MEMBERS' UNDER PROVISIONS OF THE NOT-FOR-PROFIT CORPORATION LAW. ALL DIRECTORS ARE ELECTED AT EACH ANNUAL MEETING OF THE HOUSE OF DELEGATES. FORM 990, PART VI, SECTION A, LINE 7A: THE 'MEMBERS' (THE HOUSE OF DELEGATES) ANNUALLY ELECT A SLATE OF DIRECTORS. THE DIRECTORS ARE ELECTED TO A THREE YEAR TERM AND CAN SERVE NOT MORE THAN TWO CONSECUTIVE THREE YEAR TERMS. APPROXIMATELY ONE THIRD OF THE SLATE OF DIRECTORS IS UP FOR ELECTION EACH YEAR. FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE OF THE UNITED WAY. FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS (AND/OR UPON BEING NEWLY HIRED/APPOINTED), THE ORGANIZATION'S WRITTEN "CONFLICT OF INTEREST POLICY" IS REVIEWED WITH EACH EMPLOYEE AND DIRECTOR. AS WRITTEN EVIDENCE EACH EMPLOYEE/DIRECTOR SIGNS A STATEMENT THAT HE/SHE HAS REVIEWED

Schedule O (Form 990 or 990-EZ) (2011)

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number 16-0743969

THE POLICY, FULLY UNDERSTANDS, HAS COMPLIED AND WILL CONTINUE TO COMPLY
WITH THE POLICY. THIS CERTIFICATION PROCESS IS MANDATORY FOR ALL UNITED WAY
STAFF, MEMBERS OF THE BOARD OF DIRECTORS, AND LOANED EXECUTIVES.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S BOARD CHAIRMAN
IN CONJUNCTION WITH A VOLUNTEER BASED HUMAN RESOURCES COMMITTEE ANNUALLY
REVIEWS THE COMPENSATION LEVEL OF THE CEO, KEY EMPLOYEES, AND THE SALARY
RANGES FOR ALL OTHER PAID STAFF. THIS REVIEW FULLY CONSIDERS AND INCLUDES
COMPARATIVE AND COMPETITIVE DATA, PERFORMANCE CRITERIA, SPAN OF CONTROL,
AND OTHER IMPORTANT HR CONCERNS. ANY AND ALL SALARY CHANGES ARE
SUBSTANTIATED BY WRITTEN RECORD AND MAINTAINED IN THE PERMANENT EMPLOYEE
FILES.

FORM 990, PART VI, SECTION C, LINE 19: OUR FINANCIAL STATEMENTS, CONFLICT
OF INTEREST POLICY, AND VARIOUS OTHER GOVERNING DOCUMENTS OF NOMINAL
INTEREST TO OUR DONORS, AGENCY PARTNERS, AND THE GENERAL PUBLIC ARE ALWAYS
AVAILABLE UPON REQUEST AND ARE GENERALLY MAINTAINED ON OUR WEBSITE

(WWW.UWBEC.ORG) FOR EASE OF ACCESS. INCLUDED IN OUR PUBLISHED

ORGANIZATIONAL GOALS IS THE REQUIREMENT OF TRANSPARENCY AND ACCOUNTABILITY
FOR OUR MISSION, TO OUR DONOR BASE, TO THE PROGRAMS WE SUPPORT, AND TO THE
GENERAL PUBLIC.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

15,611.

ACCUMULATED NET ASSET ADJUSTMENT- SFAS 158 DEFINED BENEFIT

PENSION PLAN

-460,441.

TOTAL TO FORM 990, PART XI, LINE 5

-444,830.

Name of the organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
PART XI, LINE 2C;	
THE FINANCE COMMITTEE OVERSEES THE AUDIT AND IS RESPONSI	BLE FOR
SELECTING AN INDEPENDENT AUDITOR.	

Form 886	s8 (Rev. 1-2012)					Page 2	
	are filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	box		 	
Note. On	ly complete Part II if you have already been granted an a are filing for an Automatic 3-Month Extension, comple	automatic	3-month extension on a previously fi				
Part II	Additional (Not Automatic) 3-Month E			al (no c	onies ne	eded)	
· urt ii	/taditional (Not Nationallo) o Month 2	Atoriolo		•	•		
Type or	Name of exempt organization or other filer, see instru	ctions			•	, see instructions ion number (EIN) or	
print	Name of exempt organization of other filer, see instru	Ctions		Lilipioye	lidentilicat	ion number (Eliv) or	
File by the UNITED WAY OF BUFFALO AND ERIE COUNTY X 16-0							
due date for	Number, street, and room or suite no. If a P.O. box, s				curity num		
filing your return. See	742 DELAWARE AVENUE	cc mando	1013.		curry riairi	oci (0014)	
instructions.	City, town or post office, state, and ZIP code. For a for BUFFALO, NY 14209	oreign add	ress, see instructions.				
	•						
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicati	on	Return	Application			Return	
ls For		Code	Is For			Code	
Form 990		01					
Form 990	-BL	02	Form 1041-A			08	
Form 990)-EZ	01	Form 4720			09	
Form 990	PF	04	Form 5227			10	
Form 990	9-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	P-T (trust other than above)	06	Form 8870			12	
STOP! Do	o not complete Part II if you were not already granted	an auton	natic 3-month extension on a previ	ously file	ed Form 88	68.	
	THOMAS WRINN						
	poks are in the care of > 742 DELAWARE AV	VENUE)9			
	none No. ► (716) -887-2626		FAX No.				
	organization does not have an office or place of business					▶ ∟	
	is for a Group Return, enter the organization's four digit	1					
oox 🕨 l	If it is for part of the group, check this box		ch a list with the names and EINs of	all memb	ers the ext	ension is for.	
			ARY 15, 2013	M(A)D	21 '	2012	
	,		, 2011 , and ending				
6 If th	ne tax year entered in line 5 is for less than 12 months, c	heck reas	on:	ا Final ا	eturn		
- 0:	☐ Change in accounting period						
7 Sta	te in detail why you need the extension DDITIONAL TIME IS NEEDED TO (ארד א דו	N THIRD DARTY INFO	ом а т	ON REC	QUIRED TO	
	LE A COMPLETE AND ACCURATE I			MAIT	ON KEY	OIKED IO	
<u> </u>	THE A COMPTETE AND ACCORDED		N •				
8a If th	nis application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6060 o	nter the tentative tay loss any	_			
	refundable credits. See instructions.	or 0009, e	inter the terriative tax, less arry	8a	\$	0.	
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and estimated	Oa	Ψ		
	payments made. Include any prior year overpayment all	•					
	eviously with Form 8868.	owca as a	a credit and any amount paid	8b	s	0.	
	ance due. Subtract line 8b from line 8a. Include your pa	vment wit	h this form if required by using		<u> </u>		
	FPS (Electronic Federal Tax Payment System). See instru	•		8c	\$	0.	
			st be completed for Part II o				
	alties of perjury, I declare that I have examined this form, includ orrect, and complete, and that I am authorized to prepare this fo	ing accomp		_	f my knowle	dge and belief,	
Signature	► Title ► C	CFO		Date	•		
J		-		2410	•	8868 (Rev. 1-2012)	

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning	APR	1	, 2011, and ending	MAR	31	,20 1

L 2

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

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

➤ See instructions.

Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY

16-0743969

Name and title of officer

THOMAS WRINN

Name of exempt organization

CFO

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

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

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	15480889
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2 b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	DIN:	check	one	hox	only
Ullicei 3	TIIV.	CHECK	ULIE	DUA	UIIIV

X Lauthorize LUMSDEN & MCCORMICK, LLP	to enter my PIN	01180
ERO firm name		nter five numbers, b lo not enter all zeros
as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	•	
Officer's signature ▶ Date ▶		
Part III Certification and Authentication		

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

16377899111 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

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

LHA For Paperwork Reduction Act Notice, see instructions. 12-01-11

Form **8879-EO** (2011)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

Form CHAR500

This form used for

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway

2011

Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	New York, NY 10271 http://www.charitiesnys.com							•	pection
1. General Information									
a. For the fiscal year beginni	ing (mm/dd/yy	/yy) 04	/01/201	1 and endir	ng (mm/dd/yyyy)	03/31/2	2012		
b. Check if applicable for NYS: Address change	c. Name of	organizatio	n					employer ID r	
Name change Initial filing	UNITED	WAY (OF BUFF.	ALO AN	D ERIE CO	UNTY		State registrat	ion no.
Final filing Amended filing			P.O. box if mail		to street address)	Room/suite		ohone numbe 887-262	
NY registration pending		own, state c	or country and			1	g. Emai		-
		, , ,							
2. Certification - Two Sign	atures Requ	uired							
We certify under penalties o true, correct and complete in							of our know	vledge and be	elief, they are
a. President or Authorized Office	cer			MICH	AEL WEINE	R		SIDENT	
		Signature		шиом	Printed Name		Title		Date
b. Chief Financial Officer or Tre	eas.	Signature		THOM	AS WRINN Printed Name		CFO Title)	Date
3. Annual Report Exemption	on Informati	on							
\$25,00 contrib NOTE: federat	contributions 0 <u>and</u> the orgutions during An organizated fund, Uni	s from NY S ganization o g this fiscal y tion may cla ted Way or	tate (including did not engage year. aim this exemp incorporated	g residents, fe a profession of the profession of the profession if no Procommunity a	oundations, corpo nal fund raiser (PF FR or FRC was use appeal <u>and</u> contrib	R) or fund rated and either outlons from	ising couns : 1) it receive	sel (FRC) to so wed an allocat ses did not exc	olicit tion from a ceed
*	— ′		substantially a quired by Artic		ributions from one	government	agency to	which it subn	nitted an
b. EPTL annual report exer Check → if gross					ket value) did not	exceed \$25,	000 at any	time during th	nis fiscal year.
For EPTL or Article 7-A registra report exemptions under bo <u>Do not</u> S	th laws, simply	y complete pa	art 1 (General In	ıformation), pa		nd part 3 (Ann	ual Report Ex	xemption Inforn	•
4. Article 7-A Schedules									
If you did not check the Arti a. Did the organization use a p * If "Yes", complete Scheo b. Did the organization receive	orofessional fu Iule 4a .	nd raiser, fun	id raising couns	el or commer	cial co-venturer for f	und raising act	ivity in NY S		Yes* X No
* If "Yes", complete Sched			/						
5. Fee Submitted: See last	page for sur	nmary of fe	ee requireme	nts.					
Indicate the filing fee(s) you a. Article 7-A filing fee		•	h this form:		\$	25. s	ubmit only o	one check or m	oney order for the

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments



750. total fee, payable to "NYS Department of Law"

b. EPTL filing fee \$

775.

UNITED WAY OF BUFFALO AND ERIE COUNTY

Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Name	Grant Amount
UNITED STATES - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$ 29,494.
ERIE COUNTY - DEPARTMENT OF SOCIAL SERVICES (SB6)	\$ 105,075.
UNITED STATES - DEPARTMENT OF EDUCATION	\$ 495,454.
ERIE COUNTY - DEPARTMENT OF SOCIAL SERVICES (SNAP)	\$ 995,313.
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	\$ 1.605.226
Total Government Contributions (Grants	1,625,336.

UNITED WAY OF BUFFALO AND ERIE COUNTY

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type		Fee Instructions									
•	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.									
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.									
•	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.									

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers	
Filing Fee	
X Single check or money order payable to "NYS Department of Law"	
Copies of Internal Revenue Service Forms	
X IRS Form 990 X All required schedules (including Schedule B) IRS Form 990-EZ All required schedules (including Schedule B) IRS Form 990-T IRS Form 990-T	IRS Form 990-PF All required schedules (including Schedule B) IRS Form 990-T
Additional Article 7-A Document Attachment Requirement	
Independent Accountant's Report	
Audit Report (total support & revenue more than \$250,000)	
Review Report (total support & revenue \$100,001 to \$250,000)	
No Accountant's Report Required (total support & revenue not more than \$100,000)	

1019

4 168481 12-22-11 CHAR500 - 2011

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

benefit trust or private foundation)

Open to Public

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. 2011

Inspection

September Comment Co	Α	For the 2	2011 calendar year, or tax year beginning $$ APR 1 , $$ 2011 $$ and ending	MAR	31, 2012	
UNITED WAY OF BUFFALO AND ERIE COUNTY Colora Business As Control time in the colora of the policy in male in and delinered to street address) Recombsuits E Telephone number (716) 887–2626 Colora Business As	_			D En	nplover identific	cation number
UNITED WAY OF SUPFALLO AND EXTS COUNTY Total property The pro	_	applicable:	- · · · · · · · · · · · · · · · · · · ·			
The content of the		Address	UNITED WAY OF BUFFALO AND ERIE COUNTY			
Rounds R	F	Name			16-0	743969
Task personner Tas	F	Initial	<u> </u>	uito F T-		
Ety or town, state or country, and ZP + 4 BUFFRALO, NY 14209	F			uite E Te	epnone number 1716	\007 2626
Sty or town, state or country, and 201-y		Jated		_		
Table Form Formation Table	H	Ireturn	City or town, state or country, and ZIP + 4			
F Name and address of principal officer, PLTARLED WB_LNBER No No No Real address of principal officer, PLTARLED WB_LNBER No No No No No No No N		—ltiòn				eturn
Tax-exempt status:			F Name and address of principal officer:MICHAEL WEINER			
Website: ▶ WWW.UWBEC.ORG Hc) Group exemption number ▶ Vear of romation: XJ Corporation Trust Association Other ▶ Vear of formation: 1947 M State of legal domicile: NY						
Form of organization: X Corporation				527 I	f "No," attach a	list. (see instructions)
Part Summary						
Briefly describe the organization's mission or most significant activities: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING.				ear of forma	ation: 1947 N	State of legal domicile: NY
AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING. 2 Check this box	P					
AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING. 2 Check this box	Φ	1 B	riefly describe the organization's mission or most significant activities: ${ m WE}$ ${ m BRING}$	PEOP:	LE, ORGA	NIZATIONS
B Net unrelated business taxable income from Form 990-T, line 34 To University	JL C	A	ND RESOURCES TOGETHER TO IMPROVE COMMUNITY	WELL]	BEING.	
B Net unrelated business taxable income from Form 990-T, line 34 To University	ž	2 C	heck this box 🕨 🔲 if the organization discontinued its operations or disposed of r	nore than 2	25% of its net as	sets.
B Net unrelated business taxable income from Form 990-T, line 34 To University	Š	3 N	umber of voting members of the governing body (Part VI, line 1a)		3	
B Net unrelated business taxable income from Form 990-T, line 34 To University	Ğ	4 N				28
B Net unrelated business taxable income from Form 990-T, line 34 To University	S					76
B Net unrelated business taxable income from Form 990-T, line 34 To University	ij					5438
B Net unrelated business taxable income from Form 990-T, line 34 To University	댢					0.
B S Contributions and grants (Part VIII, line 1h)	⋖					
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_	1			-	Current Year
9	_	8 0	ontributions and grants (Part VIII line 1h)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Jue					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	Ş.	1	-		I	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14 , 684 , 531 . 15 , 480 , 889 .	æ					
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,478,325. 10,703,241. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,480,315. 3,151,127. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 1,443,675. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 119,815. 13,515. 19 Revenue less expenses. Subtract line 18 from line 12 119,815. 133,515. 20 Total assets (Part X, line 16) 18,395,279. 18,132,448. 20 Total lassets (Part X, line 26) 6,987,037. 7,155,521. 21 Total liabilities (Part X, line 26) 11,408,242. 10,976,927. Part II Signature Block 11,408,242. 10,976,927. Part II Signature Block 11,408,242. 10,976,927. Part II Signature of officer Date Preparer's signature Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Date Print/Type preparer's name Preparer's signature Print/Type preparer's name Print/Type preparer's name Preparer's signature Print/Type preparer's name Print		1		1/		
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), line 11e) 18 Total expenses (Part IX, column (A), line 11d, 11f.24e) 19 Revenue less expenses. Subtract line 18 from line 12 10 Total assets (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 11,408,242. 10,976,927. Part II Signature Block Signature Block Part X, line 26 Date Printfype preparer's name Preparer's signature Preparer'	_					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,480,315. 3,151,127.		1		<i>,</i>		
16a Professional fundraising fees (Part IX, column (A), line 11e) 0 . 0 . 0 . 0 .		I		3	1	• •
17 Other expenses (Part X, column (A), lines 11a-11d, 111-24e) 14,564,716. 15,467,374. 19 Revenue less expenses. Subtract line 18 from line 12 119,815. 13,515. 20 Total assets (Part X, line 16) 18,395,279. 18,132,448. 21 Total liabilities (Part X, line 26) 6,987,037. 7,155,521. 22 Net assets or fund balances. Subtract line 21 from line 20 11,408,242. 10,976,927. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Check PTIN Print/Type preparer's name Preparer's signature Date PTIN DONNA M. GONSER Firm's name LUMSDEN & MCCORMICK, LLP Firm's EIN 16-0765486 Firm's name LUMSDEN & MCCORMICK, LLP Firm's EIN 16-0765486 Beginning of Current Year End of	ses	15 S		3,		
17 Other expenses (Part X, column (A), lines 11a-11d, 111-24e) 14,564,716. 15,467,374. 19 Revenue less expenses. Subtract line 18 from line 12 119,815. 13,515. 20 Total assets (Part X, line 16) 18,395,279. 18,132,448. 21 Total liabilities (Part X, line 26) 6,987,037. 7,155,521. 22 Net assets or fund balances. Subtract line 21 from line 20 11,408,242. 10,976,927. Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Check PTIN Print/Type preparer's name Preparer's signature Date PTIN DONNA M. GONSER Firm's name LUMSDEN & MCCORMICK, LLP Firm's EIN 16-0765486 Firm's name LUMSDEN & MCCORMICK, LLP Firm's EIN 16-0765486 Beginning of Current Year End of	ë	16a P	rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
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19 Revenue less expenses. Subtract line 18 from line 12 119,815. 13,515.	_	17 0				
Beginning of Current Year End of Year 18,395,279 18,132,448 18,132,448						
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 THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name Print/Type preparer's name Ponna M. Gonser Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300		19 R	evenue less expenses. Subtract line 18 from line 12			13,515.
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 THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name Print/Type preparer's name Ponna M. Gonser Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	SOF					End of Year
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 THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name Print/Type preparer's name Ponna M. Gonser Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	Sset	20 To	otal assets (Part X, line 16)			
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 THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name Print/Type preparer's name Ponna M. Gonser Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	TA A	21 To	, , , , , , , , , , , , , , , , , , , ,			
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 THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name DONNA M. GONSER Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	<u> </u>	22 N		11,	408,242.	10,976,927.
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Sign Here Signature of officer THOMAS WRINN, CFO Type or print name and title Print/Type preparer's name DONNA M. GONSER Preparer Use Only Firm's name LUMSDEN & MCCORMICK, LLP Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Date Check PTIN FIRM's EIN PO1448922 Firm's EIN 16-0765486 Phone no. (716)856-3300		•		-	•	/ knowledge and belief, it is
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Type or print name and title Print/Type preparer's name Print/Type preparer's name Donna M. Gonser Preparer Firm's name LUMSDEN & MCCORMICK, LLP Firm's eaddress 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	Sig	ın			Date	
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Paid DONNA M. GONSER Firm's name LUMSDEN & MCCORMICK, LLP			Type or print name and title			
Preparer Use Only Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300		F	Print/Type preparer's name Preparer's signature	Date	Check	- I
Use Only Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202 Phone no. (716)856-3300	Pai	d D			self-employe	
BUFFALO, NY 14202 Phone no. (716)856-3300	Pre	parer F			Firm's EIN	16-0765486
	Use	Only F				
May the IRS discuss this return with the preparer shown above? (see instructions)	_		BUFFALO, NY 14202		Phone no. (
	Ма	y the IRS	6 discuss this return with the preparer shown above? (see instructions)			X Yes No

Part III | Statement of Program Service Accomplishments X Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission: OUR MISSION: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING. OUR VISION: WE ARE A WORLD CLASS ORGANIZATION TRANSFORMING QUALITY OF LIFE IN OUR COMMUNITY. OUR VALUES: SERVICE, Did the organization undertake any significant program services during the year which were not listed on Ves X No the prior Form 990 or 990-EZ? If "Yes." describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 8,518,198. including grants of \$) (Revenue \$ ALLOCATIONS AND DESIGNATIONS TO HEALTH AND HUMAN SERVICES GRANTS A AGENCIES 2,142,125.) (Revenue \$ 2,823,085. including grants of \$ (Code) (Expenses \$ INITIATIVES - THESE PROGRAMS ARE AIMED AT PROVIDING GRANT PROGRAMS AND SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED. 765,720. including grants of \$) (Revenue \$) (Expenses \$ COMMUNITY IMPACT PROGRAM SERVICES - AREA RESPONSIBLE FOR ANALYZING COMMUNITY NEEDS, FOCUSING RESOURCES, AND DETERMINING THE COMMUNITY IMPACT OF THE WORK DONE AND NEEDED TO BE DONE IN SOLVING PROBLEMS UNITED WAYS FOCUSED AREAS OF "INCOME", "EDUCATION", AND "HEALTH AND WELLNESS". Other program services (Describe in Schedule O.) 1,538,960 • including grants of \$) (Revenue \$ 13,645,963. Total program service expenses Form **990** (2011)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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		<u> </u>
	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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	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, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	, , , , , , , , , , , , , , , , , , , ,	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		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? 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 assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		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		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	222	

Form **990** (2011)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		x	
00	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? 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			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
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			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			37
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
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
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		Λ
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV.	28a		Х
	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? If Yes, complete schedule L, Farth	200		- 21
C	11 July 1 July 1 July 1 July 2	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		X
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		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 11 and 19?		_v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2011)

Form 990 (2011) UNITED WAY OF BUFFALO AND ERIE (Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	36			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	76			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•			l
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial					37
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ľ	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.			5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to			C -		x
h	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	r aifta	6a		
b	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			UD		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices r	provided to the payor?	7a		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		ľ			
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contrac	ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		1	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ie during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			•		
	Did the organization make any taxable distributions under section 4966?			9a		—
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		\neg			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1.	,			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		4.0 -		Х
				14a		<u> </u>
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e ∪		14b Form	990 ((2011)

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 28	3		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		7,7	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		. v	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14 45	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х	
	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization	15b	21	
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IVa		16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	IOa		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	and the same of th	16b		
Sec	tion C. Disclosure	1.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, as	nd finai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	ation:	•	
	THOMAS WRINN - (716)-887-2626	•		

01-23-12

Form **990** (2011)

742 DELAWARE AVENUE,

BUFFALO, NY

14209

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

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

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

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

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

- 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.

(A) Name and Title	(B) Average hours per week	box	Position (do not check more than one pox, unless person is both an officer and a director/trustee)					(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CAREY ANDERSON DIRECTOR	1.00	х						0.	0.	0.
(2) TINA BATTISTONI	1.00	Λ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(3) JEREMY BECK										
DIRECTOR	1.00	х						0.	0.	0.
(4) STEPHEN BELL										
DIRECTOR	1.00	х						0.	0.	0.
(5) JOHN CHRISTOPHER										
DIRECTOR	1.00	Х						0.	0.	0.
(6) JIM CIROLI										
DIRECTOR	1.00	X						0.	0.	0.
(7) HOWARD COHEN										
DIRECTOR	1.00	Х						0.	0.	0.
(8) ROGER COMINSKY								_	_	_
DIRECTOR	1.00	Х						0.	0.	0.
(9) DENNIS EISENBECK	1 00	l								•
DIRECTOR	1.00	Х						0.	0.	0.
(10) STEVE FINCH	1 00	7.		7.7						0
VICE CHAIR	1.00	Х		Х				0.	0.	0.
(11) GRETCHEN GEITTER DIRECTOR	1.00	х						0.	0.	0.
(12) MICHAEL HOFFERT	1.00	Δ						0.	0.	<u> </u>
DIRECTOR	1.00	х						0.	0.	0.
(13) PETER HUNT	1.00								•	
DIRECTOR	1.00	х						0.	0.	0.
(14) RICHARD JURASEK										
DIRECTOR	1.00	х						0.	0.	0.
(15) LUANNE KINGSTON										
DIRECTOR	1.00	Х			L		L	0.	0.	0.
(16) KATHLEEN LAWLEY-BEST										
DIRECTOR	1.00	Х						0.	0.	0.
(17) RICH MCCARTHY								_		_
SECRETARY	1.00	Х		X				0.	0.	0.

132007 01-23-12 Form **990** (2011)

								RIE COUNTY	16-074	3969	Р	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A) (B) (C) (D) (E) Name and title Average Position Reportable Reportable								(F)				
Name and title	Average	(do	not c	Pos heck	ition more	than	one	Reportable	Reportable	E	stimat	ed
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	aı	mount	
	week (describe	\vdash	J		1	1	100,	from	from related		other	
	hours for	or director				_		the organization	organizations (W-2/1099-MISC)		npensa rom th	
	related	e or c	stee			ısatec		(W-2/1099-MISC)	(W-2/1099-WIGO)		ganiza	
	organizations		al tru		yee	mpe		(** =* ********************************		1 '	d rela	
	in Schedule	Individual	Institutional trustee	ь	Key employee	Highest compensated employee	Je.			org	anizat	ions
	O)	Indi	Insti	Officer	Key 6	High	Former					
(18) JAY MCWATTERS				l								_
TREASURER	1.00	Х		Х				0.	0	•		0 .
(19) EILEEN MORGAN	1	l										_
DIRECTOR	1.00	Х						0.	. 0	•		0.
(20) JUDGE JEANETTE OGDEN	1 00											_
DIRECTOR	1.00	Х						0.	. 0	•		0.
(21) EUGENE PARTRIDGE	1 00	٠,,										0
DIRECTOR	1.00	X						0.	. 0	•		0.
(22) LOU SANTIAGO	1 00	7.						0.	. 0			0.
C23) PETER SPIRA	1.00	Х				<u> </u>	_	0.	0	•		0 .
DIRECTOR	1.00	x						0.	. 0			0.
(24) ROBERT STEVENSON	1.00	^						0.	0	•		0 .
DIRECTOR	1.00	X						0.	. 0			0.
(25) KEITH STOLZENBURG	1.00							1	-	'		- 0 (
DIRECTOR	1.00	x						0.	. 0			0.
(26) FLORENCE TRIPI	1.00								-	-		- 0 (
DIRECTOR	1.00	x						0.	. 0			0.
1b Sub-total		_		<u> </u>		┰	I	0.	. 0			0.
c Total from continuation sheets to Part VI								366,416			9,8	05.
d Total (add lines 1b and 1c)								366,416	. 0		9,8	05.
2 Total number of individuals (including but n							no r	eceived more than \$10	0.000 of reportable	1		
compensation from the organization						,			, ,			2
											Yes	No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y er	mplo	yee.	, or	highest compensated	employee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual		4	X	
5 Did any person listed on line 1a receive or a	•				•			•				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	pers	son .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest co										sation	from	
the organization. Report compensation for	the calendar y	ear (endi	ng v	vith	or w	ithir		year.			
(A) Name and business	addross	NT/	\ N TT	,				(B) Description of	convicos) Compe	C) Specific	'n
	address	1//	INC	<u> </u>			\dashv	Description of	services	Compe	iisalic) I I
-							\dashv					
							\dashv					
							\dashv					

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2011)

	AY OF BU	JFI	ŀΑΙ	0	Αì	ND	EI	RIE COUNTY	16-074	3969		
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	mplo	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)			
(A) (B) (C) (D) (E) (F)												
Name and title	Average			Pos				Reportable	Reportable	Estimated		
	hours	(cl	heck	call t	that apply)			compensation	compensation	amount of		
	per					au au		from the	from related	other		
	week	to				ploye		organization	organizations (W-2/1099-MISC)	compensation from the		
		direc				ad em		(W-2/1099-MISC)	(** 2/ 1000 1/1100)	organization		
		tee or	ustee			ensate				and related		
		al trus	nal tr		loyee	dwoo				organizations		
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
		Ĕ	Ĕ	₩	Α.	Ξ̈́	굔					
(27) JAMES WALLESHAUSER	1 00	,,								0		
DIRECTOR	1.00	Х						0.	0.	0.		
(28) ROBERT ZAK	1 00	7.		37					0	0		
CHAIR	1.00	Х		Х				0.	0.	0.		
(29) MICHAEL WEINER	1000			v				170 751	0.	1 200		
PRESIDENT	40.00			Х				179,751.	0.	1,200.		
(30) THOMAS WRINN CHIEF FINANCIAL OFFICER	40.00			х				80,600.	0.	178.		
(31) JAMES MORGAN	40.00			Δ				00,000.	0.	170.		
CHIEF OPERATING OFFICER	40.00			Х				106,065.	0.	8,427.		
- CHIEF CLEARING OFFICER	40.00			77				100,005.	0.	0,427.		
					_		<u> </u>					
		-		_	_		\vdash					
					_		\vdash					
_	<u> </u>											
Total to Part VII, Section A, line 1c								366,416.		9,805.		
TOTAL TO LAIL VII, OCCHOLLA, III C IC									l	2,000.		

Pai	t VII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	All other contributions, gifts, grants, and	\$25,336. \$805386.	15430722.			
Program Service Revenue	2 a b c		Business Code				
Prog		All other program service revenue					
Other Revenue	3 4 5	Investment income (including dividends, interes other similar amounts) Income from investment of tax-exempt bond pro Royalties	t, and > oceeds >	27,353.			27,353.
	6 a b c	Gross rents Less: rental expenses Rental income or (loss)	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses (i) Securities	(ii) Other				
	d	Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	>				
	с 9 а	Gross income from gaming activities. See Part IV, line 19 a	>				
	c 10 a	Less: direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a Less: cost of goods sold b	>				
	11 a b		Business Code 9 0 0 0 9 9	22,814.			22,814.
132009 01-23-	e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.	>	22,814. 15480889.	0.	0.	50,167. Form 990 (2011)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

complete columns (B), (C), and (D).							
	Check if Schedule O contains a response to any question in this Part IX						
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and		·		'		
	organizations in the United States. See Part IV, line 21	10,703,241.	10,703,241.				
2	Grants and other assistance to individuals in		-				
	the United States. See Part IV, line 22						
3	Grants and other assistance to governments,						
	organizations, and individuals outside the						
	United States. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	376,222.	263,355.	30,098.	82,769.		
6	Compensation not included above, to disqualified	-	-	-			
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	2,110,663.	1,260,603.	191,830.	658,230.		
8	Pension plan accruals and contributions (include	, ,	, ,	, ,	, -		
-	section 401(k) and section 403(b) employer contributions)	194,022.	118,730.	17,517.	57,775.		
9	Other employee benefits	282,606.	172,074.	25,617.	84,915.		
10	Payroll taxes	187,614.	114,808.	16,940.	55,866.		
11	Fees for services (non-employees):	•	,		· · · · · · · · · · · · · · · · · · ·		
	Management						
b							
c	Accounting						
d	Lobbying						
e	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g g	Other	368,179.	257,413.	13,456.	97,310.		
12	Advertising and promotion	555,215			2.,525		
13	Office expenses	305,522.	153,292.	10,510.	141,720.		
14	Information technology	300,0220					
15	Royalties						
16	Occupancy	235,498.	143,446.	19,454.	72,598.		
17	Travel	52,233.	28,961.	5,969.	17,303.		
18	Payments of travel or entertainment expenses	02,200					
10	for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	83,220.	47,251.	9,739.	26,230.		
20		00,220	17,2020	377330	20,200		
	Payments to affiliates	160,551.	91,832.	17,170.	51,549.		
21 22	Depreciation, depletion, and amortization	190,918.	119,525.	10,094.	61,299.		
23	Insurance				V= / 200°		
23 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.)						
а	EQUIP RENTAL AND MAINT	175,642.	144,633.	4,368.	26,641.		
a b	MEMBERSHIP DUES	16,802.	9,940.	3,913.	2,949.		
C	MISCELLANEOUS	14,416.	10,583.	531.	3,302.		
d	EMPLOYEE EDUCATION	10,025.	6,276.	530.	3,219.		
	All other expenses	10,025	J, 270 •	330.	5,215		
е 25	Total functional expenses. Add lines 1 through 24e	15,467,374.	13,645,963.	377,736.	1,443,675.		
26	Joint costs. Complete this line only if the organization			27777300	_,,		
20	reported in column (B) joint costs from a combined						
	educational campaign and fundraising solicitation.						
	Check here if following SOP 98-2 (ASC 958-720)						
10001	0.01-23-12				Form 990 (2011)		

Form **990** (2011)

Pa	rt X	Balance Sheet			<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2 260 021	1	2 450 000
	2	Savings and temporary cash investments	3,368,931.	2	3,459,802.
	3	Pledges and grants receivable, net	8,029,152.	3	7,870,491.
	4	Accounts receivable, net	542,586.	4	483,967.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 instructions)		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
_	9	Prepaid expenses and deferred charges	45,749.	9	37,243.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,783,723.			
	b	Less: accumulated depreciation 10b 4,155,176.	2,766,501.	10c	2,628,547.
	11	Investments - publicly traded securities	43,481.	11	43,367.
	12	Investments - other securities. See Part IV, line 11	2,767,434.	12	2,668,146.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	831,445.	15	940,885.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	18,395,279.	16	18,132,448.
	17	Accounts payable and accrued expenses	626,611.	17	568,983.
	18	Grants payable	4,581,008.	18	4,847,325.
	19	Deferred revenue	770,392.	19	268,723.
	20	Tax-exempt bond liabilities		20	
Se	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
iab		highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,009,026.	25	1,470,490.
	26	Total liabilities. Add lines 17 through 25	6,987,037.	26	7,155,521.
		Organizations that follow SFAS 117, check here			
es		lines 27 through 29, and lines 33 and 34.	6 562 605		6 542 500
anc	27	Unrestricted net assets	6,763,605.	27	6,743,788.
Ba	28	Temporarily restricted net assets	4,629,637.	28	4,218,139.
<u>n</u>	29	Permanently restricted net assets	15,000.	29	15,000.
Ē		Organizations that do not follow SFAS 117, check here and			
S OF		complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	11 400 040	32	10 076 007
_	33	Total net assets or fund balances	11,408,242.	33	10,976,927.
	34	Total liabilities and net assets/fund balances	18,395,279.	34	18,132,448.

18,132,448. Form **990** (2011)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1				89.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15	,46	7,3	74.
3	Revenue less expenses. Subtract line 2 from line 1	3		1	3,5	<u> 15.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	,40	8,2	42.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-	-44	4,8	30.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	10	, 97	6,9	27.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
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 Aud	lit			
	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 requ	ired aud	it [
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	X	1

Form **990** (2011)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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. ► See separate instructions.

OMB No. 1545-0047

16-0743969

Open to Public Inspection

Name of the organization

Employer identification number UNITED WAY OF BUFFALO AND ERIE COUNTY

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
he orgar	ne organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)											
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🗌	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name,											
	city, and state								•			,
5	•		benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental uni	t describ	ed in		
•	· ·	(b)(1)(A)(iv). (Comple	· ·			, a.c.	a go					
6			ent or governmental unit	t doscribo	d in soctio	n 170/h)/-	IVAVA)					
7 X			eives a substantial part o					r from the	gonoral	nublia das	oribod	in
1				oi its supp	on nom a	governine	iliai uliit C	n nom me	general	public des	cribed	
8 🗌		b)(1)(A)(vi). (Comple	ection 170(b)(1)(A)(vi). ((Complete	Dort II \							
9 🗔			eives: (1) more than 33 1			rom oontri	butions n	aomharahi	n food o	nd aroon r	ooointo	from
J			nctions - subject to certa									
			axable income (less sect									
		509(a)(2). (Complete		lion on ita	ix) iroini bu	311103503	acquired b	y trie orga	iiiiZatiOii	arter June	30, 13	73.
10 🔲			perated exclusively to te	et for publ	ic cafoty 9	Soo coctio	n 500(a)(/	1)				
11	-	-	perated exclusively for the	-	•			•	v out the	nurnosas	of one	or
	•		ations described in section						•	•		Oi
			organization and comple	. , ,	,	` ' ' '	.). Occ 3c () COO 11011	u)(O). On		X triat	
	a Type I	· · · · ·	¬ ~		e III - Func		enrated		d 🗀	Type III -	Other	
e 🗌	,,		t the organization is not	• •		•	-	r more disc		71		an
•	, ,		han one or more publicly		•	•	•		•	•		
f			ten determination from t)(u)(1) 01	0001101100	, σ (α)(<u>–</u>).	
•		rganization, check th						J 1111				
g	•		organization accepted ar					owing ner	sons?			. —
9			irectly controls, either al								Yes	No
			upported organization?									
			n described in (i) above?									
			person described in (i) of									
h			about the supported org							[1.9(./	
	T TOVIGO ETO I	onewing intermation	about the supported of	garnzanori	(0).							
(i) Name	of supported	/ii\ EINI	(iii) Type of	(iv) Is the c	organization	(v) Did voi	ı notify the	(vi) ls	the	(vii) A	mount o	
` '	anization	(ii) EIN	organization	in col. (i) lis	sted in your	organizat	ion in col.	organizátio (i) organiz	on in col.	` '	pport	Л
5.9			(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	Ü.S	.?		pport	
			(see instructions))	Yes	No	Yes	No	Yes	No			
otal												

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

Schedule A (Form 990 or 990-EZ) 2011

Schedule A (Form 990 or 990-EZ) 2011 UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969 Page 2

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	13644145.	12925495.	12407492.	14649944.	15430722.	69057798.
2	Tax revenues levied for the organ-						
	ization'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	13644145.	12925495.	12407492.	14649944.	15430722.	69057798.
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.						69057798.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	13644145.	12925495.	<u> 12407492.</u>	14649944.	15430722.	<u>69057798.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	256,542.	107,329.	25,928.	23,131.	27,353.	440,283.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	493.	21,054.	41,056.	11,456.	22,814.	
11	Total support. Add lines 7 through 10						69594954.
12	Gross receipts from related activities	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (•	* * * *		14	99.23 %
	Public support percentage from 2010					15	98.93 %
16a	33 1/3% support test - 2011. If the	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						. \square
	meets the "facts-and-circumstances"	-	· · · · · · · · · · · · · · · · · · ·				
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the						•
	organization meets the "facts-and-cire		ū	•	,		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instruction	ıs

Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	elow, please com	piete Part II.)				
_	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and	(4) 2007	(5) 2000	(0) 2000	(4) 2515	(5) 2511	(i) rotar
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
IUa	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources					+	+
,	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
							_
	Add lines 10a and 10b Net income from unrelated business					+	+
•	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain					1	
-	or loss from the sale of capital						
12	assets (Explain in Part IV.)						
	First five years. If the Form 990 is for	the organization	s first second thi	l rd fourth or fifth t	tax year as a secti	on 501(c)(3) organ	ization
-	check this box and stop here	•			•	. , . ,	
Sec	ction C. Computation of Publ						
	Public support percentage for 2011 (I		<u> </u>	column (f))		15	%
	Public support percentage from 2010					16	%
	ction D. Computation of Inves					•	
17	Investment income percentage for 20	11 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2011. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
_	·			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·

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

Internal Revenue Service

or 990-PF)
Department of the Treasury

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969 Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year. contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

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

purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions of \$5,000 or more during the year.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY

16-0743969

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ERIE COUNTY - DEPARTMENT OF SOCIAL SERVICES 95 FRANKLIN STREET, ROOM 746 BUFFALO, NY 14202	\$1,100,388.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED STATES - DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW, ROOM 4C138 WASHINGTON, DC 20202	495,451.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- - - -	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number**

UNITED WAY OF BUFFALO AND ERIE COUNTY

16-0743969

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
\neg			
3453 01-23-	12		

Name of organization

Employer identification number

art III	Evolucium, religious, charitable, etc., indi	vidual contributions to section 501(c)	c)(7), (8), or (10) organizations that total more than \$1,000 fo		
	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, e	the following line entry. For organization to., contributions of \$1,000 or less for	c)(7), (8), or (10) organizations that total more than \$1,000 for completing Part III, enter rthe year. (Enter this information once.)		
No T	Use duplicate copies of Part III if addition	nal space is needed.			
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-					
		(e) Transfer of gift	ft		
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
rt I	., , ,	1,72	, , , , ,		
_					
		(e) Transfer of gift	tt .		
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
ŀ		(e) Transfer of gift	<u> </u>		
ŀ	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee		
No. om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_					
- 1					
Ļ		(e) Transfer of gift	sfer of gift		
-		(e) Trailerer er gint			
	Transferee's name, address, a		Relationship of transferor to transferee		
	Transferee's name, address, a		Relationship of transferor to transferee		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions. 2011
Open to Public Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

 $\begin{array}{c} \text{Employer identification number} \\ 16-0743969 \end{array}$

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds o	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate contributions to (during year)	0.	
3	Aggregate grants from (during year)	0.	
4	Aggregate value at end of year	191,621.	_
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
	• •		·
Pai			
1	Purpose(s) of conservation easements held by the organization		<u> </u>
	Preservation of land for public use (e.g., recreation or ed		ically important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 1
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year >	, 3 ,	3
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes the	organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statemen	nt and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherance	e of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement an	nd balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		• \$
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under SFAS 11		
а	Revenues included in Form 990, Part VIII, line 1		• \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2011

4 Describe in Part XIV the intended uses of the org	ganization's endowment	funds.					
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.							
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value			
1a Land		158,930.		158,930			
b Buildings		3,664,627.	1,353,608.	2,311,019			
c Leasehold improvements							
d Equipment		2,960,166.	2,801,568.	158,598			
a Other							

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

2,628,547. Schedule D (Form 990) 2011

	(Form 990) 2011
Part VII	Investment
(6	a) Description of a (including na
(1) Financi	al derivatives
(2) Closely	-held equity inter
(3) Other	
	NEY MARK
(B) CE	ERTIFICAT
(O) MT	זמדדא ד בדדתו

	OF BUFFALO AN		NTY 16	-0743969	Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12) I			
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua st or end-of-year mar		
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A) MONEY MARKET	181,252.		EAR MARKET	VALUE	
(B) CERTIFICATES OF DEPOSIT	2,384,503.	END-OF-Y	EAR MARKET	VALUE	
(C) MUTUAL FUNDS	102,391.	END-OF-Y	EAR MARKET	VALUE	
(D)					
(E)					
(F)					
(G)					
(H)					
(1)					
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	2,668,146.				
Part VIII Investments - Program Related. S		3.			
(a) Description of investment type	(b) Book value	Co	(c) Method of valua st or end-of-year mar		
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
, ,					
(9)					
(10) Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line	15				
	Description		1	(b) Book va	aluo
	Description				,885.
(-7				340	,005.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)				0.4.0	005
Total. (Column (b) must equal Form 990, Part X, col (B) line			>	940	<u>,885.</u>
Part X Other Liabilities. See Form 990, Part X,		(In) Decelors 1			
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2) ACCRUED POSTRETIREMENT BE	INEFIT	200 202			
(3) OBLIGATION		298,000.			
(4) ACCRUED PENSION LIABILITY		1,172,490.			
(E)	I				

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POSTRETIREMENT BENEFIT	
(3) OBLIGATION	298,000.
(4) ACCRUED PENSION LIABILITY	1,172,490.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,470,490.

Fin 48 (ASC 740).

Fin 48 (ASC 740).

Fin 48 (ASC 740).

Schedule D (Form 9

Schedule D (Form 9

Schedule D (Form 990) 2011

	edule D (Form 990) 2011 UNITED WAY OF BUFFALO AND						0743969	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990			cial S	state	men		000
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			15,480,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			15,467,	
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				515.
4	Net unrealized gains (losses) on investments			4			15,	611.
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8			-460,	
9	Total adjustments (net). Add lines 4 through 8			9			-444,	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3			10			-431,	315.
Pai	rt XII Reconciliation of Revenue per Audited Financial Stater					eturr		200
1	Total revenue, gains, and other support per audited financial statements					1	11,475,	303.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		_					
а	• • • • • • • • • • • • • • • • • • • •		1	5,6	11.			
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d					2e		<u>611.</u>
3	Subtract line 2e from line 1					3	11,459,	<u>692.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b	4,02	1,1	97.			
С	Add lines 4a and 4b					4c	4,021,	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	15,480,	889.
Pa	rt XIII Reconciliation of Expenses per Audited Financial State	ments W	ith Expe	nses	per	Retu		
1	Total expenses and losses per audited financial statements					1	11,446,	<u>177.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
С	- · · ·							
d	Other (Describe in Part XIV.)							
е	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1					3	11,446,	<u>177.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b	4,02	<u>1,1</u>	<u>97.</u>			
	Add lines 4a and 4b					4c	4,021,	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	15,467,	<u>374.</u>
Pa	rt XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	t III, lines 1a	a and 4; Pa	rt IV, li	nes 1b	and a	2b; Part V, line 4	l; Part
X, lin	ne 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also co	mplete this	part to pro	vide ar	ny add	litiona	l information.	
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:							
					_			
AC(CUMULATED NET ASSET ADJUSTMENT- SFAS 158	DEFINE	D BEN	EFT'	Т			
	NATON DIAM						460	4.4.1
PEI	NSION PLAN						-460,	<u>441.</u>
ד ג כד	RT XII, LINE 4B - OTHER ADJUSTMENTS:							
L WI	WI VII' DIME 4D - OIUEK WDOODIMEMID:							
REC	CLASS OF DONOR DESIGNATED GIFTS						4,021,	197
-\11	CTIPD OF DOMON PUBLICANTED GILID						Ŧ,UZI,	±

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 UNITED WAY OF BUFFALO AND ERIE COUNTY Part XIV Supplemental Information (continued)	16-0743969 Page 5
Part XIV Supplemental Information (continued)	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
RECLASS OF DONOR DESIGNATED GIFTS	4,021,197.
	_

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Name of the organization

UNITED WA	Y OF BUFI	FALO AND ER	IE COUNTY				16-074	<u> 3969</u>
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records to								
criteria used to award the grants or assis	stance?						X Yes	No
2 Describe in Part IV the organization's pro								
Part II Grants and Other Assistance to		•				•		
recipient that received more than S	· ·							<u> </u>
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance	
AFRICAN AMERICAN CULTURAL CENTER INC 350 MASTEN AVENUE - BUFFALO, NY 14209	16-0920652	501(C)(3)	46,000.	0.			PROGRAM FUNDING	
BOTTABO, NI 14205	10 0520052	501(0)(3)	40,000.	٠.			I KOGKAM TONDING	-
AMERICAN RED CROSS - GREATER BUFFALO CHAPTER - 786 DELAWARE AVENUE - BUFFALO, NY 14209-2088	53-0196605	501(C)(3)	247,000.	0.			PROGRAM FUNDING	
•			,					
BE A FRIEND PROGRAM INC. 85 RIVER ROCK DRIVE, SUITE 107 BUFFALO, NY 14207	16-1106399	501(C)(3)	70,500.	0.			PROGRAM FUNDING	
BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	49.750.	0.			PROGRAM FUNDING	
BOFFALO, NI 14203	10-1080227	501(C)(3)	49,750.	0.			PROGRAM FUNDING	
BOYS AND GIRLS CLUB OF BUFFALO INC 282 BABCOCK STREET - BUFFALO, NY 14210	16-0849516	501(C)(3)	200,000.	0.			PROGRAM FUNDING	
BOTTABO, NI 14210	10 0043310	501(0)(3)	200,000.	٠.			I KOGKAM TONDING	-
BOYS AND GIRLS CLUB OF EAST AURORA 24 PAINE STREET P.O. BOX 36 EAST AURORA, NY 14052	16-0755732	501(0)(3)	64,000.	0.			PROGRAM FUNDING	
·		1						93.
2 Enter total number of section 501(c)(3) a			THE IITHE I LADIE					0.

Page 1 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 (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (b) EIN organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) BOYS AND GIRLS CLUB OF THE NORTHTOWNS OF WNY - 54 RIVERDALE 16-0755733 501(C)(3) 63,000 0 AVENUE - BUFFALO, NY 14207 PROGRAM FUNDING BOYS AND GIRLS CLUB OF ORCHARD PARK - 25 SOUTH LINCOLN AVENUE -20,000 0 16-1094894 501(C)(3) PROGRAM FUNDING ORCHARD PARK, NY 14127 BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON 0 STREET - BUFFALO, NY 14204-1297 16-1172623 501(C)(3) 172,000 PROGRAM FUNDING BUFFALO PRENATAL PERINATAL SERVICES - 625 DELAWARE AVENUE -BUFFALO, NY 14202 16-1302764 501(C)(3) 43,500 0 PROGRAM FUNDING BUFFALO URBAN LEAGUE INC. 15 EAST GENESEE STREET 16-0743940 501(C)(3) 182,375 0 PROGRAM FUNDING BUFFALO, NY 14203 CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE 16-0743251 501(C)(3) 284,000 0 PROGRAM FUNDING BUFFALO, NY 14209 CHILD & ADOLESCENT TREATMENT SERVICES - 301 CAYUGA ROAD, SUITE 16-0839225 501(C)(3) 335,550 0 PROGRAM FUNDING 200 - CHEEKTOWAGA, NY 14225 CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE -BUFFALO, NY 14202 16-1004825 501(C)(3) 356,936 0 PROGRAM FUNDING CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE 25,000. BUFFALO, NY 14216 22-2916451 501(C)(3) 0 PROGRAM FUNDING

Page 1 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 (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (b) EIN organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) COMPASS HOUSE 1451 MAIN STREET 23-7363167 501(C)(3) 114,500 0 BUFFALO, NY 14209 PROGRAM FUNDING COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE 70,588 0 BUFFALO, NY 14202 16-1454202 501(C)(3) PROGRAM FUNDING CONCERNED ECUMENICAL MINISTRY TO THE UPPER WEST SIDE - 286 LAFAYETTE AVENUE - BUFFALO, NY 16-0981256 30,000 0 14213 501(C)(3) PROGRAM FUNDING CRADLE BEACH CAMP INC. 8038 OLD LAKESHORE ROAD ANGOLA, NY 14006 16-0743025 501(C)(3) 65,000 0 PROGRAM FUNDING CRISIS SERVICES 2969 MAIN STREET BUFFALO, NY 14214-1003 16-0956222 501(C)(3) 33,000 0 PROGRAM FUNDING EARLY CHILDHOOD DIRECTION CENTER/ KALEIDA HEALTH - 3131 SHERIDAN 16-1533232 501(C)(3) 22,990 0 PROGRAM FUNDING DRIVE - AMHERST, NY 14226 ELIZABETH PIERCE OLMSTED, M.D. CENTER - 1170 MAIN STREET P.O. BOX 398 - BUFFALO, NY 14209 16-0743930 501(C)(3) 22,000 0 PROGRAM FUNDING ERIE COUNTY BAR ASSN. VOLUNTEER LAWYERS PROJECT - 237 MAIN STREET SUITE 1000 - BUFFALO, NY 14203 16-1337417 501(C)(3) 10,000 0 PROGRAM FUNDING ERIE REGIONAL HOUSING DEVELOPMENT CORP. (BELLE CENTER) - 104 MARYLAND STREET - BUFFALO, NY 14201 16-1559032 501(C)(3) 54,000 0 PROGRAM FUNDING

16-0743969 UNITED WAY OF BUFFALO AND ERIE COUNTY Schedule I (Form 990) Page 1 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 (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (b) EIN organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET 16-1160182 501(C)(3) 86,974 0 PROGRAM FUNDING BUFFALO, NY 14202 FAMILY JUSTICE CENTER OF ERIE COUNTY - 237 MAIN STREET 14TH 20-2250813 125,000 0 FLOOR - BUFFALO, NY 14203 501(C)(3) PROGRAM FUNDING GOODWILL INDUSTRIES OF WNY INC. 1119 WILLIAM STREET 16-0761225 76,000 0 BUFFALO, NY 14206-1897 501(C)(3) PROGRAM FUNDING HEARTS AND HANDS - FAITH IN ACTION 50 JOHN STREET AKRON, NY 14001 43-2008066 501(C)(3) 45,000 0 PROGRAM FUNDING HILLSIDE WORK-SCHOLARSHIP PROGRAM 1 MUSTARD STREET 1ST FLOOR ROCHESTER, NY 14609 16-1453581 501(C)(3) 50,000 0 PROGRAM FUNDING HISPANICS UNITED OF BUFFALO 254 VIRGINIA STREET 16-1243094 501(C)(3) 10,000 0 PROGRAM FUNDING BUFFALO, NY 14201 HOMEFRONT, INC. 780 FILLMORE AVENUE 16-1065303 501(C)(3) 40,000 0 PROGRAM FUNDING BUFFALO, NY 14212 INTERNATIONAL INSTITUTE OF BUFFALO INC. - 864 DELAWARE AVENUE -BUFFALO, NY 14209-2093 16-0743052 501(C)(3) 86,000 0 PROGRAM FUNDING JERICHO ROAD MINISTRIES 184 BARTON STREET

218,138,

0

PROGRAM FUNDING

BUFFALO, NY 14213

42-1571876

501(C)(3)

Page 1 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 (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (b) EIN organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) JEWISH COMMUNICTY CENTER OF GREATER BUFFALO - 2640 NORTH 16-0760887 501(C)(3) 29,700 0 FOREST ROAD - GETZVILLE, NY 14068 PROGRAM FUNDING JEWISH FAMILY SERVICE OF BUFFALO & ERIE COUNTY - 70 BARKER STREET -16-0760888 55,232 0 BUFFALO, NY 14209 501(C)(3) PROGRAM FUNDING JOAN A. MALE FAMILY SUPPORT CENTER 60 DINGENS STREET 161,500 0 BUFFALO, NY 14206 22-2219511 501(C)(3) PROGRAM FUNDING KING URBAN LIFE CENTER INC. 938 GENESEE STREET BUFFALO, NY 14211 16-1336419 501(C)(3) 85,000 0 PROGRAM FUNDING LIFE TRANSITIONS CENTER 225 COMO PARK BOULEVARD 22-2203585 501(C)(3) 20,000 0 PROGRAM FUNDING CHEEKTOWAGA, NY 14227 LITERACY EMPOWERMENT ACTION PLAN 3200 ELMWOOD AVENUE ROOM 214 20-8692424 501(C)(3) 14,000 0 PROGRAM FUNDING BUFFALO, NY 14217 LITERACY VOLUNTEERS OF AMERICA -BUFFALO AND ERIE CTY. - 1 LAFAYETTE SOUARE - 2ND FLOOR -16-1199474 501(C)(3) 45,000 0 PROGRAM FUNDING BUFFALO, NY 14203 LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212 16-1067572 501(C)(3) 44,000 0 PROGRAM FUNDING MENTAL HEALTH ASSOCIATION OF ERIE COUNTY INC. - 999 DELAWARE AVENUE - BUFFALO, NY 14209 16-6050086 501(C)(3) 38,000 0 PROGRAM FUNDING

Page 1 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 (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (b) EIN organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) NATIVE AMERICAN COMMUNITY SERVICES OF ERIE/NIAGARA - 1005 GRANT STREET - BUFFALO, NY 14207-2854 16-1043710 501(C)(3) 60,000 0 PROGRAM FUNDING NEIGHBORHOOD LEGAL SERVICES INC. 237 MAIN STREET, SUITE 400 51-0198935 58,000 0 BUFFALO, NY 14203 501(C)(3) PROGRAM FUNDING NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, 20,000 0 NY 14207 16-1060168 501(C)(3) PROGRAM FUNDING READ TO SUCCEED BUFFALO 392 PEARL STREET SUITE 100 BUFFALO, NY 14202 26-3606661 501(C)(3) 60,600 0 PROGRAM FUNDING RURAL TRANSIT SERVICE INC. 1000 BRANT FARNHAM ROAD 16-1511948 501(C)(3) 10,000 0 PROGRAM FUNDING BRANT, NY 14027 THE SALVATION ARMY 960 MAIN STREET 13-5562351 501(C)(3) 167,500 0 PROGRAM FUNDING BUFFALO, NY 14202 SCHILLER PARK COMMUNITY SERVICES INC. - C/O GEORGE K. ARTHUR COMMUNITY CENTER 2056 GENESEE 23-7355996 501(C)(3) 13,000 0 PROGRAM FUNDING STREET - BUFFALO, NY 14211 VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210 16-0964724 501(C)(3) 150,158 0 PROGRAM FUNDING WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA 20,000. STREET - BUFFALO, NY 14213 16-1425062 501(C)(3) 0 PROGRAM FUNDING

Page 1 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 (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (b) EIN organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV. appraisal, other) YWCA OF WNY 1005 GRANT STREET, SUITE 3 BUFFALO, NY 14207-2840 16-0743243 501(C)(3) 24,611 0 PROGRAM FUNDING AFL-CIO EMERGENCY SERVICES 742 DELAWARE AVENUE 16-0743969 30,000 0 BUFFALO, NY 14209 501(C)(3) PROGRAM FUNDING CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE PROGRAM FUNDING - CTG 16-0743251 70,000 0 BUFFALO, NY 14209 501(C)(3) PROGRAM MANAGER BE A FRIEND PROGRAM INC. 85 RIVER ROCK DRIVE, SUITE 107 BUFFALO, NY 14207 16-1106399 501(C)(3) 1,500 0 SPOTLIGHT VOLUNTEER AWARD CREATING ASSETS, SAVINGS BELMONT SHELTER CORP. AND HOPE/SAFETY NET 1195 MAIN STREET ACHIEVEMENT PROGRAM BUFFALO, NY 14209 16-1080227 501(C)(3) 39,115 0 (SNAP) BELMONT SHELTER CORP. 1195 MAIN STREET 16-1080227 501(C)(3) 39,100 0 WNY WOMEN'S FUND I.D.A. BUFFALO, NY 14209 BPS ADULT LEARNING CENTER 389 VIRGINIA STREET SAFETY NET ACHIEVEMENT 501(C)(3) 157,012 0 PROGRAM (SNAP) BUFFALO, NY 14201 BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON CREATING ASSETS, SAVINGS STREET - BUFFALO, NY 14204-1297 16-1172623 501(C)(3) 30,240 0 AND HOPE CATHOLIC CHARITIES OF BUFFALO CLOSING THE GAP-FUND FOR THE IMPROVEMENT OF 741 DELAWARE AVENUE 16-0743251 BUFFALO, NY 14209 501(C)(3) 227,473, 0 EDUCATION FEDERAL GRANT

Schedule I (Form 990)

Page 1

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	r age r
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF BUFFALO							
741 DELAWARE AVENUE							SAFETY NET ACHIEVEMENT
BUFFALO, NY 14209	16-0743251	501(C)(3)	37,311.	0.			PROGRAM (SNAP)
	10 0/10201		07,022.				
CHILD CARE RESOURCE NETWORK							
1000 HERTEL AVENUE							SUCCESS BY 6-CHILD CARE
BUFFALO, NY 14216	22-2916451	501(C)(3)	57,371.	0.			SERVICES
ELIZABETH PIERCE OLMSTED, M.D.							
CENTER - 1170 MAIN STREET P.O. BOX							
398 - BUFFALO, NY 14209	16-0743930	501(C)(3)	10,000.	0.			WNY HOLIDAY PARTNERSHIP
ELIZABETH PIERCE OLMSTED, M.D.							
CENTER - 1170 MAIN STREET P.O. BOX	46 054000	504 (5) (2)					CREATING ASSETS, SAVINGS
398 - BUFFALO, NY 14209	16-0743930	501(C)(3)	2,500.	0.			AND HOPE
ERIE REGIONAL HOUSING DEVELOPMENT							
CORP. (BELLE CENTER) - 104 MARYLAND STREET - BUFFALO, NY							SAFETY NET ACHIEVEMENT
14201	16-1559032	501(C)(3)	171,260.	0.			PROGRAM (SNAP)
14201	10 1333032	501(0)(3)	171,200.	• •			I ROGRAM (BNAL)
EVERY PERSON INFLUENCES CHILDREN							CLOSING THE GAP-FUND FOR
1000 MAIN STREET							THE IMPROVEMENT OF
BUFFALO, NY 14202	16-1160182	501(C)(3)	52,744.	0.			EDUCATION FEDERAL GRANT
·			·				
JERICHO ROAD MINISTRIES							
184 BARTON STREET							TARGETED FOOD STAMP
BUFFALO, NY 14213	42-1571876	501(C)(3)	23,775.	0.			OUTREACH PROGRAM
JERICHO ROAD MINISTRIES							
184 BARTON STREET							
BUFFALO, NY 14213	42-1571876	501(C)(3)	10,751.	0.			FUND FOR ALLIANCES
TOWN 3 WALE HAVE " CURPOR C							OLOGING BUE CAR TIME
JOAN A. MALE FAMILY SUPPORT CENTER							CLOSING THE GAP-FUND FOR
60 DINGENS STREET	22 2210511	E01/G)/3)	112 F26	0.			THE IMPROVEMENT OF
BUFFALO, NY 14206	22-2219511	Por(c)(3)	113,526.	U.			EDUCATION FEDERAL GRANT

Page 1 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 (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (b) EIN organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV. appraisal, other) KALEIDA HEALTH SYSTEM 726 EXCHANGE STEET, SUITE 200 SUCCESS BY 6-CHILD CARE 16-1417483 501(C)(3) 36,772 0 SERVICES BUFFALO, NY 14210 KALEIDA HEALTH SYSTEM 726 EXCHANGE STEET, SUITE 200 17,125 0 BUFFALO, NY 14210 16-1417483 501(C)(3) SUCCESS BY 6-HELP ME GROW LITERACY EMPOWERMENT ACTION PLAN 3200 ELMWOOD AVENUE ROOM 214 1,500 0 BUFFALO, NY 14217 20-8692424 501(C)(3) SPOTLIGHT VOLUNTEER AWARD LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 FUND FOR ALLIANCES / SAFETY NET ACHIEVEMENT BROADWAY STREET - BUFFALO, NY 14212 16-1067572 501(C)(3) 143,881 0 PROGRAM (SNAP) NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, OUT OF SCHOOL TIME NY 14207 16-1060168 501(C)(3) 98,034 0 INITIATIVE NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO. SAFETY NET ACHIEVEMENT NY 14207 16-1060168 501(C)(3) 148,061 0 PROGRAM (SNAP) SENECA BABCOCK COMMUNITY ASSOCIATION - 1168 SENECA STREET SAFETY NET ACHIEVEMENT 23-7367697 501(C)(3) 77,821 0 PROGRAM (SNAP) BUFFALO, NY 14210 SOUTH BUFFALO EDUCATION CENTER 2234 SENECA STREET SAFETY NET ACHIEVEMENT BUFFALO, NY 14210 20-1930616 501(C)(3) 74,975 0 PROGRAM (SNAP) THE SALVATION ARMY 960 MAIN STREET TARGETED FOOD STAMP BUFFALO, NY 14202 13-5562351 501(C)(3) 4,428 0 OUTREACH PROGRAM

Page 1 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 (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant (b) EIN organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV. appraisal, other) THE WNY WOMEN'S FOUNDATION, INC. 742 DELAWARE AVENUE 501(C)(3) 414,584 0 BUFFALO, NY 14209 27-4154672 START UP GRANT URBAN CANVAS PROJECT OF BUFFALO, INC. - 96 SEYMOUR STREET #1004 -CREATING ASSETS, SAVINGS 2,901 0 TONAWANDA, NY 14150 26-3785764 501(C)(3) AND HOPE UNIVERSITY HEIGHTS COMMUNITY DEV. ASSOC. / GLORIA J. PARKS COMMUNITY CENTER - 3242 MAIN STREET -SAFETY NET ACHIEVEMENT 90,019 0 BUFFALO, NY 14214 16-1072548 501(C)(3) PROGRAM (SNAP) WNY UNITED AGAINST DRUG AND CLOSING THE GAP-FUND FOR ALCOHOL ABUSE INC. - 1195 NIAGARA THE IMPROVEMENT OF STREET - BUFFALO, NY 14213 16-1425062 501(C)(3) 55,164 0 EDUCATION FEDERAL GRANT BOYS AND GIRLS CLUB OF BUFFALO INC. - 282 BABCOCK STREET -16-0849516 501(C)(3) 500 0 GOODFELLOWS AWARD BUFFALO, NY 14210 BOYS AND GIRLS CLUB OF THE NORTHTOWNS OF WNY - 54 RIVERDALE 16-0755733 501(C)(3) 500 0 GOODFELLOWS AWARD AVENUE - BUFFALO, NY 14207 COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE, SUITE 210 16-1454202 501(C)(3) 500 0 GOODFELLOWS AWARD BUFFALO, NY 14202 JOAN A. MALE FAMILY SUPPORT CENTER 60 DINGENS STREET BUFFALO, NY 14206 22-2219511 501(C)(3) 1,500 0 SPOTLIGHT VOLUNTEER AWARD BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON TARGETED FOOD STAMP STREET - BUFFALO, NY 14204-1297 16-1172623 501(C)(3) 11,083. 0 OUTREACH PROGRAM

Schedule I (Form 990)

Page 1 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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash assistance (book, FMV, appraisal, other) BUFFALO URBAN LEAGUE INC. 15 EAST GENESEE STREET 16-0743940 501(C)(3) 500 0 GOODFELLOWS AWARD BUFFALO, NY 14203 JERICHO ROAD MINISTRIES 184 BARTON STREET 42-1571876 501(C)(3) 500 0 GOODFELLOWS AWARD BUFFALO, NY 14213 KING URBAN LIFE CENTER INC. 938 GENESEE STREET 16-1336419 501(C)(3) 500 0 GOODFELLOWS AWARD BUFFALO, NY 14211 LITERACY VOLUNTEERS OF AMERICA -BUFFALO AND ERIE CTY. - 1 LAFAYETTE SQUARE - 2ND FLOOR -BUFFALO, NY 14203 16-1199474 501(C)(3) 500 0 GOODFELLOWS AWARD MERCY USA FOR 211 WNY (OLMSTEAD CENTER FOR SIGHT) - 1170 MAIN STREET P.O. BOX 398 - BUFFALO, NY 14209 16-0743930 501(C)(3) 3,497 0 GOODFELLOWS AWARD DONOR DESIGNATIONS TO DONOR DESIGNATIONS TO AGENCIES 501(C)(3) 4,021,197 0 AGENCIES

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistan
A Complete Microsoft Complete Microsoft		in die Dedi	line O and any other		
Supplemental Information. Complete this part t	to provide the information	n required in Part i	, line 2, and any otner	additional information.	

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number 16-0743969

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director. Explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		_^
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		_^
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	, , , , , , , , , , , , , , , , , , , ,	_		v
_	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			1
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2011

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C)	(D)	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	(B)(i)-(D)	reported as deferred in prior Form 990
(i	179,751.	0.	0.	0.	1,200.	180,951.	0.
1 MICHAEL WEINER		0.	0.	0.	0.	0.	0.
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_11 (i							
(1							
<u>12</u> (i							
(i							
(1)							
(1							
(1							
16 (i)						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011
Open to Public Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number 16-0743969

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: INTEGRITY, COLLABORATION, ACCOUNTABILITY, INNOVATION. SERVICE: WE FOSTER AND ENCOURAGE THE ACTIVE INVOLVEMENT OF INDIVIDUALS, GROUPS, ORGANIZATIONS, CORPORATIONS AND LABOR TO SERVE THE COMMUNITY.INTEGRITY: ETHICAL, AND TRANSPARENT AS WE SERVE. WE ARE CARETAKERS WE ARE HONEST, INDIVIDUAL WORTH AND SELF-RESPECT AND OUR DONORS RESOURCES. WE ACT IN WAYS THAT RESPECT THE DIGNITY, UNIQUENESS AND INTRINSIC WORTH OF EVERY PERSON. COLLABORATION: WE WORK TOGETHER PRODUCTIVELY, AS AN ORGANIZATION AND WITH OUR PARTNERS THROUGHOUT THE COMMUNITY. WE VALUE DIVERSITY AND STRIVE FOR INCLUSION. ACCOUNTABILITY: WE TAKE RESPONSIBILITY FOR COMMITMENTS AND DELIVERING HIGH QUALITY, HIGH VALUE AND RELEVANT RESULTS. INNOVATION: WE LOOK FOR INNOVATIVE WAYS TO MEET OUR MISSION. PART III, LINE 4D, OTHER PROGRAM SERVICES: COMMUNITY IMPACT PROGRAM SERVICES - THIS PROGRAM IS RESPONSIBLE FOR ANALYZING COMMUNITY NEEDS, FOCUSING RESOURCES, AND DETERMINING THE COMMUNITY IMPACT OF THE WORK DONE AND NEEDED TO BE DONE IN SOLVING PROBLEMS IN THE HEALTH AND HUMAN AREA. EXPENSES \$ 1,538,960. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

CREATIVE SERVICES

M.I.S

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

GOVERNMENT & LABOR RELATIONS

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
INITIATIVE & OTHER SPECIAL PROGRAMS	
RESOURCE CENTER	
VOLUNTEER SERVICES	
FORM 990, PART VI, SECTION A, LINE 6: ONE CLASS OF MEMBER	S IS CALLED THE
HOUSE OF DELEGATES. THE HOUSE OF DELEGATES IS COMPOSED OF	A CROSS-SECTION
OF CONTRIBUTORS, VOLUNTEERS AND OTHERS, REFLECTIVE OF THE	MISSION OF THE
UNITED WAY. THE DELEGATES ARE ELECTED AT THE ANNUAL MEETI	NG BY A PLURALITY
OF THE VOTES CAST, AND EXERCISE ALL POWERS GRANTED TO 'ME	MBERS' UNDER
PROVISIONS OF THE NOT-FOR-PROFIT CORPORATION LAW. ALL DIR	ECTORS ARE ELECTED
AT EACH ANNUAL MEETING OF THE HOUSE OF DELEGATES.	
FORM 990, PART VI, SECTION A, LINE 7A: THE 'MEMBERS' (THE	HOUSE OF
DELEGATES) ANNUALLY ELECT A SLATE OF DIRECTORS. THE DIRECTORS.	TORS ARE ELECTED
TO A THREE YEAR TERM AND CAN SERVE NOT MORE THAN TWO CONS	ECUTIVE THREE YEAR
TERMS. APPROXIMATELY ONE THIRD OF THE SLATE OF DIRECTORS	IS UP FOR ELECTION
EACH YEAR.	
FORM 990, PART VI, SECTION B, LINE 11: PRIOR TO FILING, T	HE FORM 990 IS
REVIEWED BY THE FINANCE COMMITTEE OF THE UNITED WAY.	
FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASI	S (AND/OR UPON
BEING NEWLY HIRED/APPOINTED), THE ORGANIZATION'S WRITTEN	"CONFLICT OF
INTEREST POLICY" IS REVIEWED WITH EACH EMPLOYEE AND DIREC	TOR. AS WRITTEN

EVIDENCE EACH EMPLOYEE/DIRECTOR SIGNS A STATEMENT THAT HE/SHE HAS REVIEWED

132212
01-23-12
Schedule O (Form 990 or 990-EZ) (2011

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Employer identification number 16-0743969

THE POLICY, FULLY UNDERSTANDS, HAS COMPLIED AND WILL CONTINUE TO COMPLY
WITH THE POLICY. THIS CERTIFICATION PROCESS IS MANDATORY FOR ALL UNITED WAY
STAFF, MEMBERS OF THE BOARD OF DIRECTORS, AND LOANED EXECUTIVES.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S BOARD CHAIRMAN
IN CONJUNCTION WITH A VOLUNTEER BASED HUMAN RESOURCES COMMITTEE ANNUALLY
REVIEWS THE COMPENSATION LEVEL OF THE CEO, KEY EMPLOYEES, AND THE SALARY
RANGES FOR ALL OTHER PAID STAFF. THIS REVIEW FULLY CONSIDERS AND INCLUDES
COMPARATIVE AND COMPETITIVE DATA, PERFORMANCE CRITERIA, SPAN OF CONTROL,
AND OTHER IMPORTANT HR CONCERNS. ANY AND ALL SALARY CHANGES ARE
SUBSTANTIATED BY WRITTEN RECORD AND MAINTAINED IN THE PERMANENT EMPLOYEE
FILES.

FORM 990, PART VI, SECTION C, LINE 19: OUR FINANCIAL STATEMENTS, CONFLICT
OF INTEREST POLICY, AND VARIOUS OTHER GOVERNING DOCUMENTS OF NOMINAL
INTEREST TO OUR DONORS, AGENCY PARTNERS, AND THE GENERAL PUBLIC ARE ALWAYS
AVAILABLE UPON REQUEST AND ARE GENERALLY MAINTAINED ON OUR WEBSITE

(WWW.UWBEC.ORG) FOR EASE OF ACCESS. INCLUDED IN OUR PUBLISHED

ORGANIZATIONAL GOALS IS THE REQUIREMENT OF TRANSPARENCY AND ACCOUNTABILITY
FOR OUR MISSION, TO OUR DONOR BASE, TO THE PROGRAMS WE SUPPORT, AND TO THE
GENERAL PUBLIC.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:

15,611.

ACCUMULATED NET ASSET ADJUSTMENT- SFAS 158 DEFINED BENEFIT

PENSION PLAN

TOTAL TO FORM 990, PART XI, LINE 5

-444,830.

-460,441.

Schedule O (Form 990 or 990-EZ) (2011)	Page 2
Name of the organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
PART XI, LINE 2C;	
THE FINANCE COMMITTEE OVERSEES THE AUDIT AND IS RESPONSI	BLE FOR
SELECTING AN INDEPENDENT AUDITOR.	