

Form **990**

**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)

OMB No. 1545-0047

**2004**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2004 calendar year, or tax year beginning** **APR 1, 2004** **and ending** **MAR 31, 2005**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>UNITED WAY OF BUFFALO AND ERIE COUNTY</b>		<b>D Employer identification number</b> 16-0743969
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>742 DELAWARE AVENUE</b>		<b>E Telephone number</b> (716) 887-2626
		City or town, state or country, and ZIP + 4 <b>BUFFALO, NY 14209</b>		<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

*Hand I are not applicable to section 527 organizations.*

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**G Website:** WWW.UWBEC.ORG

**J Organization type** (check only one)  501(c) ( 3 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

**I** Group Exemption Number

**M** Check  if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **17,126,183.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	14,807,810.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	<b>Total</b> (add lines 1a through 1c) (cash \$ 14,807,810. noncash \$ )	1d	14,807,810.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,313,247.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	26,972.	
	5	Dividends and interest from securities	5	62,027.	
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7	Other investment income (describe )	7			
Revenue	8a	(A) Securities		8a	(B) Other
		855,615.			
		821,000.	8b		
		34,615.	8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	34,615.		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
Revenue	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	53,198.	
		Less: direct expenses other than fundraising expenses	9b	48,781.	
		Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 2	4,417.
Revenue	10a	Gross sales of inventory, less returns and allowances	10a		
		Less: cost of goods sold	10b		
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	7,314.		
12	<b>Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	16,256,402.		
Expenses	13	Program services (from line 44, column (B))	13	13,400,103.	
	14	Management and general (from line 44, column (C))	14	396,572.	
	15	Fundraising (from line 44, column (D))	15	1,078,743.	
	16	Payments to affiliates (attach schedule)	16	SEE STATEMENT 3	91,805.
	17	<b>Total expenses</b> (add lines 13 and 14, column (A))	17	14,967,223.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,289,179.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	11,763,119.	
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 4	<69,100.>
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	12,983,198.	

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) ..... (cash \$9788532. noncash \$)	9,788,532.	9,788,532.	STATEMENT 7	
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc. ....	150,988.	105,692.	12,079.	33,217.
26	Other salaries and wages .....	2,407,930.	1,691,836.	215,444.	500,650.
27	Pension plan contributions .....				
28	Other employee benefits .....	437,799.	306,716.	23,001.	108,082.
29	Payroll taxes .....	198,236.	141,200.	14,177.	42,859.
30	Professional fundraising fees .....				
31	Accounting fees .....				
32	Legal fees .....				
33	Supplies .....	110,929.	81,028.	1,058.	28,843.
34	Telephone .....	54,115.	36,919.	4,239.	12,957.
35	Postage and shipping .....	75,072.	65,834.	1,288.	7,950.
36	Occupancy .....	255,421.	175,162.	33,111.	47,148.
37	Equipment rental and maintenance .....	246,786.	217,004.	5,535.	24,247.
38	Printing and publications .....	142,973.	53,809.	2,887.	86,277.
39	Travel .....	145,575.	90,822.	9,140.	45,613.
40	Conferences, conventions, and meetings .....				
41	Interest .....				
42	Depreciation, depletion, etc. (attach schedule) ...	297,189.	220,495.	14,380.	62,314.
43	Other expenses not covered above (itemize):				
a	.....				
b	.....				
c	.....				
d	.....				
e	SEE STATEMENT 5	563,873.	425,054.	60,233.	78,586.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15.	14,875,418.	13,400,103.	396,572.	1,078,743.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_; (ii) the amount allocated to Program services \$ \_\_\_\_\_;

(iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b>	<b>GRANTS AND ALLOCATIONS TO MEMBER AGENCIES</b>  (Grants and allocations \$ 9,493,773.)	9,493,773.
<b>b</b>	<b>GRANT PROGRAMS - THESE PROGRAMS ARE AIMED AT PROVIDING SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS AND GROUPS, FOCUSED ON WOMEN'S AND CHILDREN'S INITIATIVES.</b>  (Grants and allocations \$ 294,759.)	1,280,246.
<b>c</b>	<b>M.I.S. - THIS PROGRAM IS RESPONSIBLE FOR MAINTAINING DETAIL OF PLEDGES MADE BY CONTRIBUTORS, AND ENSURING THAT CONTRIBUTOR DESIGNATIONS ARE COMPLIED WITH.</b>  (Grants and allocations \$ )	286,229.
<b>d</b>	<b>FINANCE/PLEDGE - THIS PROGRAM IS RESPONSIBLE FOR RECORDING, COLLECTING, PROCESSING AND DISBURSING FUNDS RAISED FOR AGENCY ALLOCATIONS TO HELP SOLVE OUR COMMUNITY'S HEALTH AND HUMAN PROBLEMS.</b>  (Grants and allocations \$ )	936,912.
<b>e</b>	Other program services (attach schedule) <b>STATEMENT 8</b> (Grants and allocations \$ )	1,402,943.
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>13,400,103.</b>	<b>13,400,103.</b>

**Part IV Balance Sheets**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	2,458,693.	46 2,707,544.
	47 a Accounts receivable	47a 1,471,083.	
	b Less: allowance for doubtful accounts	47b	47c 1,471,083.
	48 a Pledges receivable	48a 12,205,028.	
	b Less: allowance for doubtful accounts	48b 2,641,571.	48c 9,563,457.
	49 Grants receivable		49
	50 Receivables from officers, directors, trustees, and key employees		50
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	679,718.	53 638,741.
	54 Investments - securities <b>STMT 9 STMT 12</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,994,929.	54 1,926,270.
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
	56 Investments - other		56
	57 a Land, buildings, and equipment: basis	57a 6,099,466.	
	b Less: accumulated depreciation <b>STMT 10</b>	57b 2,430,435.	57c 3,669,031.
	58 Other assets (describe <b>▶ ASSETS HELD IN TRUST</b> )	114,571.	58 115,972.
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	20,879,849.	59 20,092,098.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	349,106.	60 399,286.
	61 Grants payable	5,356,529.	61 3,620,589.
	62 Deferred revenue	761,361.	62 999,950.
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <b>▶ SEE STATEMENT 11</b> )	2,649,734.	65 2,089,075.
	66 <b>Total liabilities</b> (add lines 60 through 65)	9,116,730.	66 7,108,900.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	4,429,397.	67 4,509,632.
	68 Temporarily restricted	7,318,722.	68 8,458,566.
	69 Permanently restricted	15,000.	69 15,000.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	11,763,119.	73 12,983,198.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	20,879,849.	74 20,092,098.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
b	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a   0.		
b	Did the organization file Form 1120-POL for this year?		X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b   N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? N/A		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c   N/A		
d	Section 162(e) lobbying and political expenditures 85d   N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e   N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f   N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a   N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b   N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a   N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b   N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911   0.; section 4912   0.; section 4955   0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed NEW YORK		
b	Number of employees employed in the pay period that includes March 12, 2004 90b   70		
91	The books are in care of THOMAS WRINN Telephone no. (716)-887-2626		
	Located at 742 DELAWARE AVENUE, BUFFALO, NY ZIP + 4 14209		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92   N/A		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>Note:</b> Enter gross amounts unless otherwise indicated.					
<b>93</b> Program service revenue:					
<b>a</b> <b>VARIOUS</b>					1,313,247.
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			14	26,972.	
<b>96</b> Dividends and interest from securities			14	62,027.	
<b>97</b> Net rental income or (loss) from real estate:					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	34,615.	
<b>101</b> Net income or (loss) from special events			01	4,417.	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue:					
<b>a</b> <b>MISCELLANEOUS</b>			01	7,314.	
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0.		135,345.	1,313,247.
<b>105</b> Total (add line 104, columns (B), (D), and (E))					1,448,592.

**Note:** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FUNDS RECEIVED FOR VARIOUS PROGRAMS RUN BY THE UNITED WAY RELATED TO THEIR TAX-EXEMPT PURPOSE.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

**Please Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:  Preparer's SSN or PTIN: \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: **LUMSDEN & MCCORMICK, LLP**  
**403 MAIN STREET, SUITE 430**  
**BUFFALO, NY 14203**

EIN: \_\_\_\_\_ Phone no.: **(716) 856-3300**

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2004**

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

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>KAREN CHRISTIE</u> 742 DELAWARE AVE., BUFFALO, NY	SVP - ORG DEV 40	89,957.		
<u>STEPHANIE BARBER</u> 742 DELAWARE AVE., BUFFALO, NY	SVP COM INV 40	77,250.		
<u>JOHN GARFOOT, CPA</u> 742 DELAWARE AVE., BUFFALO, NY	SVP - OP&FIN 40	72,064.		
<u>MARY K. DAILOR-COMTOIS</u> 742 DELAWARE AVE., BUFFALO, NY	VP - HUMAN SVC 40	60,522.		
<u>JACQUIE ALOI MCNAMARA</u> 742 DELAWARE AVE., BUFFALO, NY	VP-OP & CUST 40	57,530.		
Total number of other employees paid over \$50,000	3			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>STAHLKA MARKETING/EVENT MANAGEMENT</u> 60 WESTCHESTER ROAD, WILLIAMSVILLE, NY 14221	MARKETING SERVICES	57,244.
Total number of others receiving over \$50,000 for professional services	0	

**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....		X
b	Lending of money or other extension of credit? .....		X
c	Furnishing of goods, services, or facilities? .....		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b> .....	X	
e	Transfer of any part of its income or assets? .....		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) <b>SEE STATEMENT 16</b> .....	X	
b	Do you have a section 403(b) annuity plan for your employees? .....	X	
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? .....		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? .....		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	11,045,103.	11,169,314.	11,561,319.	11,192,213.	44,967,949.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	1,506,167.	1,384,545.	1,315,177.	1,069,624.	5,275,513.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	69,575.	83,316.	129,293.	199,486.	481,670.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	152,914.	157,274.	SEE STATEMENT 17 339,472.	201,452.	851,112.
<b>23</b> Total of lines 15 through 22	12,773,759.	12,794,449.	13,345,261.	12,662,775.	51,576,244.
<b>24</b> Line 23 minus line 17	11,267,592.	11,409,904.	12,030,084.	11,593,151.	46,300,731.
<b>25</b> Enter 1% of line 23	127,738.	127,944.	133,453.	126,628.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24					<b>26a</b> 926,015.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					<b>26b</b> 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					<b>26c</b> 46,300,731.
d Add: Amounts from column (e) for lines: 18 481,670. 19 _____ 22 851,112. 26b _____					<b>26d</b> 1,332,782.
e Public support (line 26c minus line 26d total)					<b>26e</b> 44,967,949.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 97.1215%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2003) _____ (2002) _____ (2001) _____ (2000) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2003) _____ (2002) _____ (2001) _____ (2000) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
d Add: Line 27a total and line 27b total					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					<b>27f</b> N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 7 of the instructions.) N/A  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....	<b>29</b>		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....	<b>30</b>		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....	<b>31</b>		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
_____			
<b>32</b> Does the organization maintain the following:			
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>32c</b>		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>32d</b>		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
<b>33</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges? .....	<b>33a</b>		
<b>b</b> Admissions policies? .....	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff? .....	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance? .....	<b>33d</b>		
<b>e</b> Educational policies? .....	<b>33e</b>		
<b>f</b> Use of facilities? .....	<b>33f</b>		
<b>g</b> Athletic programs? .....	<b>33g</b>		
<b>h</b> Other extracurricular activities? .....	<b>33h</b>		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>34a</b>		
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? .....	<b>34b</b>		
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	<b>35</b>		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.) **N/A**  
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	<b>a</b> Volunteers .....		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
5			.000	16				0.
* 990 PAGE 2 TOTAL OTHER								
					0.	0.	0.	0.
LAND								
1								
LAND								
		VARIABLE			158,930.			0.
* 990 PAGE 2 TOTAL LAND								
					158,930.	0.	0.	0.
OTHER								
2	BUILDING AND IMPROVEMENTS							
		VARIABLE	.000	16	3,628,654.		627,925.	90,840.
3	FURNITURE AND EQUIPMENT							
		VARIABLE	.000	16	2,311,882.		1,505,321.	206,349.
* 990 PAGE 2 TOTAL OTHER								
					5,940,536.	0.	2,133,246.	297,189.
* GRAND TOTAL 990 PAGE 2 DEPR								
					6,099,466.	0.	2,133,246.	297,189.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
GAIN ON SALE OF SECURITIES	855,615.	821,000.	0.	34,615.
TO FORM 990, PART I, LINE 8	855,615.	821,000.	0.	34,615.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
VARIOUS EVENTS (VICTORY DINNER, NEWS NEEDIEST, GOLF TOURNEMENT ETC..)	53,198.		53,198.	48,781.	4,417.
TO FM 990, PART I, LINE 9	53,198.		53,198.	48,781.	4,417.

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 3

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
UNITED WAY OF AMERICA		
PURPOSE OF PAYMENT		
MEMBERSHIP DUES		91,805.
TOTAL TO FORM 990, PART I, LINE 16		91,805.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON INVESTMENTS	<69,100.>
TOTAL TO FORM 990, PART I, LINE 20	<69,100.>

FORM 990 OTHER EXPENSES STATEMENT 5

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
MEMBERSHIP DUES	18,851.	11,795.	6,463.	593.
CONSULTING AND PROFESSIONAL FEES	460,689.	354,035.	50,034.	56,620.
PRODUCTION	5,189.	2,856.	103.	2,230.
EMPLOYEE EDUCATION AND TRAINING	5,986.	2,032.	104.	3,850.
MISCELLANEOUS	30,413.	22,622.	1,461.	6,330.
PAYMENTS TO STATE AFFILIATE	42,745.	31,714.	2,068.	8,963.
TOTAL TO FM 990, LN 43	563,873.	425,054.	60,233.	78,586.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 6  
PART III

EXPLANATION

NOT-FOR-PROFIT ORGANIZATION WHOSE PURPOSE IS TO RAISE FUNDS IN THE COMMUNITY AND DISTRIBUTE THOSE FUNDS TO OTHER NOT-FOR-PROFIT HUMAN SERVICE AGENCIES.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
	SEE ATTACHED STATEMENT		NONE	9788532.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				9788532.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 8

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
RESOURCE CENTER		323,632.
GOVERNMENT & LABOR RELATIONS		110,540.
REGIONAL PROGRAM SERVICES		257,210.
CREATIVE SERVICES		200,257.
GENERAL PROGRAM SERVICES		161,014.
INITIATIVE & OTHER SPECIAL PROGRAMS		161,838.
COMMUNITY INITIATIVES		156,738.
PAYMENT TO STATE AFFILIATE		31,714.
TOTAL TO FORM 990, PART III, LINE E		1,402,943.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
EQUITIES	FMV	76,930.			76,930.
TO FORM 990, LINE 54, COL B		76,930.			76,930.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	158,930.	0.	158,930.
BUILDING AND IMPROVEMENTS	3,628,654.	718,765.	2,909,889.
FURNITURE AND EQUIPMENT	2,311,882.	1,711,670.	600,212.
TOTAL TO FORM 990, PART IV, LN 57		2,430,435.	3,669,031.

FORM 990 OTHER LIABILITIES STATEMENT 11

DESCRIPTION	AMOUNT
UNEMPLOYMENT INSURANCE FUNDS ALLOCATIONS PAYABLE	335,357. 1,753,718.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	

FORM 990 OTHER SECURITIES STATEMENT 12

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MONEY MARKET CERTIFICATES OF DEPOSIT	FMV	272,351.
MUTUAL FUNDS	FMV	1,490,818.
ANNUITY	FMV	86,171.
	FMV	0.
TO FORM 990, LINE 54, COL B		1,849,340.

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
RECLASS OF DONOR DESIGNATIONS	3,444,489.
TOTAL TO FORM 990, PART IV-A	3,444,489.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 14

DESCRIPTION	AMOUNT
RECLASS OF DONOR DESIGNATIONS	3,444,489.
TOTAL TO FORM 990, PART IV-B	3,444,489.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 15

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ARLENE KAUKUS 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	PRESIDENT 40 HOURS	150,988.	0.	2,380.
REVEREND JAMES LEWIS 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
GEORGE B. ALEXANDER 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
CAREY ANDERSON 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
DR. CHARLES D. BANG 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.

RICHARD D. LEWIS 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
JAN BORMAN 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
MARK E. BRAND 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
ROGER F. COMINSKY 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
PAULETTE CROOKE 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
MILLY FERRER 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
MARY PAT GALLIVAN 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
JOHN MINEO 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
HERBERT J. GLOSE 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
DAVID K. GRANT 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
KEVIN MURPHY 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
DESIREE PARKER 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
PHILIPP RIMMLER, ESQ. 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.

ANNE SAVARINO 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
JEREMY M. JACOBS, JR. 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	CHAIRMAN 1	0.	0.	0.
STEPHEN G. JEPSON 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
ALVA L. JOHNSON 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
MARK JONES 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
ALICE A. JOSEFFER 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
JUDI SPEAR 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
JAY MCWATTERS 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TREASURER 1	0.	0.	0.
RICHARD GOLD 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
LINDA D. POLLACK 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
GARY D. QUENNEVILLE 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
WINFORD A. QUICK 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
ANGELO VELLAKE 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.

BARBARA WALTER 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
ROBERT TRAVERS 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
HOWARD ZEMSKY 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
KRIS ANN PIAZZA 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
JAMES WILLIS PH.D. 742 DELAWARE AVENUE BUFFALO, NEW YORK 14209	TRUSTEE 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		150,988.	0.	2,380.

---

SCHEDULE A      EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS      STATEMENT 16  
PART III, LINE 3

---

ORGANIZATIONS RECEIVING ALLOCATIONS OR GRANTS MUST REPORT THEIR TAX EXEMPT STATUS ANNUALLY TO THE UNITED WAY OF BUFFALO AND ERIE COUNTY. A COMMITTEE AT THE UNITED WAY REVIEWS THIS INFORMATION TO ENSURE THAT THESE ORGANIZATIONS ARE MEETING THE REQUIREMENTS OF THE UNITED WAY. RECIPIENTS MUST ALSO SUBMIT REPORTS CONCERNING THE USE OF UNITED WAY FUNDS.

---

SCHEDULE A	OTHER INCOME			STATEMENT 17
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	152,914.	157,274.	339,472.	201,452.
TOTAL TO SCHEDULE A, LINE 22	152,914.	157,274.	339,472.	201,452.

2004 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - UNITED WAY OF BUFFALO AND ERIE COUNTY

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
5				.000	16							0.
	* 990 PAGE 2 TOTAL											
	OTHER					0.		0.	0.	0.	0.	0.
	LAND											
1	LAND	VARIABLE	SSL			158,930.			158,930.			0.
	* 990 PAGE 2 TOTAL											
	LAND					158,930.		0.	158,930.	0.	0.	0.
	OTHER											
2	BUILDING AND IMPROVEMENTS	VARIABLE	SSL	.000	16	3628654.			3628654.	627,925.		90,840.
	FURNITURE AND											
3	EQUIPMENT	VARIABLE	SSL	.000	16	2311882.			2311882.	1505321.		206,349.
	* 990 PAGE 2 TOTAL											
	OTHER					5940536.		0.	5940536.	2133246.	0.	297,189.
	* GRAND TOTAL 990 PAGE											
	2 DEPR					6099466.		0.	6099466.	2133246.	0.	297,189.