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GOVERNMENT COPY

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

pt black lung 2011

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

Open to Public Inspection

OMB No. 1545-0047

Α	For the 2	011 calendar year, or tax year beginning $$ APR $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	MAR 31, 2	012	•
В	Check if	C Name of organization	D Employer id	dentifi	cation number
,	applicable:				
	Address change	UNITED WAY OF BUFFALO AND ERIE COUNTY			
	Name change	Doing Business As	— 1	6-0	743969
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone r	numbe	r
	Termin- ated	742 DELAWARE AVENUE	(716)887-2626
	Amended	City or town, state or country, and ZIP + 4	G Gross receipts		15,480,889.
	Applica- tion	BUFFALO, NY 14209	H(a) Is this a g	roup re	
	pending	F Name and address of principal officer:MICHAEL WEINER	for affiliate		Yes X No
		SAME AS C ABOVE	H(b) Are all affili		
$\overline{\Gamma}$	Tax-exem	pt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or □	─		list. (see instructions)
		▶ WWW.UWBEC.ORG	H(c) Group exe		
		,			A State of legal domicile: NY
		dummary			-
		efly describe the organization's mission or most significant activities: WE BRING	PEOPLE, O	RGA	NIZATIONS
& Governance	A	ND RESOURCES TOGETHER TO IMPROVE COMMUNITY	WELL BEING		
na	_	neck this box 🕨 🔲 if the organization discontinued its operations or disposed of n			ssets.
Ne.	1	imber of voting members of the governing body (Part VI, line 1a)		ا ہا	28
Ğ	1	imber of independent voting members of the governing body (Part VI, line 1b)		. —	28
စ္		tal number of individuals employed in calendar year 2011 (Part V, line 2a)		. —	76
iţi		tal number of volunteers (estimate if necessary)		. —	5438
Activities		tal unrelated business revenue from Part VIII, column (C), line 12		. —	0.
⋖		et unrelated business taxable income from Form 990-T, line 34			0.
		,	Prior Year		Current Year
ø	8 Cc	ontributions and grants (Part VIII, line 1h)	14,649,9	44.	15,430,722.
ň	1	ogram service revenue (Part VIII, line 2g)	-	0.	0.
Revenue	1	vestment income (Part VIII, column (A), lines 3, 4, and 7d)	23,1	31.	27,353.
æ		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,4		22,814.
	1	tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,684,5		15,480,889.
		ants and similar amounts paid (Part IX, column (A), lines 1-3)	9,478,3		10,703,241.
	1	nefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
S		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,480,3	15.	3,151,127.
Expenses	16a Pr	ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.
g	b To	tal fundraising expenses (Part IX, column (D), line 25) \(\bigs \)			
ш	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,606,0	76.	1,613,006.
		tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,564,7	16.	15,467,374.
	19 Re	venue less expenses. Subtract line 18 from line 12	119,8	15.	13,515.
Net Assets or Fund Balances	8	·	Beginning of Curren	t Year	End of Year
sets	20 To	tal assets (Part X, line 16)	18,395,2	79.	18,132,448.
ASS	21 To	tal liabilities (Part X, line 26)	6,987,0	37.	7,155,521.
Elect Fleet	22 Ne	et assets or fund balances. Subtract line 21 from line 20	11,408,2		10,976,927.
P	art II	Signature Block			
Unc	ler penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the be	st of m	y knowledge and belief, it is
true	, correct, a	and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledg	ie.	
Sig	ın 🕨	Signature of officer	Date		
He	re 🕨	THOMAS WRINN, CFO			
		Type or print name and title			
	Р	rint/Type preparer's name Preparer's signature	Date	heck	PTIN
Pai	q D	ONNA M. GONSER	ıf s	elf-employ	
Pre		rm's name LUMSDEN & MCCORMICK, LLP	Firm's E	IN 🛌	16-0765486
Use	Only Fi	rm's address 369 FRANKLIN STREET			
_		BUFFALO, NY 14202	Phone r	10. (716)856-3300
Ма	y the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No

Га	Check if Schedule O contains a response to any question in this Part III
1	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
2	77
	1
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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.
4a	(Code:) (Expenses \$8 , 518 , 198 • including grants of \$) (Revenue \$)
	GRANTS, ALLOCATIONS AND DESIGNATIONS TO HEALTH AND HUMAN SERVICES
	AGENCIES
	-
4b	(Code:) (Expenses \$ 2,823,085. including grants of \$ 2,142,125.) (Revenue \$)
	GRANT PROGRAMS AND INITIATIVES - THESE PROGRAMS ARE AIMED AT PROVIDING
	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND
	INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
	-
4c	(Code:) (Expenses \$ 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".
	WILLIAM I
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,538,960 • including grants of \$) (Revenue \$)
10	Total program service expenses ► 13,645,963.
4e	Form 990 (2011)
	Form 330 (2011)

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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? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	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	Х	
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>
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			.,
	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		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		Х
19	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		
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	200	<u> </u>

UNITED WAY OF BUFFALO AND ERIE COUNTY

Page 4

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

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	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,		Х	
	22		l
	22		v
			X
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	23	х	
Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	24a		х
	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
, , ,	24c		
	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			
	25b		X
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			37
	26		X
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
, , , , , , , , , , , , , , , , , , , ,	27		$\overline{}$
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):			
	28a		Х
	28b		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	28c		Х
	29		Х
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			
	32		Х
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	33		X
Was the organization related to any tax-exempt or taxable entity?	_		v
	34		X
, , , , , , , , , , , , , , , , , , , ,	35a		
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?	330		
	36		х
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-55		
	37		х
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	38	Х	

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		ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
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 returns	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		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	autho	rity over, a			
	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	Accou	nts.			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	ndooo.	rouided to the never	_		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	\vdash	
С	to file Form 8282?	as rec	luireu	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fe			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation f	ile a Form 1098-C?	7h		
8	$Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.\ D$	id the s	upporting			
	$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	ı	I			
а	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:	١	ı			
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					
10-	amounts due or received from them.)	11b	<u></u>	10-		
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	Í	12a		
12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			.oa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
~	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul			14b		
					990 ((2011)

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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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				
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			3,7
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		37	
a	0 0 7	8a	X	
b	, , , , , , , , , , , , , , , , , , , ,	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		X
202	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		- 22
000	tion b. 1 oncies (this section b requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
-	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	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		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	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
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			v
	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?	16h		
Sec	exempt status with respect to such arrangements?	16b		
<u> 17</u>	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) a	availah	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, an	d 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 organiza	tion:	•	
	THOMAS WRINN - (716)-887-2626			

01-23-12

14209

BUFFALO,

742 DELAWARE AVENUE,

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	not cl unles	ss pe	ition more rson i	than is bot	h an	(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	_					_	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	Х						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									0
DIRECTOR	1.00	Х						0.	0.	0.
(10) STEVE FINCH	1 00	37		х					0.	0
VICE CHAIR (11) GRETCHEN GEITTER	1.00	Х		Λ				0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(12) MICHAEL HOFFERT	1.00	^						0.	0.	
DIRECTOR	1.00	х						0.	0.	0.
(13) PETER HUNT								-		
DIRECTOR	1.00	х						0.	0.	0.
(14) RICHARD JURASEK										
DIRECTOR	1.00	Х						0.	0.	0.
(15) LUANNE KINGSTON										
DIRECTOR	1.00	Х						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

UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969 Form 990 (2011) Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (C) (A) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per box, unless person is both an compensation compensation amount of officer and a director/trustee) week from from related other (describe the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization ndividual trustee organizations ey employee and related in Schedule organizations O) (18) JAY MCWATTERS 1.00 TREASURER Х X 0. 0. 0. (19) EILEEN MORGAN Х 1.00 0. 0. 0. DIRECTOR (20) JUDGE JEANETTE OGDEN DIRECTOR 1.00 Х 0. 0. 0. (21) EUGENE PARTRIDGE 1.00 Х 0. 0. DIRECTOR 0. (22) LOU SANTIAGO 0. 1.00 Х 0 0 DIRECTOR (23) PETER SPIRA DIRECTOR 1.00 X 0. 0 0. (24) ROBERT STEVENSON 1.00 Х 0. 0. 0. DIRECTOR (25) KEITH STOLZENBURG 1.00 Х DIRECTOR 0. 0. 0. (26) FLORENCE TRIPI 1.00 0 0. DIRECTOR 0. <u>o</u>. 0. 1b Sub-total 9,805. 366,416 Ο. c Total from continuation sheets to Part VII, Section A 9,805. 366,416. 0. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual Х 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services Х rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

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

\$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

								RIE COUNTY	16-074	3969
Part VII Section A. Officers, Directors, Tru		nplo	oyee			ligh	est			
(A) Name and title	(B) Average hours	(cl	heck	Pos			ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JAMES WALLESHAUSER DIRECTOR	1.00	x						0.	0.	0 .
(28) ROBERT ZAK CHAIR	1.00	х		х				0.	0.	0.
(29) MICHAEL WEINER PRESIDENT	40.00			х				179,751.	0.	1,200
(30) THOMAS WRINN										
CHIEF FINANCIAL OFFICER (31) JAMES MORGAN	40.00			Х				80,600.	0.	178
CHIEF OPERATING OFFICER	40.00			Х				106,065.	0.	8,427
Total to Part VII, Section A, line 1c								366,416.		9,805

Pa	rt VII	II Statement of Rever	nue					
					(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 (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	1b 1c 1d 1d 1s, and ve 1f 1	625,336.				
듯틽					15430722.			
<u> </u>	n	Total. Add lines 1a-1f			13430722			
Program Service Revenue	2 a b c d			Business Code				
4	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f)				
	3 4	Investment income (including other similar amounts) Income from investment of ta	x-exempt bond	proceeds	27,353.			27,353.
	5	Royalties						
	b	Gross rents Less: rental expenses Rental income or (loss)		(ii) Personal				
	d	Net rental income or (loss)	· <u></u>	>				
		Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
	d	and sales expenses Gain or (loss) Net gain or (loss)						
Other Revenue	8 a	Gross income from fundraisin including \$contributions reported on line	of 1c). See					
Ē	_	Part IV, line 18						
ᅙ		Less: direct expenses						
		Net income or (loss) from fund		>				
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	a					
		Net income or (loss) from gam	-	. <u></u>				
		Gross sales of inventory, less and allowances Less: cost of goods sold	a					
ļ	С	Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code				00.01
	11 a	MISCELLANEOUS		900099	22,814.			22,814.
	b							
	С							
		All other revenue			22 014			
		Total. Add lines 11a-11d			22,814.		^	FO 168
	12	Total revenue. See instructions.		>	15480889.	0.	0.	50,167.

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/		Г
_	Check if Schedule O contains a respon	nse to any question in th	is Part IX (B)	(C)	(D)
	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,	276 000	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	110 500	15 515	
	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.	55,860
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	05 21
g	Other	368,179.	257,413.	13,456.	97,310
12	Advertising and promotion	205 500	152 000	10 510	1 4 4 7 7 7 7
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	00.000	45.051	0.730	06 000
19	Conferences, conventions, and meetings	83,220.	47,251.	9,739.	26,230
20	Interest	160 551	01 020	15 150	E4 E40
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.)				
а	EQUIP RENTAL AND MAINT	175,642.	144,633.	4,368.	26,641
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		-,		- /
25 25	Total functional expenses. Add lines 1 through 24e	15,467,374.	13,645,963.	377,736.	1,443,675
<u>26</u>	Joint costs. Complete this line only if the organization	-,,	., . = 2, 2 2 2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, = = = , = , =
_0	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 (201

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	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	
Assets	7	Notes and loans receivable, net		7	
Ass	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	
S	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,			
abi		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 X and complete			
es		lines 27 through 29, and lines 33 and 34.			
anc	27	Unrestricted net assets	6,763,605.	27	6,743,788.
3ak	28	Temporarily restricted net assets	4,629,637.	28	4,218,139.
Þ	29	Permanently restricted net assets	15,000.	29	15,000.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here and			
ō		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et /	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ž	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.

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI		<u></u>			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			74.
3	Revenue less expenses. Subtract line 2 from line 1	3				<u> 15.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				42.
5	Other changes in net assets or fund balances (explain in Schedule 0)	5				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		<u></u>			LX
					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	O.				
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	ne audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	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	ed 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 S	ngle Audit	:			
	Act and OMB Circular A-133?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	X	

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

Open to Public Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number 16-0743969

Pa	rt i	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	t.) See inst	tructions.				
he	organ	ization is not a	private foundation	because it is: (For lines 1	I through	11, check	only one b	ox.)					
1	Щ	A church, cor	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	Щ	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3	Щ			tal service organization o									
4				operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospit	al's nan	ne,
		city, and state											
5	Ш			benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental uni	t describ	ed in		
			(b)(1)(A)(iv). (Comple	•									
6	37	•	,	ent or governmental unit			٠,,						
7	X	Ü	•	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public des	scribed	in
_			b)(1)(A)(vi). (Comple		,								
8	\square	•		ection 170(b)(1)(A)(vi).		-							
9		•	•	eives: (1) more than 33 1				•			•	•	
			•	nctions - subject to certa	•	•	•				•		
				axable income (less sect	lon o i i ta	x) Irom bu	siriesses a	acquired b	y trie orga	mzation	arter Jurie	30, 197	75.
10			509(a)(2). (Complete	erated exclusively to te	et for publi	ic safety 9	See sectio	n 500(a)(/	1)				
11	П	•		perated exclusively for the	•	•			•	v out the	nurnoses	of one	or
••		•		tions described in section						•			OI .
				organization and comple				.,. 000 00 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,(0). 0	0011 1110 100	, triat	
		a Type I		7 -		e III - Fund		earated		d 🗀	Type III	- Other	
е		• •		t the organization is not	• •		•	-	r more disc	qualified	persons o	ther tha	an
		foundation m	anagers and other t	han one or more publicly	/ supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 50	09(a)(2).	
f				ten determination from t									
		supporting or	rganization, check th	nis box									
g		Since August	t 17, 2006, has the o	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
		(i) A persor	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	lescribed	in (ii) and (i	iii) below,	,	Yes	No
				upported organization?)	
				n described in (i) above?								i)	
				person described in (i) of							11g(ii	i)	
h		Provide the fo	ollowing information	about the supported org	ganization	(s).							
				(iii) Type of	C-3 1- 4		(-) Did		(vi) le	tho			
(i)		of supported	(ii) EIN	organization		organization sted in your			(vi) ls organizațio	n in col. I		Amount c)f
	orga	anization		(described on lines 1-9		document?			(i) organize U.S.	ed in the .?	St	ıpport	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				, ,,					1.55	- 110			
ota	al												

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-	13011113.	12723473.	124074520	11010111	13430722.	030377301
_	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
Ū	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	13644145.	12925495.	12407492.	14649944.	15430722.	69057798.
5							
	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)						
	Public support. Subtract line 5 from line 4.						69057798.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨		(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	13644145.	12925495.	12407492.	14649944.	15430722.	69057798.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	0-6-10	405 000		00.404		
	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	493.	21,054.	41,056.	11,456.	22,814.	96,873.
	assets (Explain in Part IV.) Total support. Add lines 7 through 10	493.	21,034.	41,030.	11,430.	22,014.	69594954.
	• •	ata (aga inatu sati	ana)			12	02224224.
	Gross receipts from related activities First five years. If the Form 990 is fo	•	,	d fourth or fifth to			
13	organization, check this box and stop						
Sec	etion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2011 (column (fl)		14	99.23 %
	Public support percentage from 2010		•			15	98.93 %
	33 1/3% support test - 2011. If the					nore, check this b	
	stop here. The organization qualifies						
b	33 1/3% support test - 2010. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	cts-and-circumstan	ces" test, check t	his box and stop h	nere. Explain in Pa	rt IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ition qualifies as a	publicly supported	d organization		▶□
b	10% -facts-and-circumstances tes	t - 2010. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	е
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publi	cly supported org	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	b, check this box a	and see instruction	ns ▶□
					Sche	edule A (Form 990	or 990-EZ) 2011

132022 01-24-12

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

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

Section A. Public Support	low, picage com	oloto i art II.)				
Calendar 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.")						
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						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6		, ,	, ,	, ,	, ,	.,
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the	he organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here	-			•		
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2011 (lir	ne 8, column (f) d	ivided by line 13, o	column (f))		15	%
16 Public support percentage from 2010					16	%
Section D. Computation of Inves	tment Incom	e Percentage				
17 Investment income percentage for 201	1 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 20)10 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2011. If the o					33 1/3%, and line	17 is not
more than 33 1/3%, check this box an	d stop here. The	e organization qual	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3% support tests - 2010. If the o	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	k this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	did not check a	box on line 14, 19	a, or 19b, check tl	his box and see ins	structions	>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

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)

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).

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 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
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
		- -	
		\$	
(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
		-	
102452 01 0		\$\$	90 990-F7 or 990-PF\ (2011)

Schedule B (Form 990, 990-EZ, 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

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

Par	rt I Organizat	ions Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization	answered "Yes" to Form 990, Part IV, line	6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end	l of year	1	
2		tions to (during year)	0.	
3	Aggregate grants from	om (during year)	0.	
4	Aggregate value at	end of year	191,621.	
5	Did the organization	inform all donors and donor advisors in v	vriting that the assets held in donor advis	
	are the organization	's property, subject to the organization's	exclusive legal control?	X Yes No
6	Did the organization	inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purpo	ses and not for the benefit of the donor o	r donor advisor, or for any other purpose	
	impermissible privat	e benefit?		X Yes No
Par	rt II Conserva	tion Easements. Complete if the org	anization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conse	rvation easements held by the organization	on (check all th <u>at a</u> pply).	
	Preservation of	of land for public use (e.g., recreation or e	ducation)	torically important land area
	Protection of	natural habitat	Preservation of a cert	ified historic structure
	Preservation of	of open space		
2	Complete lines 2a th	nrough 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of cor	servation easements		2a
b	Total acreage restric	cted by conservation easements		2b
С	Number of conserva	ation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conserva	ation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure
	listed in the Nationa	l Register		2d
3	Number of conserva	ation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶			
4	Number of states w	here property subject to conservation eas	sement is located >	
5	Does the organization	on have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	•	rcement of the conservation easements it		
6		hours devoted to monitoring, inspecting,		<u> </u>
7		s incurred in monitoring, inspecting, and e		
8		ation easement reported on line 2(d) above		
		4)(B)(ii)?		
9		e how the organization reports conservation		
		e, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
Dav	conservation easem		Ant Historical Transcript on O	Han Cincilar Assats
Par		ions Maintaining Collections of		tner Similar Assets.
		he organization answered "Yes" to Form 9		
1a	~	lected, as permitted under SFAS 116 (AS	**	
				nce of public service, provide, in Part XIV,
		ote to its financial statements that describ		
b				t and balance sheet works of art, historical
	•	·	lucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these iter			.
		ded in Form 990, Part VIII, line 1		
_	• •			
2	-	eceived or held works of art, historical trea		ıl gaın, provide
		nts required to be reported under SFAS 11		.
а		in Form 990, Part VIII, line 1		
b	Assets included in F	orm 990, Part X		> \$

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

Schedule D (Form 990) 2011

		WAY OF BUF						4396		ige 2
Pai	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures,	or Oth	er Similar	Asse	ts (conti	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following tha	at are a s	significant use	of its	collection	n item	S
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	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 th	he organizati	ion's exe	empt purpose	in Par	t XIV.		
5	During the year, did the organization solicit o	or receive donations of	of art, historical trea	sures, or oth	er simila	ar assets				
	to be sold to raise funds rather than to be ma						\square	Yes		No
Pai	rt IV Escrow and Custodial Arran							line 9, or		
	reported an amount on Form 990, Par		· ·							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	s or other as	ssets no	t included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIV									
		·	· ·					Amount		
С	Beginning balance					1c				
	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fe	orm 990. Part X. line	21?					Yes		No
	If "Yes," explain the arrangement in Part XIV.		***************************************							
Pai	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" to Fo	rm 990, Part	IV, line	10.				
	·	(a) Current year	(b) Prior year	(c) Two yea	rs back	(d) Three year	s back	(e) Four	years	back
1a	Beginning of year balance	831,445.	540,154.	23	1,933.	231	,933.			
	Contributions	109,440.	291,291.	30	8,221.					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	940,885.	831,445.	54	0,154.	231	,933.			
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g, column (a	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	uld equal 100%.								
За	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administe	ered for	the organizati	on			
	by:							Γ	Yes	No
	(i) unrelated organizations							3a(i)		Х
	(ii) related organizations							3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organizations							3b		
4	Describe in Part XIV the intended uses of the	e organization's endo	wment funds.							
Pai	rt VI Land, Buildings, and Equipm	nent. See Form 990	, Part X, line 10.							
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) A	ccumulated		(d) Bool	k value	9
		basis (investm	nent) basis	(other)	de	preciation				
1a	Land			8,930.				158	3,93	30.
	Buildings		3,66	4,627.	1,	353,608		2,31	1,0	19.
	Leasehold improvements									
	Equipment		2,96	0,166.	2,	801,568		158	3,59	98.
	Other									

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).)

Part VII Investments - Other Securities. Se	e Form 990. Part X. line 1	2.		<u></u>
(a) Description of security or category (including name of security)	(b) Book value	(c)	Method of valua r 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-YEA	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. S				
(a) Description of investment type	(b) Book value	(c)	Method of valua	
	, ,	Cost o	r end-of-year mar	Ket value
(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			(b) Book value
(1) ASSETS HELD IN TRUST				940,885.
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10) Total. (Column (b) must equal Form 990, Part X, col (B) line	2 15)			940,885.
Part X Other Liabilities. See Form 990, Part X,				740,003
1. (a) Description of liability	1110 20.	(b) Book value		
(1) Federal income taxes				
(2) ACCRUED POSTRETIREMENT BE	NEFIT			
(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	e 25.)	1,470,490.		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)
FIN 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's fin 2. FIN 48 (ASC 740). 2. FIN 4 132053 01-23-12

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 UNITED WAY OF BUFFALO AND EXIE COUNTY	16-0/43969 Page 5
Schedule D (Form 990) 2011	
PART XIII, LINE 4B - OTHER ADJUSTMENTS:	
DEGLACE OF DONOR DEGLENAMED CLEME	4 021 107
RECLASS OF DONOR DESIGNATED GIFTS	4,021,197.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

UNITED WA	Y OF BUFI	FALO AND ER	IE COUNTY				16-0743969
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to		-				·	
recipient that received more than		1			can be duplicated if (f) Method of		
(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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 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
BOYS AND GIRLS CLUB OF BUFFALO INC 282 BABCOCK STREET - BUFFALO, NY 14210	16-0849516	501(C)(3)	200,000.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF EAST AURORA 24 PAINE STREET P.O. BOX 36 EAST AURORA, NY 14052	16-0755732	501(C)(3)	64,000.	0.			PROGRAM FUNDING
2 Enter total number of section 501(c)(3) a	nd government o	rganizations listed in t	· ·			1	
3 Enter total number of other organization							0.

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, HI IIII.	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 T	ırt II.) T	<u> </u>
(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
DRIVE - AMMERSI, NI 14220	10-1333232	501(0/(3/	22,990.	0.			FROGRAM FUNDING
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 EARLIN GERVIOR OF BUEFALO C							
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.	•••			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

Part I

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

Name of the organization

Questions Regarding Compensation

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number 16-0743969

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 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 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 Written employment contract Independent compensation consultant Compensation survey or study ☐ Form 990 of other organizations Approval by the board or compensation committee 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: X a Receive a severance payment or change-of-control payment? X **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 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: Х a The organization? X **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 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: Х a The organization? 6a X **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 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 Х 7 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 Х If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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)	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name	(i) Base compensat	(i) Base compensation (ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	other deferred benefits		reported as deferred in prior Form 990	
	179,7	751.	0.	0.	1,200.	180,951.	0.	
1 MICHAEL WEINER		0. 0	0.	0.	0.	0.	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 PROBLEMS IN THE HEALTH AND HUMAN AREA.

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

M.I.S

GOVERNMENT & LABOR RELATIONS

CREATIVE SERVICES

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

Schedule O (Form 990 or 990-EZ) (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	8 (Rev. 1-2012)					Page 2
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, o	complete only Part II and check this	box		X
	y complete Part II if you have already been granted an a refiling for an Automatic 3-Month Extension, comple			led Form	8868.	
Part II				al (no c	opies nee	ded).
					•	see instructions
Type or	Name of exempt organization or other filer, see instru	ctions	Enter mer 3		<u> </u>	on number (EIN) or
orint	realities of exempt organization of earlier mor, eee motion	Linploye	Idontinoda	arriamber (Elity el		
File by the	UNITED WAY OF BUFFALO AND E	X	16-07	43969		
due date for	Number, street, and room or suite no. If a P.O. box, s				curity numb	
iling your eturn. See	TAAA DELAMADE AMENTE					01 (0011)
instructions.	City, town or post office, state, and ZIP code. For a for BUFFALO, NY 14209	oreign add	lress, 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	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			
Form 990	-T (trust other than above)	06	Form 8870			12
STOP! Do	not complete Part II if you were not already granted	l an autor	natic 3-month extension on a prev	iously file	d Form 886	8.
	THOMAS WRINN					
	ooks are in the care of 742 DELAWARE AV	VENUE	- BUFFALO, NY 142	09		
-	one No.▶ (716) -887-2626		FAX No. ▶			
If the c	organization does not have an office or place of business	s in the Ur	nited States, check this box			▶ Ш
If this i	s for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) It	this is fo	r the whole (group, check this
box 🕨 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 exte	nsion is for.
	· —		ARY 15, 2013		21 0	010
	,, , , , , ,		, 2011 , and ending			012
6 If th	te tax year entered in line 5 is for less than 12 months, c	heck reas	on:		eturn	
	☐ Change in accounting period					
7 Sta	te in detail why you need the extension DITIONAL TIME IS NEEDED TO (מסת דו	N MILTOD DADMY TNEOL	OM A M T	OM DEO	UIRED TO
	LE A COMPLETE AND ACCURATE I			KMATT	ON KEQ	OIKED TO
<u>F 1</u>	LE A COMPLETE AND ACCORATE I	KEIUKI	N •			
0- 16 41-	is application in fau Faura 200 PL 200 PF 200 T 4700	0000	manually developing to the second			
	is application is for Form 990-BL, 990-PF, 990-T, 4720, or soft and able exactly as instructions.	or 6069, e	nter the tentative tax, less any	8a	\$	0.
	nonrefundable credits. See instructions. If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					•
		•				
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					0.
	previously with Form 8868. Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using					
	EFTPS (Electronic Federal Tax Payment System). See instructions.					0.
<u> </u>			st be completed for Part II o	8c_ onlv.	\$	
	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 knowled	ge and belief,
Signature				Date	•	
Jigilatui 0	Title			Dulo	•	2868 (Rev. 1-2012)

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

			9			
For calendar year 2011, or fiscal year beginning	APR	1	, 2011, and ending	MAR	31	,20 <u>1</u>
▶ Do not send to the IRS. Keep for your records.						

2

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

▶ See instructions. Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY		16-0743969
Name and title of officer		
THOMAS WRINN		
CFO		
Part I Type of Return and Return Information (Whole Dollars Only)		
Check the box for the return for which you are using this Form 8879-EO and enter the applicable	, ,,	•
on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this		
whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -than 1 line in Part I.	u- on the applicable	line below. Do not complete more
		1540000
1a Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A)		
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)		
4a Form 990-PF check here b Tax based on investment income (Form 990-PF		
5a Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line	e 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	e examined a copy o	of the organization's 2011
electronic return and accompanying schedules and statements and to the best of my knowledg	e and belief, they are	e true, correct, and complete. I
further declare that the amount in Part I above is the amount shown on the copy of the organiza		
intermediate service provider, transmitter, or electronic return originator (ERO) to send the organ (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for		
the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial A	gent to initiate an ele	ectronic funds withdrawal (direct
debit) entry to the financial institution account indicated in the tax preparation software for paym	nent of the organizati	ion's federal taxes owed on this
return, and the financial institution to debit the entry to this account. To revoke a payment, I must 1,999,352 (527 no later than 2 business days prior to the payment (settlement) data. Lake out the		
1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also auth processing of the electronic payment of taxes to receive confidential information necessary to a		
payment. I have selected a personal identification number (PIN) as my signature for the organiza		
organization's consent to electronic funds withdrawal.		
Officer's DIN shock one have only		
Officer's PIN: check one box only		01100
X authorize LUMSDEN & MCCORMICK, LLP	to	o enter my PIN 01180
ERO firm name		Enter five numbers, bu do not enter all zeros
as my signature on the organization's tax year 2011 electronically filed return. If I have	indicated within this	e return that a conv of the return
is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State		
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	•	•
indicated within this return that a copy of the return is being filed with a state agency(i	es) regulating chariti	es as part of the IRS Fed/State
program, I will enter my PIN on the return's disclosure consent screen.		
Officer's signature	_ Date \blacktriangleright	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification		
	377899111	
· , , , , , , , , , , , , , , , , , , ,	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 c	organization indicated above. I
confirm that I am submitting this return in accordance with the requirements of Pub. 4163 , Mode		
e-file Providers for Business Returns.	. ,	
ERO's signature	Date >	
ERO Must Retain This Form - See Insti	ructions	

LHA For Paperwork Reduction Act Notice, see instructions. 123051 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

Open to Public

(replaces forms CHAR 497, CHAR 010 and CHAR 006)	New York, NY 10271 http://www.charitiesnys.com				Inspection		
1. General Information							
a. For the fiscal year beginni	na (mm/dd/	vvvv) 04/01/20	11 and ending (nm/dd/yyyy)	03/31/2	012	
b. Check if applicable for NYS: Address change d. Fed. employer ID no. (EIN) 16-0743969							
Name change Initial filing	UNITED WAY OF BUFFALO AND ERIE COUNTY e. NY State registration no. 00-77-12						
Final filing Amended filing		and street (or P.O. box if ELAWARE AVE		reet address)	Room/suite		bhone number 887–2626
NY registration pending		town, state or country LO, NY 1420				g. Emai	1
2. Certification - Two Sign	atures Rec	quired					
We certify under penalties of true, correct and complete in						our know	vledge and belief, they are
a. President or Authorized Office	cer			L WEINE	R		SIDENT
a. r resident er maneriaea em		Signature	THOMAS	ed Name		Title	Date
b. Chief Financial Officer or Tre	as.	Signature		ed Name		CFO Title	Date
3. Annual Report Exemption	an Informa	tion					
3. Annual Report Exemption	on iniorma	luon					
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.							
NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.							
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.							
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. <u>Do not</u> submit a fee, <u>do not</u> complete the following schedules and <u>do not</u> submit any attachments to this form.							
4 4 7 4 0							

••	74 1010 1 71 0011044100		
,	rou did not check the Article 7-A annual report exemption above, complete the following for this fiscal year: Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? * If "Yes", complete Schedule 4a.	Yes*	X No
b.	Did the organization receive government contributions (grants)? * If "Yes", complete Schedule 4b.	X Yes*	☐ No

Fee Submitted: See last page for summary of fee requirements.						
ndicate the filing fee(s) you are submitting along with this form:						
a. Article 7-A filing fee		Submit only one check or money order for the				
b. EPTL filing fee	\$ <u>750.</u>	total fee, payable to "NYS Department of Law"				
c. Total fee	\$ <u>775.</u>					

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



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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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.

0	ganization'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.

onest the boxes for the decamente you are attaching.	
For All Filers	
Filing Fee 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-T IRS Form 990-EZ All required schedules (including Schedule B) IRS Form 990-T IRS Form 990-EZ	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	
X 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)

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

OMB No. 1545-0047

Open to Public Inspection

Α	For the	2011 calendar year, or tax year beginning APR 1, 2011 and ending	MAR 31, 201	L2
_	Check if	C Name of organization	D Employer iden	tification number
	applicable		, ,	
Г	Addres	S UNITED WAY OF BUFFALO AND ERIE COUNTY		
F	Name change		16-	-0743969
F	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/st		
F	return Termin			L6)887-2626
F	—lated ⊟Amend		G Gross receipts \$	15,480,889.
F	—lreturn ∏Applica	City or town, state or country, and ZIP + 4 BUFFALO, NY 14209		
	Ition pendin		H(a) Is this a grou	Yes X No
		SAME AS C ABOVE	for affiliates?	
_				included? Yes No
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or : e: ► WWW.UWBEC.ORG		h a list. (see instructions)
			H(c) Group exemp	
			ear of formation: 194	M State of legal domicile: NY
Р		Summary	DEODI E ODO	NAME
e	1 1	Briefly describe the organization's mission or most significant activities: WE BRING	PEOPLE, ORG	SANIZATIONS
Activities & Governance	1 1	AND RESOURCES TOGETHER TO IMPROVE COMMUNITY		
ēr	2 (Check this box if the organization discontinued its operations or disposed of m		
é	3 1	Number of voting members of the governing body (Part VI, line 1a)		3 28
∞ ∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		4 28
<u>ie</u> s	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5 76
₹	6	Total number of volunteers (estimate if necessary)		6 5438
Act	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12		7a 0.
	bl	Net unrelated business taxable income from Form 990-T, line 34		7b 0.
			Prior Year	Current Year
Revenue	8 (Contributions and grants (Part VIII, line 1h)	14,649,944	
	9	Program service revenue (Part VIII, line 2g)		0.
	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	23,131	
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,456	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,684,531	
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,478,325	
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,480,315	
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	(0.
ă	. b ⁻	Total fundraising expenses (Part IX, column (D), line 25) 1,443,675.		
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,606,076	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	14,564,716	
_		Revenue less expenses. Subtract line 18 from line 12	119,815	13,515.
Net Assets or	3		Beginning of Current Ye	
Set	g 20 -	Total assets (Part X, line 16)	18,395,279	
t As	21	Total liabilities (Part X, line 26)	6,987,037	
		Net assets or fund balances. Subtract line 21 from line 20	11,408,242	2. 10,976,927.
	art II	Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta		f my knowledge and belief, it is
true	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
Siç	gn	Signature of officer	Date	
He	re	THOMAS WRINN, CFO		
		Type or print name and title	I Data	DTIN
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai		DONNA M. GONSER	self-en	
		Firm's name LUMSDEN & MCCORMICK, LLP	Firm's EIN	16-0765486
Us	e Only	Firm's address 369 FRANKLIN STREET		/mac\a=a====
		BUFFALO, NY 14202	Phone no.	(716)856-3300
Ма	v the IF	S discuss this return with the preparer shown above? (see instructions)		X Yes No

	rt 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
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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.
4a	(Code:) (Expenses \$8 , 518 , 198 • including grants of \$) (Revenue \$)
	GRANTS, ALLOCATIONS AND DESIGNATIONS TO HEALTH AND HUMAN SERVICES
	AGENCIES
	0.000.005
4b	(Code:) (Expenses \$ 2,823,085. including grants of \$ 2,142,125.) (Revenue \$ GRANT PROGRAMS AND INITIATIVES - THESE PROGRAMS ARE AIMED AT PROVIDING
	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND
	INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
	THE THE THOUSE HE SEE THE SEE
	(Code:) (Expenses \$ 765,720 • including grants of \$) (Revenue \$
4c	(Code:) (Expenses \$
	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 program services (Describe in Schedule O.)
-t u	(Expenses \$ 1,538,960 • including grants of \$) (Revenue \$)
 4е	Total program service expenses ► 13,645,963.

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		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			
J	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	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			7.7
	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			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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	44-	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	11a		
b	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		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	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	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	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		X
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		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-7		Х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
20 a	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	000	
		_		

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	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		Х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		- 21
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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	29		
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35a	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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		<u>-</u>	
	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

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 returns?	1c 2b	Yes X	No					
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 2 16 16 17 17 18 19 19 10 10 10 11 11 12 13 14 15 16 17 16 17 18 18 19 19 10 10 10 10 10 10 10 10	2b							
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 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 2 16 16 17 17 18 19 19 19 10 10 11 12 13 14 15 16 17 17 18 18 19 19 10 10 10 10 10 10 10 10	2b							
(gambling) winnings to prize winners? 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 2 76 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
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 returns?	2b							
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 returns?		Х						
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		x						
		ΧΙ						
N 1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (32							
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	22							
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	Ja		X					
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O								
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	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 Accounts.			37					
, , , , , , , , , , , , , , , , , , , ,	5a		X					
, , , , , , , , , , , , , , , , , , , ,	5b							
	5c							
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	۱ ـ		Х					
any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		-21					
	6b							
7 Organizations that may receive deductible contributions under section 170(c).	00							
	7a		Х					
 	7b							
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	7c		Х					
d If "Yes," indicate the number of Forms 8282 filed during the year								
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х					
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting								
	8							
9 Sponsoring organizations maintaining donor advised funds.								
	9a							
	9b							
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10a								
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11 Section 501(c)(12) organizations. Enter:								
a Gross income from members or shareholders								
b Gross income from other sources (Do not net amounts due or paid to other sources against								
amounts due or received from them.)								
	12a							
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13 Section 501(c)(29) qualified nonprofit health insurance issuers.								
a Is the organization licensed to issue qualified health plans in more than one state?	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								
c Enter the amount of reserves on hand			37					
	14a		Х					
	14b Form !	000 (2011)					

Form	990 (2011) UNITED WAY OF BUFFALO AND ERIE COUNTY	7 16-0	74396	<u> 59</u>	Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-	for a "N	o" resp	onse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule C). See instructions.			
	Check if Schedule O contains a response to any question in this Part VI		<u></u>	<u></u>	X
Sec	tion A. Governing Body and Management				
				Ye	s No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	28		
	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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	ne direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		L;	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	[_4	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?	[:	5	Х
6	Did the organization have members or stockholders?		[6 X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint one or			
	more members of the governing body?		7	a X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7	'b	X

а	The governing body?	8a	X	
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	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	N
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
				-

Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

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?

- 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c X Did the organization have a written whistleblower policy? 13 13
- 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? The organization's CEO, Executive Director, or top management official
- Other officers or key employees of the organization 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? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation

exempt status with respect to such arrangements?	
exempt etated man respect to each analygemente.	

- List the states with which a copy of this Form 990 is required to be filed ►NY
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization: (716) - 887 - 2626THOMAS WRINN -

742 DELAWARE AVENUE, BUFFALO, 14209

Form **990** (2011)

Х

X

Х

15a

15b

16a

16b

10b

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.
- 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.

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

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 cl	ss pe	ition more rson i	than is bot	h an	(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	_					_	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	Х						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									0
DIRECTOR	1.00	Х						0.	0.	0.
(10) STEVE FINCH	1 00	37		х					0.	0
VICE CHAIR (11) GRETCHEN GEITTER	1.00	Х		Λ				0.	0.	0.
DIRECTOR	1.00	х						0.	0.	0.
(12) MICHAEL HOFFERT	1.00	^						0.	0.	
DIRECTOR	1.00	х						0.	0.	0.
(13) PETER HUNT								-		
DIRECTOR	1.00	х						0.	0.	0.
(14) RICHARD JURASEK										
DIRECTOR	1.00	Х						0.	0.	0.
(15) LUANNE KINGSTON										
DIRECTOR	1.00	Х						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)

								KIE COUNTI	10-0	743	<u> </u>	P	age c
Part VII Section A. Officers, Directors, Tru	ıstees, Key E	mple	oyee			High	est	Compensated Employ	rees (continued)				
(A) Name and title	(B) Average hours per week	box offi	not c , unle cer ar	Pos heck ss pe	more rson	than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	on d	an	(F) stimate nount other	of
	(describe hours for related organizations in Schedule O)	-	In stitutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensa om th anizat d relat anizati	e ion ed
(18) JAY MCWATTERS TREASURER	1.00	х		Х				0.		0.			0.
(19) EILEEN MORGAN	1100	 						<u> </u>					
DIRECTOR	1.00	x						0.		0.			0.
(20) JUDGE JEANETTE OGDEN		╁											
DIRECTOR	1.00	x						0.		0.			0.
(21) EUGENE PARTRIDGE							l						
DIRECTOR	1.00	X						0.		0.			0.
(22) LOU SANTIAGO													
DIRECTOR	1.00	X						0.		0.			0.
(23) PETER SPIRA													
DIRECTOR	1.00	Х						0.		0.			0.
(24) ROBERT STEVENSON													
DIRECTOR	1.00	X						0.		0.			0.
(25) KEITH STOLZENBURG										_			_
DIRECTOR	1.00	X						0.		0.			0.
(26) FLORENCE TRIPI	1 00	,,								0			^
DIRECTOR	1.00	_	_			Ļ		0.		0.			0.
1b Sub-total								366,416.		0.		9,8	_
c Total from continuation sheets to Part V								366,416.		0.		9,0 9,8	
d Total (add lines 1b and 1c)							<u> </u>		000 of war and a			9,0	05.
Total number of individuals (including but n compensation from the organization	iot iimited to tr	iose	IISTE	ea ai	DOV	e) w	no r	eceived more than \$100	,000 of reportab	ле			5
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director, or tre	uste	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 \$15											4	X	
5 Did any person listed on line 1a receive or a	-				-			-		3	_		v
rendered to the organization? If "Yes," com	ipiete Scriedui	e J i	or si	ucn	pers	son					5		X
Complete this table for your five highest co	mponeated in	don	ando	nt c	ont	racti	ore t	that received more than	\$100,000 of con			from	
the organization. Report compensation for										riperis	alioni	ITOITI	
(A)	tric calcindar y	cai	CHAI	ng v	VILII	OI W		(B)	year.		(0	<u>:</u>)	
Name and business	address	N	INC	3				Description of	services	C	Compe		n
							\dashv						

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

SEE PART VII, SECTION A CONTINUATION SHEETS

	AY OF BU	JFI	?AI	0	Αì	D	EI	RIE COUNTY	16-074	3969
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	ρί				ployee		the organization	organizations (W-2/1099-MISC)	compensation from the
		direct				na pa		(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			
(07)		ءَ	Ë	±0	χ	포	요			
(27) JAMES WALLESHAUSER	1 00	x						0.	0.	0
DIRECTOR	1.00	≏		_				0.	0.	0.
(28) ROBERT ZAK CHAIR	1.00	x		x				0.	0.	0.
(29) MICHAEL WEINER	1.00	^		Λ				0.	0.	0.
PRESIDENT	40.00			х				179,751.	0.	1,200.
(30) THOMAS WRINN	40.00			^				119,131.	0.	1,200.
CHIEF FINANCIAL OFFICER	40.00			х				80,600.	0.	178.
(31) JAMES MORGAN	40.00							00,000.	<u> </u>	1700
CHIEF OPERATING OFFICER	40.00			x				106,065.	0.	8,427.
	1								•	0,1211
		L	L	L	L		L			
Total to Part VII, Section A, line 1c								366,416.		9,805.

Part	VIII	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	а	Federated campaigns 1a					
i i	b	Membership dues 1b					
Am Am	С	Fundraising events1c					
를 들		Related organizations 1d					
in:	е	Government grants (contributions) 1e 1,	625,336.				
rior S	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f 1	3805386.				
	g	Noncash contributions included in lines 1a-1f: \$					
a S	h	Total. Add lines 1a-1f	>	15430722.			
			Business Code				
0 2	2 a						
Program Service Revenue	b						
Se	С						
e a	d						
P. C.	e						
<u> </u>		All other program service revenue					
		Total. Add lines 2a-2f					
3		Investment income (including dividends, intere					
		other similar amounts)		27,353.			27,353.
4	L	Income from investment of tax-exempt bond p		•			•
5		Royalties					
		(i) Real	(ii) Personal				
6	i a	Gross rents (i) Floating	(ii) i croonar				
"		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
7		Gross amount from sales of (i) Securities	(ii) Other				
'	u	assets other than inventory	(ii) Strici				
	h	Less: cost or other basis					
	~	and sales expenses					
	_	Gain or (loss)					
		Net gain or (loss)	>				
		Gross income from fundraising events (not					
Other Revenue	, u	including \$ of					
Š		contributions reported on line 1c). See					
<u> </u>		Part IV, line 18a					
<u> </u>	h	Less: direct expenses b					
ō		Net income or (loss) from fundraising events	>				
۵		Gross income from gaming activities. See					
"	u	Part IV, line 19 a					
	h	Less: direct expenses b					
		Net income or (loss) from gaming activities					
10		Gross sales of inventory, less returns					
"	, a	and allowancesa					
	h	Less: cost of goods sold b					
-	C	Net income or (loss) from sales of inventory					
44		Miscellaneous Revenue MISCELLANEOUS	Business Code 90099	22,814.			22,814.
"			700099	22,U14•			22,014.
	b						+
	C	All all and an area					+
	d	All other revenue		22,814.			
		Total Add lines 11a-11d		15480889.	0.	0	50,167.
132009 01-23-12	<u> </u>	Total revenue. See instructions.		T7#00007.	l 0.	U	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 respo								
	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.		17,517.	57,775.				
9	Other employee benefits	282,606.	-	25,617.	84,915.				
10	Payroll taxes	187,614.	114,808.	16,940.	55,866.				
11	Fees for services (non-employees):								
а	Management								
b	Legal								
С	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other	368,179.	257,413.	13,456.	97,310.				
12	Advertising and promotion								
13	Office expenses	305,522.	153,292.	10,510.	141,720.				
14	Information technology								
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								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	83,220.	47,251.	9,739.	26,230.				
20	Interest								
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.)								
а	EQUIP RENTAL AND MAINT	175,642.	144,633.	4,368.	26,641.				
b	MEMBERSHIP DUES	16,802.	9,940.	3,913.	2,949.				
С	MISCELLANEOUS	14,416.	10,583.	531.	3,302.				
d	EMPLOYEE EDUCATION	10,025.	6,276.	530.	3,219.				
е	All other expenses								
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								
	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)				

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	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			
ĸ	l _	employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use	45 740	8	27 242
	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 .	2 766 501		2 620 547
		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	021 445	14	040 005
	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	
es	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,			
<u>ia</u>		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	1 000 006		1 470 400
		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			
Ses		lines 27 through 29, and lines 33 and 34.	C 7C2 C05		C 742 700
and	27	Unrestricted net assets	6,763,605.	27	6,743,788.
Bal	28	Temporarily restricted net assets	4,629,637.	28	4,218,139.
pu	29	Permanently restricted net assets	15,000.	29	15,000.
Ţ.		Organizations that do not follow SFAS 117, check here			
s or		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	10 056 005
~	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.

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		
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	O.				
2a				2a		Х
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С						
	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					
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 Au	dit			
	Act and OMB Circular A-133?	-		За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3h	Х	

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

Open to Public Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number 16-0743969

Pa	rt I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See inst	tructions.				
The	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)					
1		A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2		•		′0(b)(1)(A)(ii). (Attach Sc									
3				tal service organization			170(b)(1)	A)(iii).					
4	一	•		operated in conjunction					(b)(1)(A)(ii	i). Enter th	e hospital	's nam	ne.
7		city, and stat			***************************************	pital doco		00 170	(~)(-)(, -)(, -	.,. Emor an	io ricopitai	o man	.0,
5		•		benefit of a college or ur	niversity o	wned or or	perated by	a doverni	mental uni	t describe	d in		
3		-	(b)(1)(A)(iv). (Comple	_	iliversity o	wried or of	Jeraled Dy	a governi	inental uni	t describe	u III		
_				•	4. al a a a dia a		470(1-)(4	IV AV. A					
6	X			ent or governmental uni									
7	lacksquare			eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	ribed i	n
			b)(1)(A)(vi). (Comple										
8	H			section 170(b)(1)(A)(vi).									
9				eives: (1) more than 33									
		activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support f	rom gross	invest	ment
				axable income (less sect	tion 511 ta	ix) from bu	isinesses a	acquired b	y the orga	ınization at	fter June 3	0, 197	75.
			509(a)(2). (Complete										
10	Щ	An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	1).				
11		An organizati	ion organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fur	nctions of,	or to carr	y out the p	ourposes o	of one	or
		more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sec	ction 509(a)(3). Ched	ck the box	that	
		describes the	e type of supporti <u>ng</u>	organization and comple	et <u>e lin</u> es 1	1e through	ո 11h.						
		a Type I	ıb∟	ا Type II و	; 📖 Тур	e III - Func	tionally int	egrated		d 📖	Type III - 0	Other	
е		By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	ın
		foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or s	ection 509	(a)(2).	
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
				nis box									
g				organization accepted ar									
3				lirectly controls, either al								Yes	No
				upported organization?							11g(i)		
				n described in (i) above?									
				person described in (i) of									
h				about the supported or							. [119(111)		<u> </u>
		i Tovide tile i	ollowing information	about the supported of	gariizatiori	(3).							
				(iii) Type of	(iv) le the c	organization	(v) Did you	ı notify tha	(vi) Is	the			,
(i)		of supported	(ii) EIN	organization		organization sted in your		notify the	Lorganizatio	on in col. I	(vii) Am		t
	orga	anization		(described on lines 1-9		document?			(i) organiz U.S	ed in the	sup	port	
				above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No			
				(acc manuonona))	165	NO	165	NO	163	NO			
Tota	I												

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

Schedule A (Form 990 or 990-EZ) 2011

132021 01-24-12 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	<u> 13644145.</u>	<u> 12925495.</u>	12407492.	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.	12407492.	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	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)					
0	organization, check this box and stor						<u></u>				
	ction C. Computation of Publ						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	•		•		•					
	stop here. The organization qualifies										
b	33 1/3% support test - 2010. If the	-									
	and stop here. The organization qualifies as a publicly supported organization										
1/a	7a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization										
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization										
b											
	more, and if the organization meets the		•								
40	organization meets the "facts-and-circ		•	•	,						
18	Private foundation. If the organization	on dia not check a	box on line 13, 16	a, 160, 1/a, or 1/	D, CHECK THIS DOX 8	ına see instruction	s ▶∟∟				

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	tion A. Public Support	slow, please com	piete Part II.)				
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(4) 2010	(a) 2011	(f) Total
	Gifts, grants, contributions, and	(a) 2007	(b) 2006	(6) 2009	(d) 2010	(e) 2011	(I) TOTAL
	membership fees received. (Do not						
	include any "unusual grants.")						
	, , , , , , , , , , , , , , , , , , ,						
	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						
	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
	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						
7a.	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6	(4) 2001	(5) 2555	(0, 2000	(4,7 = 0 + 0	(0) = 0	(.,
	Gross income from interest,						
	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						
11	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						
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	•			•	. , . ,	. —
	check this box and stop here						>
	tion C. Computation of Publi					T T	
	Public support percentage for 2011 (li			column (f))		15	%
	Public support percentage from 2010					16	%
	tion D. Computation of Inves					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2011. If the						
	more than 33 1/3%, check this box ar						
	33 1/3% support tests - 2010. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u></u>

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

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., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF),

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)

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).

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 Par	rt 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
		 \$	990, 990-EZ, or 990-PF) (201

Name of organization

Employer identification number

JNITE:	D WAY OF BUFFALO AND ER	IE COUNTY			16-0743969
Part III	Exclusively religious, charitable, etc., indiversely year. Complete columns (a) through (e) and t	vidual contributions to section he following line entry. For orga	501(c)(7), (8), inizations comp	, or (10) organizatior Heting Part III, enter	ns that total more than \$1,000 for the
	the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	c., contributions of \$1,000 or I	ess for the year	- (Enter this information once.)	> \$
(a) No.				()) =	
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
		-		-	
				-	
•		(e) Transfer	of gift		
			_		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trar	nsferor to transferee
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
Parti					
		(a) Transfer	of wift		
		(e) Transfer	oi giit		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trar	nsferor to transferee
(a) No. from	(b) Dumage of sift	(a) Han of with		(d) Dagge	vindian of hour wife in hold
Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
		-		-	
		(e) Transfer	of gift		
	Transferos's name address a	nd 7 ID + 4	D.	olationabin of tran	actoror to transferoe
	Transferee's name, address, a	III ZIF + 4	n	elationship of trai	nsferor to transferee
(a) No.					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held
		(e) Transfer	of gift		
		(5) 114110101	3.44		
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of trar	nsferor 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 Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, line	6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	1				
2	Aggregate contributions to (during year)	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 w	riting that the assets held in donor advise	ed funds			
	are the organization's property, subject to the organization's e	_				
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 (check all that apply).					
	Preservation of land for public use (e.g., recreation or education)					
	Protection of natural habitat					
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	of 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	Total acreage restricted by conservation easements					
С	Number of conservation easements on a certified historic stru					
d	Number of conservation easements included in (c) acquired at					
	listed in the National Register					
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax					
	year ▶					
4	Number of states where property subject to conservation easement is located					
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it holds?					
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year					
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)					
	and section 170(h)(4)(B)(ii)? Yes					
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and			
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for					
	conservation easements.					
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her 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 (ASC	C 958), not to report in its revenue stateme	ent and balance sheet works of art,			
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furtheran	ce of public service, provide, in Part XIV,			
	the text of the footnote to its financial statements that describ	oes these items.				
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statement a	and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	lic service, provide the following amounts			
	relating to these items:					
	(i) Revenues included in Form 990, Part VIII, line 1		> \$			
2	the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide					
	the following amounts required to be reported under SFAS 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. $^{132051}_{01-23-12}$

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		
e Other						
Total. Add lines 1a through 1e. (Column (d) must equa	2,628,547					

Schedule D (Form 990) 2011

Part VII Investments - Other Securities. See	e Form 990, Part X, li	ne 12.		<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	Co	(c) Method of valua ost or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A) MONEY MARKET	181,25		ZEAR MARKET	
(B) CERTIFICATES OF DEPOSIT	2,384,50		YEAR MARKET	
(C) MUTUAL FUNDS	102,39	91. END-OF-Y	YEAR MARKET	VALUE
(D)				
(E)				
(F)				
(G)				
(H) (I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	2,668,14	16.		
Part VIII Investments - Program Related. Se				
		10.	(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Co	ost 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) Pook volue
	Description			(b) Book value 940,885.
(2) ASSETS HELD IN TRUST				740,003.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line			>	940,885.
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) ACCRUED POSTRETIREMENT BE	NEFIT	200 000	_	
(3) OBLIGATION		298,000		
(4) ACCRUED PENSION LIABILITY		1,172,490		
(5)				
(6)	+			
(8)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, col (B) line		1,470,490		
Fin 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to 2. FIN 48 (ASC 740).				n tax positions under

2. FIN 48 (ASC 740 132053 01-23-12

Schedule D (Form 990) 2011

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_	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,	<u>315.</u>
Pai	rt XII Reconciliation of Revenue per Audited Financial Staten			_		eturr		
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								
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIV.)	2d						
е	Add lines 2a through 2d					2e		611.
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	<u>1,1</u>	<u>97.</u>			
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,	<u>889.</u>
Pa	rt XIII Reconciliation of Expenses per Audited Financial State					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:							
b	Prior year adjustments	2b						
С								
	Other (Describe in Part XIV.)							•
е	Add lines 2a through 2d					2e	44 446	0.
3	Subtract line 2e from line 1					3	11,446,	177.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b	4,02	1,1	97.			
	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,	374.
	rt XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines $3,5,$ and $9;$ Part $10,10,$	t III, lines 1a	and 4; Pa	rt IV, li	nes 1b	and a	2b; Part V, line 4	; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also cor	mplete this	part to pro	vide ar	ny add	litiona	l information.	
D 3 T								
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:							
700	CITMITI AMED NEM ACCEM ADTICOMEND CEAC 150	nee rate	יאים כרי		m			
AC	CUMULATED NET ASSET ADJUSTMENT- SFAS 158	DELINE	יח ספווי	CL T	Τ.			
ים ס	NSION PLAN						-460,	111
اند ــ	MATON I DVM						400,	44T •
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:							
	•							
REC	CLASS OF DONOR DESIGNATED GIFTS						4,021,	197.

Schedule D (Form 990) 2011

Schedule D (Form 990) 2011 UNITED WAY OF BUFFALO AND ERIE COUNTY	Y 16-0743969 Page 5
Schedule D (Form 990) 2011 UNITED WAY OF BUFFALO AND ERIE COUNTY 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

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

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

ame of the organization Employer identification number								
		ALO AND ERI	E COUNTY				16-0743969	
Part I General Information on Grants								
	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection							
criteria used to award the grants or as	sistance?						X Yes No	
2 Describe in Part IV the organization's Part II Grants and Other Assistance						(W. F. Od. 6	
Grants and Other Assistance		•				,	· · · · —	
recipient that received more that 1 (a) Name and address of organization		(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant	
or government	(D) LIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance	
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 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	
BOYS AND GIRLS CLUB OF BUFFALO INC 282 BABCOCK STREET - BUFFALO, NY 14210	16-0849516	501(C)(3)	200,000.	0.			PROGRAM FUNDING	
BOYS AND GIRLS CLUB OF EAST AUROF 24 PAINE STREET P.O. BOX 36	A							
EAST AURORA, NY 14052	16-0755732	501(C)(3)	64,000.	0.			PROGRAM FUNDING	
2 Enter total number of section 501(c)(3	-	-	ne line 1 table					
3 Enter total number of other organization	<u>ons listed in the line</u>	1 table		<u></u>			> 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 Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CATHOLIC CHARITIES OF BUFFALO								
741 DELAWARE AVENUE							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							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 14201	16 1550022	E01/Q\/3\	171 260	0.			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	
BUFFALO, NY 14202	16-1160182	501(C)(3)	52,744.	0.			EDUCATION FEDERAL GRANT	
			1 7 1 2 1					
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	
JOAN A. MALE FAMILY SUPPORT CENTER							CLOSING THE GAP-FUND FOR	
60 DINGENS STREET							THE IMPROVEMENT OF	
BUFFALO, NY 14206	22-2219511	р01(C)(3)	113,526.	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) 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		a na saisa dia Badi	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

Part I Questions Regarding Compensation

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number 16-0743969

			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:			
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		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:			
а	The organization?	5a		<u> </u>
b	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:			
	The organization?	6a		X
b	Any related organization?	6b		X
	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		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
	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	i l	I

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 (i		0.	0.	0.	0.	0.	0.
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<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:

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

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

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

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

ORGANIZATION AND WITH OUR PARTNERS THROUGHOUT THE COMMUNITY. WE VALUE

DIVERSITY AND STRIVE FOR INCLUSION. ACCOUNTABILITY: WE TAKE

RESPONSIBILITY FOR COMMITMENTS AND DELIVERING HIGH QUALITY, HIGH VALUE

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

OUR MISSION.

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

COMMUNITY IMPACT PROGRAM SERVICES - THIS PROGRAM IS RESPONSIBLE FOR
ANALYZING COMMUNITY NEEDS, FOCUSING RESOURCES, AND DETERMINING THE
COMMUNITY IMPACT OF THE WORK DONE AND NEEDED TO BE DONE IN SOLVING
PROBLEMS IN THE HEALTH AND HUMAN AREA.

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

M.I.S

GOVERNMENT & LABOR RELATIONS

CREATIVE SERVICES

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

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

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

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

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.	