

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 00-77-12
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **APR 1, 2022** and ending **MAR 31, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF BUFFALO AND ERIE COUNTY		D Employer identification number 16-0743969
	Doing business as		E Telephone number (716) 887-2626
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	742 DELAWARE AVE.		G Gross receipts \$ 14,922,880.
	City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14209		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: THOMAS WRINN SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			If "No," attach a list. See instructions
J Website: WWW.UWBEC.ORG			H(c) Group exemption number
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1947	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO CREATE SYSTEMIC COMMUNITY CHANGE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	53
	6 Total number of volunteers (estimate if necessary)	6	936
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	13,573,082.	14,523,612.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	427,934.	380,199.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,605.	19,069.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,775.	0.
		14,020,396.	14,922,880.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,941,187.	10,006,831.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,627,368.	3,825,784.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	1,469,078.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,353,740.	1,308,825.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,922,295.	15,141,440.	
19 Revenue less expenses. Subtract line 18 from line 12	98,101.	-218,560.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	31,555,637.	29,437,274.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,435,697.	6,371,954.
	24,119,940.	23,065,320.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	THOMAS WRINN, CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	MICHAEL J. GRIMALDI, CPA	MICHAEL J. GRIMALDI,	01/23/24		P01295846
	Firm's name	Firm's EIN			
	LUMSDEN & MCCORMICK, LLP	16-0765486			
	Firm's address	Phone no. (716) 856-3300			
	369 FRANKLIN STREET BUFFALO, NY 14202				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO CREATE SYSTEMIC COMMUNITY CHANGE. OUR VISION: WE ENVISION AN EQUITABLE, THRIVING AND UNITED COMMUNITY ACHIEVED THROUGH COLLABORATIVE LEADERSHIP. WE MEET OUR COMMITMENTS AND DELIVER

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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 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 \$ 5,213,632. including grants of \$ 5,213,632.) (Revenue \$) PROGRAM INVESTMENTS - INVESTMENTS (ALLOCATIONS) IN COMPETITIVELY AWARDED GRANT PROGRAMS TO MANY LOCAL AGENCIES, FOCUSED IN OUR "IMPACT" AREAS OF EDUCATION, INCOME, AND HEALTH AND WELLNESS. BY INVESTING IN THE HIGHEST NEEDS AREAS OF THE COMMUNITY THE UNITED WAY HOPES TO SIGNIFICANTLY IMPROVE OVERALL EDUCATIONAL OUTCOMES, STABILIZE AND IMPROVE FAMILY FINANCIAL WELL BEING, AND BUILD A STRONG AND HEALTHY COMMUNITY.

4b (Code:) (Expenses \$ 2,342,946. including grants of \$ 2,342,946.) (Revenue \$) DONOR DESIGNATIONS - THE UNITED WAY OF BUFFALO AND ERIE COUNTY ALLOWS DONOR CHOICE, WHERE THE DONOR CAN DIRECT GIFTS TO ANY 501(C)(3) ORGANIZATION.

4c (Code:) (Expenses \$ 3,102,572. including grants of \$ 2,450,253.) (Revenue \$) GRANT PROGRAM AND INITIATIVES - THESE PROGRAMS ARE AIMED AT PROVIDING SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND UNIQUE INITIATIVES PROVIDING SUPPORT AIMED AT THE UNITED WAYS FOCUSED AREAS OF NEED.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,588,615. including grants of \$) (Revenue \$ 380,199.)

4e Total program service expenses 12,247,765.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 20. 'X' marks are present in the Yes/No columns for various questions.

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on 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?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THOMAS WRINN - (716)-887-2626
742 DELAWARE AVENUE, BUFFALO, NY 14209

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL WEINER PRESIDENT & CEO (THRU DEC '22)	40.00			X			215,328.	0.	696.	
(2) TRINA BURRUSS PRESIDENT & CEO (EFF JAN '23)	40.00			X			129,171.	0.	12,658.	
(3) THOMAS WRINN CHIEF FINANCIAL OFFICER	40.00			X			105,102.	0.	696.	
(4) RACHELLE SAT'CHELL ROBINSON CHAIR	1.00	X		X			0.	0.	0.	
(5) CHRISTINA BROZYNA VICE CHAIR	1.00	X		X			0.	0.	0.	
(6) J. AUSTIN HOULDING VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) NICKOLE GARRISON TREASURER	1.00	X		X			0.	0.	0.	
(8) MARIJKE KEMBLE SECRETARY	1.00	X		X			0.	0.	0.	
(9) FELICIA BEARD DIRECTOR	1.00	X					0.	0.	0.	
(10) ANGELA BLUE DIRECTOR	1.00	X					0.	0.	0.	
(11) KENDRA BRIM DIRECTOR	1.00	X					0.	0.	0.	
(12) ALEXANDER BURGOS DIRECTOR	1.00	X					0.	0.	0.	
(13) PAUL COLEMAN DIRECTOR	1.00	X					0.	0.	0.	
(14) DIANE COLGAN DIRECTOR	1.00	X					0.	0.	0.	
(15) JAMES DUNLOP DIRECTOR	1.00	X					0.	0.	0.	
(16) JAMIE FERULLO DIRECTOR	1.00	X					0.	0.	0.	
(17) DENISE GUELI DIRECTOR	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CATHERINE IRISH DIRECTOR	1.00	X						0.	0.	0.
(19) PATTY KAMINSKI DIRECTOR	1.00	X						0.	0.	0.
(20) PATRICK T. MCGUIRE DIRECTOR	1.00	X						0.	0.	0.
(21) STEPHANIE MCLEAN-BEATHLEY DIRECTOR	1.00	X						0.	0.	0.
(22) JEANNIE PARENT DIRECTOR	1.00	X						0.	0.	0.
(23) KATHLEEN RIZZO YOUNG DIRECTOR	1.00	X						0.	0.	0.
(24) HUGH RUSS DIRECTOR	1.00	X						0.	0.	0.
(25) MELINDA SEIBOLD DIRECTOR	1.00	X						0.	0.	0.
(26) RUPA SHANMUGAM DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								449,601.	0.	14,050.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								449,601.	0.	14,050.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 3

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Jason Sinnarajah, Thomasina Stenhouse, Anna Stolzenburg, Demario Strickland, Stephen Turkovich, and Brigitte Womer.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,119,725.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	12,403,887.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f		14,523,612.				
Program Service Revenue	2 a	PROGRAM SERVICE AND OTHER FEES	Business Code	561000	380,199.	380,199.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			380,199.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			19,069.		19,069.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a		Business Code					
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			14,922,880.	380,199.	0.	19,069.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	10,006,831.	10,006,831.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	463,862.		463,862.	
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	2,463,740.	1,292,831.	365,035.	805,874.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	271,713.	120,669.	75,940.	75,104.
9 Other employee benefits	414,650.	190,386.	105,767.	118,497.
10 Payroll taxes	211,819.	94,069.	59,201.	58,549.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	179,071.	62,477.	79,248.	37,346.
12 Advertising and promotion				
13 Office expenses	169,592.	58,302.	20,711.	90,579.
14 Information technology				
15 Royalties				
16 Occupancy	264,786.	101,111.	78,691.	84,984.
17 Travel	73,827.	52,712.	15,321.	5,794.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	28,711.	20,500.	5,958.	2,253.
20 Interest				
21 Payments to affiliates	164,262.	64,746.	43,995.	55,521.
22 Depreciation, depletion, and amortization	179,845.	70,887.	48,169.	60,789.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT RENTAL AND M	150,679.	61,953.	39,225.	49,501.
b DUES & SUBSCRIPTIONS	48,577.	18,002.	17,340.	13,235.
c				
d				
e All other expenses	49,475.	32,289.	6,134.	11,052.
25 Total functional expenses. Add lines 1 through 24e	15,141,440.	12,247,765.	1,424,597.	1,469,078.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	2,373,339.	2	2,523,273.
	3 Pledges and grants receivable, net	6,565,424.	3	5,726,925.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	169,015.	9	132,562.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,853,924.		
	b Less: accumulated depreciation	10b 6,028,555.	10c	1,825,369.
	11 Investments - publicly traded securities	3,374,514.	11	2,717,458.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	17,143,369.	15	16,511,687.
16 Total assets. Add lines 1 through 15 (must equal line 33)	31,555,637.	16	29,437,274.	
Liabilities	17 Accounts payable and accrued expenses	823,526.	17	753,143.
	18 Grants payable	3,615,808.	18	3,215,567.
	19 Deferred revenue	28,759.	19	28,035.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	687,500.	24	0.
	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	2,280,104.	25	2,375,209.
	26 Total liabilities. Add lines 17 through 25	7,435,697.	26	6,371,954.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	15,081,804.	27	14,792,584.
	28 Net assets with donor restrictions	9,038,136.	28	8,272,736.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	24,119,940.	32	23,065,320.
33 Total liabilities and net assets/fund balances	31,555,637.	33	29,437,274.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,922,880.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,141,440.
3	Revenue less expenses. Subtract line 2 from line 1	3	-218,560.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	24,119,940.
5	Net unrealized gains (losses) on investments	5	-732,668.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-103,392.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,065,320.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
 - 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17823912.	17731772.	14907374.	13573082.	14523612.	78559752.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17823912.	17731772.	14907374.	13573082.	14523612.	78559752.
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.						78559752.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	17823912.	17731772.	14907374.	13573082.	14523612.	78559752.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	94,767.	109,432.	71,741.	19,380.	19,069.	314,389.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						78874141.
12 Gross receipts from related activities, etc. (see instructions)					12	1,311,616.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	99.60 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	99.33 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

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

Name of organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>323,895.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>1,236,938.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>323,893.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>914,862.</u>	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>435,035.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>687,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 358,744.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 563,011.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,093,891.	Person <input checked="" type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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 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	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d, and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,143,369.	15,866,932.	10,893,593.	11,912,717.	11,150,904.
b Contributions	139,738.	260,135.	523,966.	290,569.	621,799.
c Net investment earnings, gains, and losses	-695,291.	1,060,296.	4,741,389.	-1,246,399.	240,014.
d Grants or scholarships					
e Other expenditures for facilities and programs	-76,129.	-43,994.	-292,016.	-63,294.	100,000.
f Administrative expenses					
g End of year balance	16,663,945.	17,143,369.	15,866,932.	10,893,593.	11,912,717.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		158,930.		158,930.
b Buildings		3,767,570.	2,321,636.	1,445,934.
c Leasehold improvements				
d Equipment		3,927,424.	3,706,919.	220,505.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,825,369.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD AT CFGB	16,511,687.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	16,511,687.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED POSTRETIREMENT BENEFIT	
(3) OBLIGATION	160,000.
(4) ACCRUED PENSION LIABILITY	2,215,209.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,375,209.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements		1	11,847,266.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-732,668.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-732,668.	
3	Subtract line 2e from line 1		3	12,579,934.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,342,946.	
c	Add lines 4a and 4b	4c	2,342,946.	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	14,922,880.

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

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

1	Total expenses and losses per audited financial statements		1	12,798,494.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1		3	12,798,494.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	2,342,946.	
c	Add lines 4a and 4b	4c	2,342,946.	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	15,141,440.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
19 IDEAS 32C ESSEX STREET BUFFALO, NY 14213	90-0732076		40,000.	0.			PROGRAM FUNDING EMERGENT OPPORTUNITIES
AFRICAN CULTURAL CENTER OF BUFFALO 350 MASTEN AVENUE BUFFALO, NY 14209	16-0920652	501(C)(3)	21,000.	0.			PROGRAM FUNDING
AFRICAN HERITAGE FOOD CO-OP 238 CARLTON STREET BUFFALO, NY 14204	82-4235338		28,000.	0.			GENERAL MILLS FOOD ACCESS GRANT
ALGONQUIN SPORTS FOR KIDS 403 MAIN STREET 200 BUFFALO, NY 14203	26-0682893	501(C)(3)	175,000.	0.			PROGRAM FUNDING
AMAZON COM INC 440 NORTH TERRY AVENUE SEATTLE, WA 98109	91-1646860		7,513.	0.			COMMUNITY ENGAGEMENT - SPECIAL EVENTS
BARREL FACTORY 65 VANDALIA STREET BUFFALO, NY 14204	45-2984422		5,323.	0.			COMMUNITY ENGAGEMENT - SPECIAL EVENTS

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

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

Schedule I (Form 990) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	128,411.	0.			FAMILY HOUSING STABILITY CASE MANAGEMENT
BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	9,000.	0.			HEALTH FOUNDATION WCNY GO BUFFALO MOM
BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	23,808.	0.			UNITED WAY WORKS
BESTSELF BEHAVIORAL HEALTH 255 DELAWARE AVE., SUITE 300 BUFFALO, NY 14202	16-1004090	501(C)(3)	200,000.	0.			PROGRAM FUNDING
BIG BROTHERS BIG SISTERS OF ERIE, NIAGARA & SOUTHERN TIER - 100 RIVER ROCK DRIVE, SUITE 104 - BUFFALO, NY 14207	16-1106399	501(C)(3)	43,000.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF BUFFALO INC. - 282 BABCOCK STREET - BUFFALO, NY 14210	16-0849516	501(C)(3)	73,000.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF THE NORTHTOWNS OF WNY - 54 RIVERDALE AVENUE - BUFFALO, NY 14207	16-0755733	501(C)(3)	55,000.	0.			PROGRAM FUNDING
BPS ADULT LEARNING CENTER/BUFFALO PUBLIC SCHOOLS FOUNDATION - 389 VIRGINIA STREET - BUFFALO, NY 14201	38-3704493	501(C)(3)	516,543.	0.			UNITED WAY WORKS
BUFFALO CENTER FOR ARTS AND TECHNOLOGY - 1221 MAIN STREET - BUFFALO, NY 14209	45-5213027	501(C)(3)	22,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204	16-1172623	501(C)(3)	125,000.	0.			PROGRAM FUNDING
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204	16-1172623	501(C)(3)	10,000.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204	16-1172623	501(C)(3)	58,779.	0.			VOLUNTEER INCOME TAX ASSISTANCE
BUFFALO GO GREEN 45 PEMBROKE AVE BUFFALO, NY 14215	46-5083541	501(C)(3)	25,000.	0.			GENERAL MILLS FOOD ACCESS GRANT
BUFFALO GO GREEN 45 PEMBROKE AVE BUFFALO, NY 14215	46-5083541	501(C)(3)	29,000.	0.			PROGRAM FUNDING
BUFFALO PRENATAL PERINATAL SERVICES - 625 DELAWARE AVENUE SUITE 410 - BUFFALO, NY 14202	16-1302764	501(C)(3)	8,400.	0.			HEALTH FOUNDATION WCNY GO BUFFALO MOM
BUFFALO PRENATAL PERINATAL SERVICES - 625 DELAWARE AVENUE SUITE 410 - BUFFALO, NY 14202	16-1302764	501(C)(3)	15,000.	0.			SUPPLEMENTAL ALLOCATIONS - BUFFALO TOGETHER COMMUNITY RESPONSE FUND & COMMUNITY RESILIENCE
BUFFALO PRENATAL PERINATAL SERVICES - 625 DELAWARE AVENUE SUITE 410 - BUFFALO, NY 14202	16-1302764	501(C)(3)	122,000.	0.			PROGRAM FUNDING
BUFFALO PROMISE NEIGHBORHOOD 465 MAIN STREET., SUITE 510 BUFFALO, NY 14203	20-1405438	501(C)(3)	27,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO STRING WORKS INC PO BOX 195 BUFFALO, NY 14213	81-0718400	501(C)(3)	24,000.	0.			PROGRAM FUNDING
BUFFALO URBAN LEAGUE INC. 15 GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	84,000.	0.			PROGRAM FUNDING
BUFFALO URBAN LEAGUE INC. 15 GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	30,000.	0.			SUPPLEMENTAL ALLOCATIONS - BUFFALO TOGETHER COMMUNITY RESPONSE FUND & COMMUNITY RESILIENCE
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	12,880.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	43,895.	0.			UNITED WAY WORKS
CENTER FOR EMPLOYMENT OPPORTUNITIES - 170 FRANKLIN STREET SUITE 701 - BUFFALO, NY 14202	13-3843322	501(C)(3)	30,000.	0.			PROGRAM FUNDING
CENTER FOR GOVERNMENTAL RESEARCH ONE SOUTH WASHINGTON STREET, SUITE ROCHESTER, NY 14614	16-0754774	501(C)(3)	48,604.	0.			CLOSING THE GAP CLEVEHILL - EVALUATIONS, MEETINGS & SURVEY REPORTS
CHAMPION PROJECT INC 425 MEYER ROAD WEST SENECA, NY 14224	47-2123202	501(C)(3)	11,275.	0.			WNY GIRLS IN SPORTS
CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE - BUFFALO, NY 14202	16-1004825	501(C)(3)	129,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216	22-2916451	501(C)(3)	55,000.	0.			PROGRAM FUNDING
CHILDREN'S HOSPITAL OF BUFFALO FOUNDATION - 1028 MAIN ST 4TH FL - BUFFALO, NY 14202	16-1332044	501(C)(3)	6,000.	0.			BENNETT FUND
CITY SWIM PROJECT 651 DELAWARE AVE, SUITE 222 BUFFALO, NY 14202	46-0526467	501(C)(3)	24,000.	0.			PROGRAM FUNDING
CITY SWIM PROJECT 651 DELAWARE AVE, SUITE 222 BUFFALO, NY 14202	46-0526467	501(C)(3)	6,333.	0.			WNY GIRLS IN SPORTS
CLEVELAND HILL FAMILY RESOURCE CENTER - 105 MAPLEVIEW ROAD - CHEEKTOWAGA, NY 14215	16-6001638	501(C)(3)	99,458.	0.			CLOSING THE GAP CLEVEHILL - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
COMMUNITY FOUNDATION FOR GREATER BUFFALO - 726 EXCHANGE STREET, SUITE 525 - BUFFALO, NY 14210	22-2743917	501(C)(3)	1,728,632.	0.			SUPPLEMENTAL ALLOCATIONS - BUFFALO TOGETHER COMMUNITY RESPONSE FUND & COMMUNITY RESILIENCE
COMMUNITY IMPACT COALITIONS 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	8,532.	0.			PROGRAM FUNDING EMERGENT OPPORTUNITIES
COMPASS HOUSE 1451 MAIN STREET BUFFALO, NY 14209	23-7363167	501(C)(3)	73,000.	0.			PROGRAM FUNDING
COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE, SUITE 210 BUFFALO, NY 14202	16-1454202	501(C)(3)	24,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONSUMER CREDIT COUNSELING SERVICES - 40 GARDENVILLE PARKWAY, SUITE 300 - WEST SENECA, NY 14224	16-0909583	501(C)(3)	22,000.	0.			PROGRAM FUNDING
CRADLE BEACH CAMP INC. 8038 OLD LAKESHORE ROAD ANGOLA, NY 14006	16-0743025	501(C)(3)	28,000.	0.			PROGRAM FUNDING
DEPEW-LANCASTER BOYS & GIRLS CLUB 60 PRESTON STREET DEPEW, NY 14043	16-1313581	501(C)(3)	24,000.	0.			PROGRAM FUNDING
DONOR DESIGNATIONS TO AGENCIES ERIE REGIONAL HOUSING DEVELOPMENT CORP. (BELLE CENTER) - 104 MARYLAND STREET - BUFFALO, NY 14201	16-1559032	501(C)(3)	2,342,946.	0.			DONOR DESIGNATIONS TO AGENCIES UNITED WAY WORKS
EVERY BOTTOM COVERED 55 SCHUELE AVENUE BUFFALO, NY 14215	81-1314673	501(C)(3)	12,532.	0.			COMMUNITY BABY SHOWER
EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALO, NY 14202	16-1160182	501(C)(3)	101,000.	0.			PROGRAM FUNDING
FAMILY HELP CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511	501(C)(3)	126,000.	0.			PROGRAM FUNDING
FAMILY JUSTICE CENTER OF ERIE COUNTY - 237 MAIN STREET 14TH FLOOR - BUFFALO, NY 14203	20-2250813	501(C)(3)	120,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GATEWAY-LONGVIEW, INC. 6350 MAIN STREET WILLIAMSVILLE, NY 14221	16-0743969	501(C)(3)	7,484.	0.			CLOSING THE GAP CLEVEHILL - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
GIRL SCOUTS OF WESTERN NEW YORK 3332 WALDEN AVENUE SUITE 106 DEPEW, NY 14043	16-0743096	501(C)(3)	24,000.	0.			PROGRAM FUNDING
GIRLS ON THE RUN OF BUFFALO INC. PO BOX 1271 BUFFALO, NY 14213	27-2193377	501(C)(3)	28,000.	0.			PROGRAM FUNDING
GOODWILL INDUSTRIES OF WNY INC. 1119 WILLIAM STREET BUFFALO, NY 14206	16-0761225	501(C)(3)	55,000.	0.			PROGRAM FUNDING
GRASSROOTS GARDENS OF BUFFALO 2495 MAIN STREET SUITE #408 BUFFALO, NY 14214	16-1479159	501(C)(3)	29,000.	0.			PROGRAM FUNDING
INDEPENDENT HEALTH FOUNDATION 511 FARBER LAKES DRIVE WILLIAMSVILLE, NY 14221	16-1417199	501(C)(3)	27,000.	0.			PROGRAM FUNDING
INTERNATIONAL INSTITUTE OF BUFFALO INC. - 864 DELAWARE AVENUE - BUFFALO, NY 14209	16-0743052	501(C)(3)	9,058.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM
INTERNATIONAL INSTITUTE OF BUFFALO INC. - 864 DELAWARE AVENUE - BUFFALO, NY 14209	16-0743052	501(C)(3)	66,156.	0.			PROGRAM FUNDING
JERICO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876	501(C)(3)	75,000.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876	501(C)(3)	101,500.	0.			PROGRAM FUNDING
JEWISH FAMILY SERVICE OF BUFFALO & ERIE COUNTY - 70 BARKER STREET - BUFFALO, NY 14209	16-0760888	501(C)(3)	29,000.	0.			PROGRAM FUNDING
KAESER & BLAIR INCORPORATED 4236 GRISSOM DRIVE BATAVIA, OH 45103	31-0336200		25,492.	0.			WNY GIRLS IN SPORTS SUPPLIES
KING URBAN LIFE CENTER INC. 938 GENESEE STREET BUFFALO, NY 14211	16-1336419	501(C)(3)	80,000.	0.			PROGRAM FUNDING
LA'MOVEMENT FITNESS 3842 HARLEM ROAD SUITE 400-168 CHEEKTOWAGA, NY 14215	82-0621066		21,040.	0.			WNY GIRLS IN SPORTS
LINCOLN MEMORIAL UNITED METHODIST CHURCH - 641 MASTEN AVENUE - BUFFALO, NY 14209	16-1222645	501(C)(3)	17,000.	0.			GENERAL MILLS FOOD ACCESS GRANT
LITERACY NEW YORK BUFFALO-NIAGARA INC. - 1 LAFAYETTE SQUARE - 2ND FLOOR - BUFFALO, NY 14203	16-1199474	501(C)(3)	22,000.	0.			PROGRAM FUNDING
LITERACY NEW YORK BUFFALO-NIAGARA INC. - 1 LAFAYETTE SQUARE - 2ND FLOOR - BUFFALO, NY 14203	16-1199474	501(C)(3)	58,216.	0.			UNITED WAY WORKS
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	5,142.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	14,771.	0.			PROGRAM FUNDING
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	128,630.	0.			UNITED WAY WORKS
MASSACHUSETTS AVENUE PROJECT 271 GRANT STREET BUFFALO, NY 14213	16-1585356	501(C)(3)	20,000.	0.			PROGRAM FUNDING
METRO COMMUNITY DEVELOPMENT 877 E DELAVAN AVE BUFFALO, NY 14215	04-3611860	501(C)(3)	30,000.	0.			SUPPLEMENTAL ALLOCATIONS - BUFFALO TOGETHER COMMUNITY RESPONSE FUND & COMMUNITY RESILIENCE
MISSION: IGNITE POWERED BY COMPUTERS FOR CHILDREN, INC. - 701 SENECA STREET SUITE 601 - BUFFALO, NY 14210	16-1535203	501(C)(3)	25,000.	0.			PROGRAM FUNDING
NEIGHBORHOOD LEGAL SERVICES INC. 237 MAIN STREET, SUITE 400 BUFFALO, NY 14203	51-0198935	501(C)(3)	50,000.	0.			PROGRAM FUNDING
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	7,000.	0.			PROGRAM FUNDING
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	120,047.	0.			UNITED WAY WORKS
PEACE OF THE CITY MINISTRIES 301 14TH STREET BUFFALO, NY 14213	75-3008707	501(C)(3)	32,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLICE ATHLETIC LEAGUE OF BUFFALO, INC. - 65 NIAGARA SQUARE ROOM 2101 STE 21 - BUFFALO, NY 14202	16-1468698	501(C)(3)	24,000.	0.			PROGRAM FUNDING
PROVIDENCE FARM COLLECTIVE CORP 5701 BURTON ROAD ORCHARD PARK, NY 14127	84-3427072	501(C)(3)	76,168.	0.			UNITED WAY WORKS
RAHAMA, INC. 1272 DELAWARE AVENUE BUFFALO, NY 14209	47-4133765	501(C)(3)	28,000.	0.			PROGRAM FUNDING
REACH OUT AND READ, INC. 89 SOUTH STREET SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	27,000.	0.			PROGRAM FUNDING
READ TO SUCCEED BUFFALO 392 PEARL STREET SUITE 100 BUFFALO, NY 14202	26-3606661	501(C)(3)	75,000.	0.			PROGRAM FUNDING
RESOURCE COUNCIL OF WNY 347 EAST FERRY STREET BUFFALO, NY 14208	47-4267047	501(C)(3)	50,000.	0.			SUPPLEMENTAL ALLOCATIONS - BUFFALO TOGETHER COMMUNITY RESPONSE FUND & COMMUNITY RESILIENCE
RESOURCE COUNCIL OF WNY 347 EAST FERRY STREET BUFFALO, NY 14208	47-4267047	501(C)(3)	30,000.	0.			GENERAL MILLS FOOD ACCESS GRANT
RURAL OUTREACH CENTER 730 OLEAN ROAD EAST AURORA, NY 14052	46-0817544	501(C)(3)	19,000.	0.			PROGRAM FUNDING
SENECA BABCOCK COMMUNITY ASSOCIATION - 1168 SENECA STREET - BUFFALO, NY 14210	23-7367697	501(C)(3)	70,351.	0.			UNITED WAY WORKS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENECA BABCOCK COMMUNITY ASSOCIATION - 1168 SENECA STREET - BUFFALO, NY 14210	23-7367697	501(C)(3)	52,000.	0.			PROGRAM FUNDING
SENECA STREET COMMUNITY DEVELOPMENT CORPORATION - 1218 SENECA STREET - BUFFALO, NY 14210	26-3678723	501(C)(3)	24,000.	0.			PROGRAM FUNDING
SKATE GREAT INC 139 DARWIN DRIVE SNYDER, NY 14226	45-5458450		7,250.	0.			WNY GIRLS IN SPORTS
SOMALI BANTU COMMUNITY ORGANIZATION OF WNY - 161 VERMONT STREET - BUFFALO, NY 14213	55-0913398	501(C)(3)	24,000.	0.			PROGRAM FUNDING
TAPESTRY CHARTER SCHOOL 65 GREAT ARROW AVENUE BUFFALO, NY 14216	16-1604750	501(C)(3)	26,000.	0.			PROGRAM FUNDING
THE FOUNDRY, NET POSITIVE INC 298 NORTHAMPTON ST BUFFALO, NY 14208	46-2666977	501(C)(3)	28,000.	0.			PROGRAM FUNDING
THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 14202	13-5562351	501(C)(3)	91,771.	0.			PROGRAM FUNDING
THE SERVICE COLLABORATIVE OF WNY 173 ELM STREET SUITE 100 BUFFALO, NY 14203	16-1596462	501(C)(3)	50,000.	0.			PROGRAM FUNDING
THRIVE IMPACT CONSULTING LLC 3201 CURTIS STREET DENVER, CO 80205	82-3629319		21,500.	0.			PROGRAM FUNDING EMERGENT OPPORTUNITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TNTF INC. 500 7TH AVENUE, 8TH FLOOR NEW YORK, NY 10018	13-3850158	501(C)(3)	25,000.	0.			PROGRAM FUNDING EMERGENT OPPORTUNITIES
TROCAIRE COLLEGE 360 CHOATE AVENUE BUFFALO, NY 14220	16-0909446	501(C)(3)	19,000.	0.			PROGRAM FUNDING
UNIVERSAL SCHOOL 1957 GENESEE STREET BUFFALO, NY 14211	01-0709661	501(C)(3)	48,000.	0.			PROGRAM FUNDING
UNIVERSITY DISTRICT COMMUNITY DEV. ASSOC. / GLORIA J. PARKS COMMUNITY CTR - 3242 MAIN STREET - BUFFALO, NY 14214	16-1072548	501(C)(3)	66,949.	0.			UNITED WAY WORKS
UNIVERSITY DISTRICT COMMUNITY DEV. ASSOC. / GLORIA J. PARKS COMMUNITY CTR - 3242 MAIN STREET - BUFFALO, NY 14214	16-1072548	501(C)(3)	26,000.	0.			PROGRAM FUNDING
UPWARD DESIGN FOR LIFE CORPORATION PO BOX 327 BUFFALO, NY 14215	82-2766095	501(C)(3)	10,000.	0.			COMMUNITY ENGAGEMENT - SPECIAL EVENTS
VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210	16-0964724	501(C)(3)	6,797.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM
VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210	16-0964724	501(C)(3)	58,771.	0.			PROGRAM FUNDING
VETERANS ONE-STOP CENTER OF WNY 1280 MAIN ST STE 204 BUFFALO, NY 14209	45-5098692	501(C)(3)	22,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIA - VISUALLY IMPAIRED ADVANCEMENT - 1170 MAIN STREET P.O. BOX 398 - BUFFALO, NY 14209	16-0743930	501(C)(3)	100,000.	0.			PROGRAM FUNDING
VIA - VISUALLY IMPAIRED ADVANCEMENT - 1170 MAIN STREET P.O. BOX 398 - BUFFALO, NY 14209	16-0743930	501(C)(3)	6,000.	0.			VOLUNTEER INCOME TAX ASSISTANCE
VIA - VISUALLY IMPAIRED ADVANCEMENT - 1170 MAIN STREET P.O. BOX 398 - BUFFALO, NY 14209	16-0743930	501(C)(3)	325,173.	0.			WNY 211
WEST SIDE COMMUNITY SERVICES 161 VERMONT STREET BUFFALO, NY 14213	16-1060167	501(C)(3)	24,000.	0.			PROGRAM FUNDING
WESTERN NEW YORK LAW CENTER 237 MAIN STREET SUITE 1130 BUFFALO, NY 14203	16-1497552	501(C)(3)	22,000.	0.			PROGRAM FUNDING
WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE - 436 GRANT STREET - BUFFALO, NY 14213	20-4230463	501(C)(3)	22,000.	0.			PROGRAM FUNDING
WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA STREET - BUFFALO, NY 14213	16-1425062	501(C)(3)	24,000.	0.			PROGRAM FUNDING
YOUNG AUDIENCES OF WNY 1 LAFAYETTE SQUARE BUFFALO, NY 14203	16-0916472	501(C)(3)	26,000.	0.			PROGRAM FUNDING
YWCA OF WNY 1005 GRANT ST STE 3 BUFFALO, NY 14207	16-0743243	501(C)(3)	174,491.	0.			CLOSING THE GAP CLEVEHILL - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains data for YWCA OF WNY with EIN 16-0743243 and amount 37,000.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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 noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

EACH FUNDED PROGRAM IS MONITORED THROUGHOUT THE YEAR FOR PERFORMANCE AGAINST PROPOSED OUTCOMES. IF CONCERNS ARE NOTED OR BROUGHT TO OUR ATTENTION, MORE INTENSIVE INVESTIGATION AND CONSULTATION WITH THE PROGRAM AGENCY PARTNER IS COMMENCED. ANNUALLY EACH GRANTEE SUBMITS FORMAL PROGRAMMATIC OUTCOMES REPORTS AND RECEIVES A COMPREHENSIVE ONSITE VISIT AND REVIEW. EFFECTIVELY MEETING PROPOSED PERFORMANCE OUTCOMES ON CURRENT PROGRAMS IS TAKEN INTO CONSIDERATION IN ALL FUTURE GRANT REQUESTS FROM THE PROGRAM AGENCY PARTNER.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BUFFALO PRENATAL PERINATAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLMENTAL ALLOCATIONS - BUFFALO

TOGETHER COMMUNITY RESPONSE FUND & COMMUNITY RESILIENCE BLIZZARD RESPONSE FUND

NAME OF ORGANIZATION OR GOVERNMENT: BUFFALO URBAN LEAGUE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLMENTAL ALLOCATIONS - BUFFALO

TOGETHER COMMUNITY RESPONSE FUND & COMMUNITY RESILIENCE BLIZZARD RESPONSE FUND

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY FOUNDATION FOR GREATER BUFFALO

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLMENTAL ALLOCATIONS - BUFFALO

TOGETHER COMMUNITY RESPONSE FUND & COMMUNITY RESILIENCE BLIZZARD RESPONSE FUND

NAME OF ORGANIZATION OR GOVERNMENT: METRO COMMUNITY DEVELOPMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLMENTAL ALLOCATIONS - BUFFALO

TOGETHER COMMUNITY RESPONSE FUND & COMMUNITY RESILIENCE BLIZZARD RESPONSE FUND

NAME OF ORGANIZATION OR GOVERNMENT: RESOURCE COUNCIL OF WNY

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPLMENTAL ALLOCATIONS - BUFFALO

TOGETHER COMMUNITY RESPONSE FUND & COMMUNITY RESILIENCE BLIZZARD RESPONSE FUND

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	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?	4c	X
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2022

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 on 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 aren't 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MICHAEL WEINER PRESIDENT & CEO (THRU DEC '22)	(i)	215,328.	0.	0.	0.	696.	216,024.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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:

HIGH-QUALITY, HIGH-VALUE RESULTS. WE FOSTER A CULTURE OF RESPONSIVENESS
AND FLEXIBILITY CONDUCIVE TO INNOVATION IN EVERY AREA OF THE BUSINESS.

WE ACTIVELY INCLUDE AND ENGAGE ALL MEMBERS OF THE COMMUNITY SO THAT OUR
WORK CAN BE INFORMED AND ENRICHED BY DIVERSE EXPERIENCES AND

PERSPECTIVES. WE ENSURE THAT OUR POLICIES, PRACTICES, AND DISTRIBUTION
OF RESOURCES PRIORITIZE HISTORICALLY MARGINALIZED COMMUNITIES SO THAT

ALL MEMBERS OF OUR COMMUNITY THRIVE. WE ARE TRANSPARENT, HONEST,
DEPENDABLE AND TRUSTWORTHY IN EVERY INTERACTION AND AS STEWARDS OF

RESOURCES. WE ENSURE THAT ALL OF OUR WORK IS FOR THE GOOD OF OTHERS,
BOTH WITHIN THE ORGANIZATION AND IN THE COMMUNITY.

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

COMMUNITY IMPACT PROGRAM SERVICES - WORK DONE IN ANALYZING COMMUNITY
NEEDS, FOCUSING RESOURCES, DETERMING AND EVALUATING OUTCOMES AND
ENLISTING AGENCY SERVICES IN OUR COMMUNITY IMPACT FOCUS AREAS OF
EDUCATION, INCOME AND HEALTH AND WELLNESS.

EXPENSES \$ 1,588,615. INCLUDING GRANTS OF \$ 0. REVENUE \$ 380,199.

FORM 990, PART VI, SECTION A, LINE 6:

ONE CLASS OF MEMBERS IS CALLED THE ADVISORY COUNCIL. THE ADVISORY COUNCIL
IS COMPOSED OF A CROSS-SECTION OF CONTRIBUTORS, VOLUNTEERS AND OTHERS,
REFLECTIVE OF THE MISSION OF THE UNITED WAY. THE DELEGATES ARE ELECTED AT
THE ANNUAL MEETING BY A PLURALITY OF THE VOTES CAST, AND EXERCISE ALL
POWERS GRANTED TO 'MEMBERS' UNDER PROVISIONS OF THE NOT-FOR-PROFIT

CORPORATION LAW. ALL DIRECTORS ARE ELECTED AT EACH ANNUAL MEETING OF THE

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

Schedule O (Form 990) 2022

Name of the organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
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ADVISORY COUNCIL.

FORM 990, PART VI, SECTION A, LINE 7A:

THE 'MEMBERS' (THE ADVISORY COUNCIL) ANNUALLY ELECT A SLATE OF DIRECTORS. THE DIRECTORS ARE ELECTED TO A THREE YEAR TERM AND CAN SERVE NOT MORE THAN TWO CONSECUTIVE THREE YEAR TERMS. APPROXIMATELY ONE THIRD OF THE SLATE OF DIRECTORS IS UP FOR ELECTION EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING, THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND BOARD OF DIRECTORS OF THE UNITED WAY.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS (AND/OR UPON BEING NEWLY HIRED/APPOINTED), THE ORGANIZATION'S WRITTEN "CONFLICT OF INTEREST POLICY" IS REVIEWED WITH EACH EMPLOYEE AND DIRECTOR. AS WRITTEN EVIDENCE EACH EMPLOYEE/DIRECTOR SIGNS A STATEMENT THAT HE/SHE HAS REVIEWED THE POLICY, FULLY UNDERSTANDS, HAS COMPLIED AND WILL CONTINUE TO COMPLY WITH THE POLICY. THIS CERTIFICATION PROCESS IS MANDATORY FOR ALL UNITED WAY STAFF, MEMBERS OF THE BOARD OF DIRECTORS, AND LOANED EXECUTIVES.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S BOARD CHAIRMAN IN CONJUNCTION WITH A VOLUNTEER BASED HUMAN RESOURCES COMMITTEE AND THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS THE COMPENSATION LEVEL OF THE CEO, KEY EMPLOYEES, AND THE SALARY RANGES FOR ALL OTHER PAID STAFF. THIS REVIEW FULLY CONSIDERS AND INCLUDES COMPARATIVE AND COMPETITIVE DATA, PERFORMANCE CRITERIA, SPAN OF CONTROL, AND OTHER IMPORTANT HR CONCERNS. ANY AND ALL SALARY CHANGES ARE SUBSTANTIATED BY

Name of the organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
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WRITTEN RECORD AND MAINTAINED IN THE PERMANENT EMPLOYEE FILES.

FORM 990, PART VI, SECTION C, LINE 19:

OUR FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND VARIOUS OTHER GOVERNING DOCUMENTS OF NOMINAL INTEREST TO OUR DONORS, AGENCY PARTNERS, AND THE GENERAL PUBLIC ARE ALWAYS AVAILABLE UPON REQUEST AND ARE GENERALLY MAINTAINED ON OUR WEBSITE (WWW.UWBEC.ORG) FOR EASE OF ACCESS. INCLUDED IN OUR PUBLISHED ORGANIZATIONAL GOALS IS THE REQUIREMENT OF TRANSPARENCY AND ACCOUNTABILITY FOR OUR MISSION, TO OUR DONOR BASE, TO THE PROGRAMS WE SUPPORT, AND TO THE GENERAL PUBLIC.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ACCUMULATED NET ASSET ADJUSTMENT-ASC 715-30-25 DEFINED	
BENEFIT PENSION PLAN	-103,392.

PART XII, LINE 2C:

THE FINANCE COMMITTEE OVERSEES THE AUDIT AND THE SELECTION OF AN INDEPENDENT AUDITOR AND MAKES RECOMMENDATIONS ON BOTH FOR FINAL APPROVAL BY THE BOARD OF DIRECTORS. THERE WAS NO CHANGE IN THIS PROCESS OVER THE PRIOR YEAR.