

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **APR 1, 2015** and ending **MAR 31, 2016**

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 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 742 DELAWARE AVENUE City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14209 F Name and address of principal officer: MICHAEL WEINER SAME AS C ABOVE	D Employer identification number 16-0743969 E Telephone number (716) 887-2626 G Gross receipts \$ 20,848,850. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
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		
J Website: ▶ WWW.UWBEC.ORG		
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 IMPROVE COMMUNITY WELL BEING. 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 31 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 31 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 70 6 Total number of volunteers (estimate if necessary) 6 5824 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: right;">Prior Year</th> <th style="text-align: right;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">18,080,689.</td> <td style="text-align: right;">19,615,300.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">122,061.</td> <td style="text-align: right;">24,756.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">50,713.</td> <td style="text-align: right;">71,550.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">18,253,463.</td> <td style="text-align: right;">19,711,606.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	18,080,689.	19,615,300.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,061.	24,756.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,713.	71,550.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,253,463.	19,711,606.							
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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 THOMAS WRINN, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DONNA M. GONSER	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01448922
	Firm's name ▶ LUMSDEN & MCCORMICK, LLP Firm's address ▶ 369 FRANKLIN STREET BUFFALO, NY 14202	Firm's EIN ▶ 16-0765486 Phone no. (716) 856-3300

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 IMPROVE COMMUNITY WELL BEING. OUR VISION: WE ARE A WORLD CLASS ORGANIZATION TRANSFORMING QUALITY OF LIFE IN OUR COMMUNITY. OUR VALUES: SERVICE,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] 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 \$ 4,587,000. including grants of \$ 4,587,000.) (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 \$ 4,879,506. including grants of \$ 4,879,506.) (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 \$ 3,661,109. including grants of \$ 3,188,951.) (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 in Schedule O.) (Expenses \$ 2,360,583. including grants of \$) (Revenue \$)

4e Total program service expenses 15,488,198.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include 20a through 38, covering various organizational requirements and schedules.

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (31); 1b Enter the number of voting members included in line 1a, above, who are independent (31); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JAMIE BATT DIRECTOR	1.00	X					0.	0.	0.	
(2) JEREMY BECK DIRECTOR	1.00	X					0.	0.	0.	
(3) JENNIFER STANONIS CONSTANTINE DIRECTOR	1.00	X					0.	0.	0.	
(4) PIONNE CORBIN DIRECTOR	1.00	X					0.	0.	0.	
(5) REETUPARNA (REENA) DUTTA DIRECTOR	1.00	X					0.	0.	0.	
(6) ROBERT FELDMAN DIRECTOR	1.00	X					0.	0.	0.	
(7) DENNIS ELSENBECK CHAIR	1.00	X		X			0.	0.	0.	
(8) GRETCHEN GEITTER DIRECTOR	1.00	X					0.	0.	0.	
(9) BRIAN GWITT DIRECTOR	1.00	X					0.	0.	0.	
(10) RODERICK HENNINGS DIRECTOR	1.00	X					0.	0.	0.	
(11) DAVID HORE VICE CHAIR	1.00	X		X			0.	0.	0.	
(12) FRANK HOTCHKISS DIRECTOR	1.00	X					0.	0.	0.	
(13) DONALD INGALLS DIRECTOR	1.00	X					0.	0.	0.	
(14) DR. RICHARD JURASEK DIRECTOR	1.00	X					0.	0.	0.	
(15) DAVID KIMELBERG DIRECTOR	1.00	X					0.	0.	0.	
(16) LUANNE KINGSTON SECRETARY	1.00	X		X			0.	0.	0.	
(17) DAVID MCNAMARA 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) EILEEN MORGAN VICE CHAIR	1.00	X		X				0.	0.	0.
(19) SUSAN O'SULLIVAN DIRECTOR	1.00	X						0.	0.	0.
(20) JENNIFER PARKER DIRECTOR	1.00	X						0.	0.	0.
(21) DR. KHALID QAZI DIRECTOR	1.00	X						0.	0.	0.
(22) SHARON RANDACCIO DIRECTOR	1.00	X						0.	0.	0.
(23) HON. ROBERT RUSSELL DIRECTOR	1.00	X						0.	0.	0.
(24) ELIZABETH SAVINO DIRECTOR	1.00	X						0.	0.	0.
(25) KEITH STOLZENBURG TREASURER	1.00	X		X				0.	0.	0.
(26) A. SCOTT WEBER DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								297,544.	0.	1,774.
d Total (add lines 1b and 1c)								297,544.	0.	1,774.

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 **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	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? If "Yes," complete Schedule J for such person	5	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 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	2,114,203.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17,501,097.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			19,615,300.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		24,756.			24,756.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	32,051.				
		(ii) Personal					
		Less: rental expenses	0.				
	c Rental income or (loss)		32,051.				
	d Net rental income or (loss)			32,051.		32,051.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,137,244.				
		(ii) Other					
		Less: cost or other basis and sales expenses	1,137,244.				
		c Gain or (loss)		0.			
	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	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS		900099	39,499.			39,499.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			39,499.				
12 Total revenue. See instructions.			19,711,606.	0.	0.	96,306.	

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	12,655,457.	12,655,457.		
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	288,672.	173,203.	28,868.	86,601.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,359,774.	1,345,200.	231,961.	782,613.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	224,270.	127,935.	22,445.	73,890.
9 Other employee benefits	244,453.	139,395.	24,466.	80,592.
10 Payroll taxes	186,970.	106,657.	18,712.	61,601.
11 Fees for services (non-employees):				
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.)	399,175.	206,420.	21,330.	171,425.
12 Advertising and promotion				
13 Office expenses	315,547.	117,762.	6,049.	191,736.
14 Information technology				
15 Royalties				
16 Occupancy	250,616.	149,376.	20,779.	80,461.
17 Travel	58,459.	40,192.	8,846.	9,421.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	76,872.	52,657.	11,726.	12,489.
20 Interest				
21 Payments to affiliates	180,078.	108,547.	9,253.	62,278.
22 Depreciation, depletion, and amortization	143,423.	86,452.	7,370.	49,601.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIP RENTAL AND MAINT	174,958.	138,686.	4,652.	31,620.
b MEMBERSHIP DUES	33,046.	26,363.	5,127.	1,556.
c MISCELLANEOUS	19,024.	11,470.	977.	6,577.
d EMPLOYEE EDUCATION	4,024.	2,426.	206.	1,392.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,614,818.	15,488,198.	422,767.	1,703,853.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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	3,319,426.	2	3,353,721.
	3 Pledges and grants receivable, net	8,529,836.	3	8,356,034.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	69,529.	9	75,823.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,078,993.		
	b Less: accumulated depreciation	10b 4,772,922.	2,309,690.	10c 2,306,071.
	11 Investments - publicly traded securities	4,002,211.	11	4,029,798.
	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	5,011,642.	15	6,867,189.
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,242,334.	16	24,988,636.	
Liabilities	17 Accounts payable and accrued expenses	1,161,731.	17	1,290,643.
	18 Grants payable	5,396,639.	18	5,167,294.
	19 Deferred revenue	269,889.	19	348,692.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,542,822.	25	1,942,845.
	26 Total liabilities. Add lines 17 through 25	8,371,081.	26	8,749,474.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	11,184,932.	27	10,345,508.
	28 Temporarily restricted net assets	3,165,051.	28	3,372,384.
	29 Permanently restricted net assets	521,270.	29	2,521,270.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	14,871,253.	33	16,239,162.	
34 Total liabilities and net assets/fund balances	23,242,334.	34	24,988,636.	

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	19,711,606.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,614,818.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,096,788.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,871,253.
5	Net unrealized gains (losses) on investments	5	-303,126.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-425,753.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,239,162.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
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:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in 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 Single Audit Act and OMB Circular A-133?		X
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 in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	15430722.	16061982.	20434316.	18080689.	19615300.	89623009.
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	15430722.	16061982.	20434316.	18080689.	19615300.	89623009.
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)						197,847.
6 Public support. Subtract line 5 from line 4.						89425162.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	15430722.	16061982.	20434316.	18080689.	19615300.	89623009.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,353.	25,777.	45,784.	146,487.	56,807.	302,208.
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.)	22,814.	51,638.	42,212.	26,287.	39,499.	182,450.
11 Total support. Add lines 7 through 10						90107667.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	99.24 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	99.50 %
16a 33 1/3% support test - 2015. 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 - 2014. 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 - 2015. 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 - 2014. 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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 (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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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. **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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

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
1	_____ _____ _____	\$ <u>1,214,333.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,220,028.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>562,529.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>682,557.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>591,803.</u>	Person <input type="checkbox"/> Payroll <input checked="" 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
--	---

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/> <hr/>	\$ <u>521,208.</u>	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<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/>	\$ _____	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
--	---

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.**

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

OMB No. 1545-0047

2015

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year	235,152.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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 are a 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 programs
- 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	5,127,852.	3,670,106.	1,076,863.	940,885.	831,445.
b Contributions	2,136,504.	1,226,156.	2,276,287.	135,978.	109,440.
c Net investment earnings, gains, and losses	-248,514.	248,553.	316,956.		
d Grants or scholarships					
e Other expenditures for facilities and programs		16,963.			
f Administrative expenses					
g End of year balance	7,015,842.	5,127,852.	3,670,106.	1,076,863.	940,885.

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 Temporarily restricted 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?	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		3,682,810.	1,702,936.	1,979,874.
c Leasehold improvements				
d Equipment		3,237,253.	3,069,986.	167,267.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,306,071.

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	6,867,189.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	6,867,189.

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 OBLIGATION	260,000.
(4) ACCRUED PENSION LIABILITY	1,682,845.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,942,845.

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 FIN 48 (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	14,528,974.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-303,126.	
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	-303,126.
3	Subtract line 2e from line 1		3	14,832,100.
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	4,879,506.	
c	Add lines 4a and 4b		4c	4,879,506.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	19,711,606.

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	12,735,312.
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	12,735,312.
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	4,879,506.	
c	Add lines 4a and 4b		4c	4,879,506.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	17,614,818.

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.

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

OMB No. 1545-0047

2015

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS HOUSE 1451 MAIN STREET BUFFALO, NY 14209	23-7363167	501(C)(3)	10,000.	0.			100 WOMEN WHO CARE GRANT
CHILD & ADOLESCENT TREATMENT SERVICES - 301 CAYUGA ROAD, SUITE 200 - CHEEKTOWAGA, NY 14225	16-0839225	501(C)(3)	23,824.	0.			CHILDREN'S CENTER FOR SUCCESS
CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216	22-2916451	501(C)(3)	5,000.	0.			CHILDREN'S CENTER FOR SUCCESS
EARLY CHILDHOOD DIRECTION CENTER/ KALEIDA HEALTH - 3131 SHERIDAN DRIVE - AMHERST, NY 14226	16-1533232	501(C)(3)	5,000.	0.			CHILDREN'S CENTER FOR SUCCESS
FAMILY HELP CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511	501(C)(3)	175,782.	0.			CHILDREN'S CENTER FOR SUCCESS
VIA EVALUATION 628 WASHINGTON STREET, 4TH FLOOR BUFFALO, NY 14203	16-1548586		20,000.	0.			CLOSING THE GAP - EVALUATIONS, MEETINGS & SURVEY REPORTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **104.**
- 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) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	41,340.	0.			CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
CHILD & ADOLESCENT TREATMENT SERVICES - 301 CAYUGA ROAD, SUITE 200 - CHEEKTOWAGA, NY 14225	16-0839225	501(C)(3)	31,996.	0.			CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216	22-2916451	501(C)(3)	5,000.	0.			CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
CRADLE BEACH CAMP INC. 8038 OLD LAKESHORE ROAD ANGOLA, NY 14006	16-0743025	501(C)(3)	43,012.	0.			CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA STREET - BUFFALO, NY 14213	16-1425062	501(C)(3)	34,550.	0.			CLOSING THE GAP - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
CRADLE BEACH CAMP INC. 8038 OLD LAKESHORE ROAD ANGOLA, NY 14006	16-0743025	501(C)(3)	36,999.	0.			CLOSING THE GAP - NOAA BE-WET
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	1,159,655.	0.			CLOSING THE GAP - SAY YES TO EDUCATION
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	5,894.	0.			COMMUNITY BABY SHOWER DONOR SUPPORT
OLMSTED CENTER FOR SIGHT 1170 MAIN STREET P.O. BOX 398 BUFFALO, NY 14209	16-0743930	501(C)(3)	5,900.	0.			CREATING ASSETS, SAVINGS AND HOPE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLMSTED CENTER FOR SIGHT 1170 MAIN STREET P.O. BOX 398 BUFFALO, NY 14209	16-0743930	501(C)(3)	11,600.	0.			DDPC WNY
BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	65,564.	0.			FAMILY HOUSING STABILITY CASE MANAGEMENT
JUNIOR ACHIEVEMENT OF WNY 275 OAK STREET, SUITE 222 BUFFALO, NY 14203	16-0821488	501(C)(3)	5,000.	0.			PHILANTHROPY STOREFRONT SPONSOR
AFL-CIO EMERGENCY SERVICES 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	30,000.	0.			PROGRAM FUNDING
AFRICAN CULTURAL CENTER OF BUFFALO 350 MASTEN AVENUE BUFFALO, NY 14209	16-0920652	501(C)(3)	25,000.	0.			PROGRAM FUNDING
ALGONQUIN SPORTS FOR KIDS 403 MAIN STREET 200 BUFFALO, NY 14203	26-0682893	501(C)(3)	10,000.	0.			PROGRAM FUNDING
AMERICAN RED CROSS SERVING ERIE AND NIAGARA COUNTIES - 786 DELAWARE AVENUE - BUFFALO, NY 14209-2088	53-0196605	501(C)(3)	207,000.	0.			PROGRAM FUNDING
BAKER VICTORY SERVICES 780 RIDGE ROAD LACKAWANNA, NY 14218	16-0743191	501(C)(3)	31,150.	0.			PROGRAM FUNDING
BE A FRIEND PROGRAM INC. 85 RIVER ROCK DRIVE, SUITE 107 BUFFALO, NY 14207	16-1106399	501(C)(3)	104,750.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	117,250.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF BUFFALO INC. - 282 BABCOCK STREET - BUFFALO, NY 14210	16-0849516	501(C)(3)	180,567.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF EAST AURORA & HOLLAND - 24 PAINE STREET P.O. BOX 36 - EAST AURORA, NY 14052	16-0755732	501(C)(3)	64,000.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF ORCHARD PARK - 25 SOUTH LINCOLN AVENUE - ORCHARD PARK, NY 14127	16-1094894	501(C)(3)	20,000.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF THE NORTHTOWNS OF WNY - 54 RIVERDALE AVENUE - BUFFALO, NY 14207	16-0755733	501(C)(3)	95,000.	0.			PROGRAM FUNDING
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	147,234.	0.			PROGRAM FUNDING
BUFFALO HEARING AND SPEECH CENTER 50 EAST NORTH STREET BUFFALO, NY 14203	16-0776186	501(C)(3)	10,000.	0.			PROGRAM FUNDING
BUFFALO PRENATAL PERINATAL SERVICES - 625 DELAWARE AVENUE SUITE 410 - BUFFALO, NY 14202	16-1302764	501(C)(3)	43,500.	0.			PROGRAM FUNDING
BUFFALO URBAN LEAGUE INC. 15 GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	182,375.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	80,195.	0.			PROGRAM FUNDING
CENTER FOR EMPLOYMENT OPPORTUNITIES - 170 FRANKLIN STREET SUITE 701 - BUFFALO, NY 14202	13-3843322	501(C)(3)	40,000.	0.			PROGRAM FUNDING
CHILD & ADOLESCENT TREATMENT SERVICES - 301 CAYUGA ROAD, SUITE 200 - CHEEKTOWAGA, NY 14225	16-0839225	501(C)(3)	306,797.	0.			PROGRAM FUNDING
CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE - BUFFALO, NY 14202	16-1004825	501(C)(3)	209,680.	0.			PROGRAM FUNDING
CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216	22-2916451	501(C)(3)	30,000.	0.			PROGRAM FUNDING
COMPASS HOUSE 1451 MAIN STREET BUFFALO, NY 14209	23-7363167	501(C)(3)	114,500.	0.			PROGRAM FUNDING
COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE, SUITE 210 BUFFALO, NY 14202	16-1454202	501(C)(3)	85,588.	0.			PROGRAM FUNDING
COMPUTERS FOR CHILDREN 701 SENECA STREET SUITE 601 BUFFALO, NY 14210	16-1535203	501(C)(3)	12,000.	0.			PROGRAM FUNDING
CONCERNED ECUMENICAL MINISTRY TO THE UPPER WEST SIDE - 286 LAFAYETTE AVENUE - BUFFALO, NY 14213	16-0981256	501(C)(3)	30,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRADLE BEACH CAMP INC. 8038 OLD LAKESHORE ROAD ANGOLA, NY 14006	16-0743025	501(C)(3)	93,752.	0.			PROGRAM FUNDING
DEPEW-LANCASTER BOYS & GIRLS CLUB INC. - 5440 BROADWAY AVENUE - LANCASTER, NY 14086	16-1313581	501(C)(3)	18,000.	0.			PROGRAM FUNDING
EARLY CHILDHOOD DIRECTION CENTER/ KALEIDA HEALTH - 3131 SHERIDAN DRIVE - AMHERST, NY 14226	16-1533232	501(C)(3)	28,000.	0.			PROGRAM FUNDING
ERIE COUNTY COUNCIL FOR THE PREVENTION OF ALCOHOL & SUBSTANCE ABUSE - 1625 HERTEL AVENUE - BUFFALO, NY 14216	16-0743218	501(C)(3)	47,268.	0.			PROGRAM FUNDING
EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALO, NY 14202	16-1160182	501(C)(3)	51,224.	0.			PROGRAM FUNDING
FAMILY HELP CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511	501(C)(3)	161,500.	0.			PROGRAM FUNDING
FAMILY JUSTICE CENTER OF ERIE COUNTY - 237 MAIN STREET 14TH FLOOR - BUFFALO, NY 14203	20-2250813	501(C)(3)	125,000.	0.			PROGRAM FUNDING
GIRL SCOUTS OF WESTERN NEW YORK 3332 WALDEN AVENUE SUITE 106 DEPEW, NY 14043	16-0743096	501(C)(3)	23,460.	0.			PROGRAM FUNDING
GOODWILL INDUSTRIES OF WNY INC. 1119 WILLIAM STREET BUFFALO, NY 14206-1897	16-0761225	501(C)(3)	73,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRASSROOTS GARDENS OF BUFFALO 2495 MAIN STREET SUITE #408 BUFFALO, NY 14214	16-1479159	501(C)(3)	15,000.	0.			PROGRAM FUNDING
HEARTS AND HANDS - FAITH IN ACTION 50 JOHN STREET AKRON, NY 14001	43-2008066	501(C)(3)	45,000.	0.			PROGRAM FUNDING
HILLSIDE WORK-SCHOLARSHIP PROGRAM 1183 MONROE AVENUE ROCHESTER, NY 14620	16-1453581	501(C)(3)	50,000.	0.			PROGRAM FUNDING
HORIZON HEALTH SERVICES 3020 BAILEY AVENUE 2ND FLOOR BUFFALO, NY 14215	16-6198498	501(C)(3)	46,819.	0.			PROGRAM FUNDING
INTERNATIONAL INSTITUTE OF BUFFALO INC. - 864 DELAWARE AVENUE - BUFFALO, NY 14209-2093	16-0743052	501(C)(3)	86,000.	0.			PROGRAM FUNDING
JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876	501(C)(3)	266,820.	0.			PROGRAM FUNDING
JEWISH COMMUNITY CENTER OF ERIE COUNTY - 2640 NORTH FOREST ROAD - GETZVILLE, NY 14068	16-0760887	501(C)(3)	29,700.	0.			PROGRAM FUNDING
JEWISH FAMILY SERVICE OF BUFFALO & ERIE COUNTY - 70 BARKER STREET - BUFFALO, NY 14209	16-0760888	501(C)(3)	55,232.	0.			PROGRAM FUNDING
JUNIOR ACHIEVEMENT OF WNY 275 OAK STREET, SUITE 222 BUFFALO, NY 14203	16-0821488	501(C)(3)	18,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KING URBAN LIFE CENTER INC. 938 GENESEE STREET BUFFALO, NY 14211	16-1336419	501(C)(3)	105,000.	0.			PROGRAM FUNDING
LITERACY EMPOWERMENT ACTION PLAN 169 SHERIDAN PARKSIDE DRIVE, SUITE BUFFALO, NY 14150	20-8692424	501(C)(3)	14,000.	0.			PROGRAM FUNDING
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	153,046.	0.			PROGRAM FUNDING
MAGIC PENNY EARLY LEARNING INSTITUTE - 61 WEHRLE DRIVE - BUFFALO, NY 14225	20-5359720	501(C)(3)	10,000.	0.			PROGRAM FUNDING
MASSACHUSETTS AVENUE PROJECT 271 GRANT STREET BUFFALO, NY 14213	16-1585356	501(C)(3)	15,000.	0.			PROGRAM FUNDING
MENTAL HEALTH ASSOCIATION OF ERIE COUNTY INC. - 999 DELAWARE AVENUE - BUFFALO, NY 14209	16-6050086	501(C)(3)	38,000.	0.			PROGRAM FUNDING
NATIVE AMERICAN COMMUNITY SERVICES OF ERIE/NIAGARA - 1005 GRANT STREET - BUFFALO, NY 14207-2854	16-1043710	501(C)(3)	35,000.	0.			PROGRAM FUNDING
NEIGHBORHOOD LEGAL SERVICES INC. 237 MAIN STREET, SUITE 400 BUFFALO, NY 14203	51-0198935	501(C)(3)	58,000.	0.			PROGRAM FUNDING
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	30,000.	0.			PROGRAM FUNDING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OLMSTED CENTER FOR SIGHT 1170 MAIN STREET P.O. BOX 398 BUFFALO, NY 14209	16-0743930	501(C)(3)	122,000.	0.			PROGRAM FUNDING
PARENT NETWORK OF WNY 1000 MAIN STREET BUFFALO, NY 14202	22-2717094	501(C)(3)	20,000.	0.			PROGRAM FUNDING
PEACE OF THE CITY MINISTRIES 301 14TH STREET BUFFALO, NY 14213	75-3008707	501(C)(3)	15,000.	0.			PROGRAM FUNDING
READ TO SUCCEED BUFFALO 392 PEARL STREET SUITE 100 BUFFALO, NY 14202	26-3606661	501(C)(3)	100,600.	0.			PROGRAM FUNDING
RURAL TRANSIT SERVICE INC. 1000 BRANT FARNHAM ROAD P.O. BOX 21 BRANT, NY 14027	16-1511948	501(C)(3)	10,000.	0.			PROGRAM FUNDING
SENECA BABCOCK COMMUNITY ASSOCIATION - 1168 SENECA STREET - BUFFALO, NY 14210	23-7367697	501(C)(3)	30,668.	0.			PROGRAM FUNDING
THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 14202	13-5562351	501(C)(3)	139,000.	0.			PROGRAM FUNDING
THE SERVICE COLLABORATIVE OF WNY 173 ELM STREET SUITE 100 BUFFALO, NY 14203	16-1596462	501(C)(3)	25,000.	0.			PROGRAM FUNDING
VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210	16-0964724	501(C)(3)	160,158.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE - 436 GRANT STREET - BUFFALO, NY 14213	20-4230463	501(C)(3)	29,500.	0.			PROGRAM FUNDING
WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA STREET - BUFFALO, NY 14213	16-1425062	501(C)(3)	35,000.	0.			PROGRAM FUNDING
YOUNG AUDIENCES OF WNY 1 LAFAYETTE SQUARE BUFFALO, NY 14203	16-0916472	501(C)(3)	15,000.	0.			PROGRAM FUNDING
BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	16,667.	0.			PROGRAM FUNDING - FAMILY HOUSING STABILITY CASE MANAGEMENT
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	19,083.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM
INTERNATIONAL INSTITUTE OF BUFFALO INC. - 864 DELAWARE AVENUE - BUFFALO, NY 14209-2093	16-0743052	501(C)(3)	12,494.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM
JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876	501(C)(3)	57,427.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	4,944.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM
THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 14202	13-5562351	501(C)(3)	18,510.	0.			TARGETED FOOD STAMP OUTREACH PROGRAM

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BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	34,144.	0.			UNITED WAY WORKS
BPS ADULT LEARNING CENTER/BUFFALO PUBLIC SCHOOLS FOUNDATION - 389 VIRGINIA STREET - BUFFALO, NY 14201	38-3704493	501(C)(3)	290,664.	0.			UNITED WAY WORKS
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	128,626.	0.			UNITED WAY WORKS
ERIE REGIONAL HOUSING DEVELOPMENT CORP. (BELLE CENTER) - 104 MARYLAND STREET - BUFFALO, NY 14201	16-1559032	501(C)(3)	185,436.	0.			UNITED WAY WORKS
LITERACY NEW YORK BUFFALO-NIAGARA INC. - 1 LAFAYETTE SQUARE - 2ND FLOOR - BUFFALO, NY 14203	16-1199474	501(C)(3)	18,752.	0.			UNITED WAY WORKS
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	196,717.	0.			UNITED WAY WORKS
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	152,550.	0.			UNITED WAY WORKS
SCHILLER PARK COMMUNITY SERVICES INC. - 2056 GENESEE STREET - BUFFALO, NY 14211	23-7355996	501(C)(3)	5,244.	0.			UNITED WAY WORKS
SENECA BABCOCK COMMUNITY ASSOCIATION - 1168 SENECA STREET - BUFFALO, NY 14210	23-7367697	501(C)(3)	70,961.	0.			UNITED WAY WORKS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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UNIVERSITY DISTRICT COMMUNITY DEV. ASSOC. / GLORIA J. PARKS COMMUNITY CTR - 3242 MAIN STREET - BUFFALO, NY 14214	16-1072548	501(C)(3)	87,093.	0.			UNITED WAY WORKS
ALLEGANY COUNTY UNITED WAY INC. 112 PARK AVENUE WELLSVILLE, NY 14895	16-6064333	501(C)(3)	5,998.	0.			VOLUNTEER INCOME TAX ASSISTANCE
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	37,826.	0.			VOLUNTEER INCOME TAX ASSISTANCE
OLMSTED CENTER FOR SIGHT 1170 MAIN STREET P.O. BOX 398 BUFFALO, NY 14209	16-0743930	501(C)(3)	1,600.	0.			VOLUNTEER INCOME TAX ASSISTANCE
SOUTHERN CHAUTAUQUA FEDERAL CREDIT UNION - 168 E FAIRMONT AVENUE - LAKEWOOD, NY 14750	16-0841535		14,791.	0.			VOLUNTEER INCOME TAX ASSISTANCE
OLMSTED CENTER FOR SIGHT 1170 MAIN STREET P.O. BOX 398 BUFFALO, NY 14209	16-0743930	501(C)(3)	136,988.	0.			WNY 211
MERCY USA FOR 211 WNY (OLMSTED CENTER FOR SIGHT) - 1170 MAIN STREET P.O. BOX 398 - BUFFALO, NY 14209	16-0743930	501(C)(3)	3,500.	0.			WNY HOLIDAY PARTNERSHIP
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	1,660.	0.			WOMEN'S LEADERSHIP COUNCIL HOLIDAY CLIENT SUPPLIES
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	3,246.	0.			WORK 'N PLAY CLIENT SUPPLIES

Schedule I (Form 990)

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 non-cash assistance

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

SCHEDULE I, PART I, 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.

**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.

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

OMB No. 1545-0047

2015

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

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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 in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 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?
- b** Any related organization?
- If "Yes" to 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?
- b** Any related organization?
- 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 non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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	(i)	192,837.	0.	11,420.	0.	887.	205,144.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INTEGRITY, COLLABORATION, ACCOUNTABILITY, INNOVATION. SERVICE: WE

FOSTER AND ENCOURAGE THE ACTIVE INVOLVEMENT OF INDIVIDUALS, GROUPS,

ORGANIZATIONS, CORPORATIONS AND LABOR TO SERVE THE COMMUNITY.

INTEGRITY: WE ARE HONEST, ETHICAL, AND TRANSPARENT AS WE SERVE. WE ARE

CARETAKERS OF INDIVIDUAL WORTH AND SELF-RESPECT AND OUR DONORS

RESOURCES. WE ACT IN WAYS THAT RESPECT THE DIGNITY, UNIQUENESS AND

INTRINSIC WORTH OF EVERY PERSON. COLLABORATION: WE WORK TOGETHER

PRODUCTIVELY, AS AN ORGANIZATION AND WITH OUR PARTNERS THROUGHOUT THE

COMMUNITY. WE VALUE DIVERSITY AND STRIVE FOR INCLUSION. ACCOUNTABILITY:

WE TAKE RESPONSIBILITY FOR COMMITMENTS AND DELIVERING HIGH QUALITY,

HIGH VALUE AND RELEVANT RESULTS. INNOVATION: WE LOOK FOR INNOVATIVE

WAYS TO MEET OUR MISSION.

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

COMMUNITY IMPACT PROGRAM SERVICES - 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 \$ 2,360,583. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
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POWERS GRANTED TO 'MEMBERS' UNDER PROVISIONS OF THE NOT-FOR-PROFIT CORPORATION LAW. ALL DIRECTORS ARE ELECTED AT EACH ANNUAL MEETING OF THE 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 11:

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

Name of the organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number 16-0743969
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COMPETITIVE DATA, PERFORMANCE CRITERIA, SPAN OF CONTROL, AND OTHER IMPORTANT HR CONCERNS. ANY AND ALL SALARY CHANGES ARE SUBSTANTIATED BY WRITTEN RECORD AND MAINTAINED IN THE PERMANENT EMPLOYEE FILES.

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

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

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

ACCUMULATED NET ASSET ADJUSTMENT- SFAS 158 DEFINED BENEFIT PENSION PLAN	-425,753.
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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.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

2015
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 04/01/2015 and Ending (mm/dd/yyyy) 03/31/2016		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer Identification Number (EIN): 16-0743969
	Mailing Address: 742 DELAWARE AVENUE	NY Registration Number: 00-77-12
	City / State / ZIP: BUFFALO, NY 14209	Telephone: 716 887-2626
	Website: WWW.UWBEC.ORG	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com		

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	MICHAEL WEINER		
	PRESIDENT & CEO		
	Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	THOMAS WRINN		
	CFO		
	Signature	Print Name and Title	Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single-check or money order payable to: "Department of Law"
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CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- Audit Report if you received total revenue and support greater than \$500,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 120 Broadway
 New York, NY 10271

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2015

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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization: UNITED WAY OF BUFFALO AND ERIE COUNTY	NY Registration Number: 00-77-12
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2. Government Grants

Name of Government Agency	Amount of Grant
1.US DEPT OF HOMELAND SECURITY'S FEDERAL EMERGENCY MANA	1. 2,537.
2.NYS OFFICE OF CHILDREN AND FAMILY SERVICES	2. 136,988.
3.NYS DEVELOPMENTAL DISABILITIES PLANNING COUNCIL	3. 11,600.
4.US DEPT OF THE TREASURY INTERNAL REVENUE SERVICE	4. 71,921.
5.NYS OFFICE OF CHILDER AND FAMILY SERVICES	5. 214,119.
6.ERIE COUNTY DEPARTMENT OF HEALTH	6. 16,813.
7.US DEPT OF EDUCATION	7. 213,143.
8.NATIONAL OCEANIC & ATMOSPHERIC ADMINISTRATION	8. 40,035.
9.NYS OFFICE OF TEMPORARILY AND DISABILITY ASSISTANCE	9. 122,876.
10.ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES	10. 1,214,333.
11.US DEPARTMENT OF LABOR, EMPLOYMENT & TRAINING ADMINIS	11. 69,838.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 2,114,203.