

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.

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

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **APR 1, 2024** and ending **MAR 31, 2025**

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 AVE. City or town, state or province, country, and ZIP or foreign postal code BUFFALO, NY 14209 F Name and address of principal officer: THOMAS WRINN SAME AS C ABOVE	D Employer identification number 16-0743969 E Telephone number (716) 887-2626 G Gross receipts \$ 11,040,799. 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

	1	Briefly describe the organization's mission or most significant activities: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO CREATE SYSTEMIC COMMUNITY CHANGE.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	61
	6	Total number of volunteers (estimate if necessary)	6	2484
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year
9		Program service revenue (Part VIII, line 2g)	10,561,046.	10,444,207.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	346,867.	388,082.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,026.	59,933.
12		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	148,577.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,942,939.	11,040,799.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,786,900.	6,691,319.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,971,944.	3,700,955.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) 1,165,653.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,391,308.	1,357,547.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,150,152.	11,749,821.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,207,213.	-709,022.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	28,964,553.	28,185,265.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,999,406.	3,348,006.
	22	Net assets or fund balances. Subtract line 21 from line 20	23,965,147.	24,837,259.

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	Preparer's name ROBERT S. TORELLA, CPA	Preparer's signature ROBERT S. TORELLA, C
	Firm's name LUMSDEN & MCCORMICK, LLP	Date 01/28/26
	Firm's address 369 FRANKLIN STREET BUFFALO, NY 14202	Check if self-employed <input type="checkbox"/> PTIN P03156259
		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

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. UNITED WAY OF BUFFALO AND ERIE COUNTY	Taxpayer identification number (TIN) 16-0743969
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 742 DELAWARE AVE.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BUFFALO, NY 14209	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **THOMAS WRINN**
742 DELAWARE AVENUE - BUFFALO, NY 14209

Telephone No. **(716) - 887 - 2626** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

tax year beginning **APR 1**, 20 **24**, and ending **MAR 31**, 20 **25**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Part III Statement of Program Service Accomplishments

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

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,352,469. including grants of \$ 2,352,469.) (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 \$ 1,722,398. including grants of \$ 1,722,398.) (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 \$ 3,553,865. including grants of \$ 2,616,452.) (Revenue \$) GRANT PROGRAM AND INITIATIVES - THESE PROGRAMS ARE AIMED AT PROVIDING SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND UNIQUE INITIATIVES PROVIDING SUPPORT AIMED AT THE UNITED WAYS FOCUSED AREAS OF NEED.

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,773,769. including grants of \$) (Revenue \$ 388,082.)

4e Total program service expenses 9,402,501.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through H.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 27; 1b Enter the number of voting members included on line 1a... 27; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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 on 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 on 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 on 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 on 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 (1024 or 1024-A, 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 on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THOMAS WRINN - (716)-887-2626
742 DELAWARE AVENUE, BUFFALO, NY 14209

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TRINA BURRUSS PRESIDENT & CEO	40.00			X			184,204.	0.	12,136.	
(2) THOMAS WRINN CHIEF FINANCIAL OFFICER	40.00			X			104,250.	0.	704.	
(3) HUGH RUSS CHAIR	1.00	X		X			0.	0.	0.	
(4) CASSIE IRISH VICE CHAIR	1.00	X		X			0.	0.	0.	
(5) NICKOLE GARRISON TREASURER	1.00	X		X			0.	0.	0.	
(6) THOMASINA STENHOUSE SECRETARY	1.00	X		X			0.	0.	0.	
(7) TRICIA BARRETT DIRECTOR	1.00	X					0.	0.	0.	
(8) KENDRA BRIM DIRECTOR	1.00	X					0.	0.	0.	
(9) ALEXANDER BURGOS DIRECTOR	1.00	X					0.	0.	0.	
(10) BRODERICK CASON DIRECTOR	1.00	X					0.	0.	0.	
(11) PAUL COLEMAN DIRECTOR	1.00	X					0.	0.	0.	
(12) JAMIE FERULLO DIRECTOR	1.00	X					0.	0.	0.	
(13) RICHARD HAMISTER DIRECTOR	1.00	X					0.	0.	0.	
(14) KEVIN HOGAN DIRECTOR	1.00	X					0.	0.	0.	
(15) PATTY KAMINSKI DIRECTOR	1.00	X					0.	0.	0.	
(16) OSWALDO MESTRE DIRECTOR	1.00	X					0.	0.	0.	
(17) ANNE MUSYNKE DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNE O'NEILL DIRECTOR	1.00	X						0.	0.	0.
(19) JEANNIE PARENT DIRECTOR	1.00	X						0.	0.	0.
(20) BRIAN PATTERSON DIRECTOR	1.00	X						0.	0.	0.
(21) JUSTIN REID DIRECTOR	1.00	X						0.	0.	0.
(22) RAMONA REYNOLDS DIRECTOR	1.00	X						0.	0.	0.
(23) KATHLEEN RIZZO YOUNG DIRECTOR	1.00	X						0.	0.	0.
(24) DARREN ROBBINS DIRECTOR	1.00	X						0.	0.	0.
(25) NICK SCHAFFER DIRECTOR	1.00	X						0.	0.	0.
(26) JONATHAN STAPLES DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								288,454.	0.	12,840.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								288,454.	0.	12,840.

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 2

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part 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	2,469,128.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,975,079.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			10,444,207.			
Program Service Revenue	2 a	PROGRAM SERVICE AND OTHER FEES	Business Code	561000	388,082.	388,082.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			388,082.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			59,933.		59,933.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
d	Net gain or (loss)							
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b	Less: direct expenses	8b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	POSTRETIREMENT SETTLEMENT GAIN	Business Code	900099	148,577.		148,577.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			148,577.			
12	Total revenue. See instructions			11,040,799.	388,082.	0.	208,510.	

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 ...	6,691,319.	6,691,319.		
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	301,402.		301,402.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,601,727.	1,530,552.	416,999.	654,176.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	166,757.	86,509.	42,553.	37,695.
9 Other employee benefits	403,052.	215,752.	93,288.	94,012.
10 Payroll taxes	228,017.	118,289.	58,185.	51,543.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	223,183.	100,557.	76,532.	46,094.
12 Advertising and promotion				
13 Office expenses	171,316.	80,874.	9,804.	80,638.
14 Information technology				
15 Royalties				
16 Occupancy	309,071.	172,275.	69,574.	67,222.
17 Travel	91,913.	76,953.	9,365.	5,595.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	32,293.	27,037.	3,290.	1,966.
20 Interest				
21 Payments to affiliates	136,608.	75,163.	28,411.	33,034.
22 Depreciation, depletion, and amortization	155,956.	88,287.	31,289.	36,380.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>EQUIPMENT RENTAL AND M</u>	145,993.	85,692.	27,882.	32,419.
b <u>DUES & SUBSCRIPTIONS</u>	65,553.	43,080.	12,718.	9,755.
c _____				
d _____				
e All other expenses _____	25,661.	10,162.	375.	15,124.
25 Total functional expenses. Add lines 1 through 24e	11,749,821.	9,402,501.	1,181,667.	1,165,653.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	905,920.	2	1,168,075.
	3 Pledges and grants receivable, net	5,122,985.	3	4,491,506.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	112,765.	9	106,222.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,928,694.		
	b Less: accumulated depreciation	10b 6,346,793.	10c	1,581,901.
	11 Investments - publicly traded securities	2,873,353.	11	1,701,686.
	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	18,262,620.	15	19,135,875.
16 Total assets. Add lines 1 through 15 (must equal line 33)	28,964,553.	16	28,185,265.	
Liabilities	17 Accounts payable and accrued expenses	934,117.	17	843,691.
	18 Grants payable	2,868,952.	18	2,289,829.
	19 Deferred revenue	37,587.	19	46,976.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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	1,158,750.	25	167,510.
	26 Total liabilities. Add lines 17 through 25	4,999,406.	26	3,348,006.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	16,083,150.	27	16,538,743.
	28 Net assets with donor restrictions	7,881,997.	28	8,298,516.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	23,965,147.	32	24,837,259.
33 Total liabilities and net assets/fund balances	28,964,553.	33	28,185,265.	

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	11,040,799.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,749,821.
3	Revenue less expenses. Subtract line 2 from line 1	3	-709,022.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,965,147.
5	Net unrealized gains (losses) on investments	5	853,137.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	727,997.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	24,837,259.

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 on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14907374.	13573082.	14523612.	10561046.	10444207.	64009321.
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	14907374.	13573082.	14523612.	10561046.	10444207.	64009321.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						64009321.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	14907374.	13573082.	14523612.	10561046.	10444207.	64009321.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	71,741.	19,380.	19,069.	35,026.	59,933.	205,149.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						64214470.
12 Gross receipts from related activities, etc. (see instructions)					12	1,969,142.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.68 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.64 %
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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; 19b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization; 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Schedule A (Form 990) 2024

Part VI

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

Lined area for supplemental information.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

**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		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
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 (for example, 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 on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 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 in 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	18,262,620.	16,511,687.	17,143,369.	15,866,932.	10,893,593.
b Contributions	173,619.	126,134.	139,738.	260,135.	523,966.
c Net investment earnings, gains, and losses	830,255.	1,689,595.	-695,291.	1,060,296.	4,741,389.
d Grants or scholarships					
e Other expenditures for facilities and programs	130,619.	64,796.	76,129.	43,994.	292,016.
f Administrative expenses					
g End of year balance	19,135,875.	18,262,620.	16,511,687.	17,143,369.	15,866,932.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment 71.0000 %
- b** Permanent endowment 20.0000 %
- c** Term endowment 9.0000 %
- 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? | | |
- 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		3,794,906.	2,510,276.	1,284,630.
c Leasehold improvements				
d Equipment		3,974,858.	3,836,517.	138,341.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,581,901.

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, line 12, col. (B))		

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, line 13, col. (B))		

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	19,135,875.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	19,135,875.

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 PENSION LIABILITY	167,510.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	167,510.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	10,171,538.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 853,137.		
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	853,137.
3	Subtract line 2e from line 1		3	9,318,401.
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 1,722,398.		
c	Add lines 4a and 4b		4c	1,722,398.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	11,040,799.

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	10,027,423.
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	10,027,423.
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 1,722,398.		
c	Add lines 4a and 4b		4c	1,722,398.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	11,749,821.

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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	58,760.	0.			UNITED WAY WORKS
BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	166,266.	0.			FAMILY HOUSING STABILITY CASE MANAGEMENT
BELMONT HOUSING RESOURCES FOR WNY 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	166,600.	0.			PROGRAM FUNDING
BESTSELF BEHAVIORAL HEALTH 255 DELAWARE AVE., SUITE 300 BUFFALO, NY 14202	16-1004090	501(C)(3)	14,426.	0.			WNY GIRLS IN SPORTS
BESTSELF BEHAVIORAL HEALTH 255 DELAWARE AVE., SUITE 300 BUFFALO, NY 14202	16-1004090	501(C)(3)	15,048.	0.			CLOSING THE GAP CLEVEHILL - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
BESTSELF BEHAVIORAL HEALTH 255 DELAWARE AVE., SUITE 300 BUFFALO, NY 14202	16-1004090	501(C)(3)	131,700.	0.			PROGRAM FUNDING

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (Rev. 12-2024)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BIG TABLE COMMUNITY CAFE INC. 272 HUDSON STREET BUFFALO, NY 14201	81-1848012	501(C)(3)	25,000.	0.			COMMUNITY ENGAGEMENT - SPECIAL EVENTS
BIG BROTHERS BIG SISTERS OF ERIE, NIAGARA & SOUTHERN TIER - 100 RIVER ROCK DRIVE, SUITE 104 - BUFFALO, NY 14207	16-1106399	501(C)(3)	38,700.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF BUFFALO INC. - 282 BABCOCK STREET - BUFFALO, NY 14210	16-0849516	501(C)(3)	65,700.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF THE NORTHTOWNS OF WNY - 54 RIVERDALE AVENUE - BUFFALO, NY 14207	16-0755733	501(C)(3)	22,200.	0.			PROGRAM FUNDING
BPS ADULT LEARNING CENTER/BUFFALO PUBLIC SCHOOLS FOUNDATION - 389 VIRGINIA STREET - BUFFALO, NY 14201	38-3704493	501(C)(3)	576,619.	0.			UNITED WAY WORKS
BUFFALO CENTER FOR ARTS AND TECHNOLOGY - 1221 MAIN STREET - BUFFALO, NY 14209	45-5213027	501(C)(3)	19,800.	0.			PROGRAM FUNDING
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204	16-1172623	501(C)(3)	74,445.	0.			VOLUNTEER INCOME TAX ASSISTANCE
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204	16-1172623	501(C)(3)	120,000.	0.			PROGRAM FUNDING
BUFFALO GO GREEN 45 PEMBROKE AVE BUFFALO, NY 14215	46-5083541	501(C)(3)	22,200.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUFFALO PRENATAL PERINATAL SERVICES - 625 DELAWARE AVENUE SUITE 410 - BUFFALO, NY 14202	16-1302764	501(C)(3)	119,400.	0.			PROGRAM FUNDING
BUFFALO PROMISE NEIGHBORHOOD 465 MAIN STREET., SUITE 510 BUFFALO, NY 14203	20-1405438	501(C)(3)	24,300.	0.			PROGRAM FUNDING
BUFFALO STRING WORKS INC PO BOX 195 BUFFALO, NY 14213	81-0718400	501(C)(3)	21,600.	0.			PROGRAM FUNDING
BUFFALO URBAN LEAGUE INC. 15 GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	77,400.	0.			PROGRAM FUNDING
CENTER FOR EMPLOYMENT OPPORTUNITIES - 170 FRANKLIN STREET SUITE 701 - BUFFALO, NY 14202	13-3843322	501(C)(3)	27,000.	0.			PROGRAM FUNDING
CENTER FOR GOVERNMENTAL RESEARCH ONE SOUTH WASHINGTON STREET, SUITE ROCHESTER, NY 14614	16-0754774	501(C)(3)	49,768.	0.			CLOSING THE GAP CLEVEHILL - EVALUATIONS, MEETINGS & SURVEY REPORTS
CHAMPION PROJECT INC 425 MEYER ROAD WEST SENECA, NY 14224	47-2123202	501(C)(3)	60,021.	0.			WNY GIRLS IN SPORTS
CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE - BUFFALO, NY 14202	16-1004825	501(C)(3)	96,500.	0.			PROGRAM FUNDING
CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216	22-2916451	501(C)(3)	24,300.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF BUFFALO FOUNDATION - 1028 MAIN STREET, 4TH FLOOR - BUFFALO, NY 14202	16-1332044	501(C)(3)	6,500.	0.			BENNETT FUND
CITS FOUNDATION 180 RICHMOND AVENUE, APT 4 BUFFALO, NY 14222	85-4271035	501(C)(3)	72,000.	0.			CLOSING THE GAP CLEVEHILL - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
CITY SWIM PROJECT 651 DELAWARE AVE, SUITE 222 BUFFALO, NY 14202	46-0526467	501(C)(3)	21,600.	0.			PROGRAM FUNDING
CLEVELAND HILL FAMILY RESOURCE CENTER - 105 MAPLEVIEW ROAD - CHEEKTOWAGA, NY 14215	16-6001638	501(C)(3)	83,680.	0.			CLOSING THE GAP CLEVEHILL - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
COMPASS HOUSE 1451 MAIN STREET BUFFALO, NY 14209	23-7363167	501(C)(3)	69,400.	0.			PROGRAM FUNDING
COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE, SUITE 210 BUFFALO, NY 14202	16-1454202	501(C)(3)	21,600.	0.			PROGRAM FUNDING
CRADLE BEACH CAMP INC. 8038 OLD LAKESHORE ROAD ANGOLA, NY 14006	16-0743025	501(C)(3)	17,000.	0.			PROGRAM FUNDING
DOLLYWOOD FOUNDATION 111 E. MAIN STREET 2ND FLOOR SEVIERVILLE, TN 37862	62-1348105	501(C)(3)	8,631.	0.			DOLLY PARTON IMAGINATION LIBRARY
DONOR DESIGNATIONS TO AGENCIES		501(C)(3)	1,552,897.	0.			DONOR DESIGNATIONS TO AGENCIES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELKIN CONSULTING 199 BRUCE HILL ROAD CUMBERLAND, ME 04021	84-5137840		27,200.	0.			PROGRAM FUNDING EMERGENT OPPORTUNITIES
ERIE COUNTY (BLIZZARD KITS) 92 FRANKLIN STREET BUFFALO, NY 14202			50,000.	0.			PROGRAM FUNDING EMERGENT OPPORTUNITIES
ERIE REGIONAL HOUSING DEVELOPMENT CORP. (BELLE CENTER) - 104 MARYLAND STREET - BUFFALO, NY 14201	16-1559032	501(C)(3)	111,056.	0.			UNITED WAY WORKS
EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALO, NY 14202	16-1160182	501(C)(3)	86,900.	0.			PROGRAM FUNDING
FAMILY JUSTICE CENTER OF ERIE COUNTY - 237 MAIN STREET 14TH FLOOR - BUFFALO, NY 14203	20-2250813	501(C)(3)	68,600.	0.			PROGRAM FUNDING
GIRL SCOUTS OF WESTERN NEW YORK 3332 WALDEN AVENUE SUITE 106 DEPEW, NY 14043	16-0743096	501(C)(3)	21,600.	0.			PROGRAM FUNDING
GIRLS ON THE RUN OF BUFFALO INC. PO BOX 1271 BUFFALO, NY 14213	27-2193377	501(C)(3)	17,000.	0.			PROGRAM FUNDING
GOODWILL INDUSTRIES OF WNY INC. 1119 WILLIAM STREET BUFFALO, NY 14206	16-0761225	501(C)(3)	25,000.	0.			PROGRAM FUNDING
GRASSROOTS GARDENS OF BUFFALO 2495 MAIN STREET SUITE #408 BUFFALO, NY 14214	16-1479159	501(C)(3)	22,200.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE TOTES INC. 5055 HIDDEN VALLEY COURT CLARENCE, NY 14031	85-0499870	501(C)(3)	12,000.	0.			COMMUNITY ENGAGEMENT - SPECIAL EVENTS
INDEPENDENT HEALTH FOUNDATION 511 FARBER LAKES DRIVE WILLIAMSVILLE, NY 14221	16-1417199	501(C)(3)	20,700.	0.			PROGRAM FUNDING
INTERNATIONAL INSTITUTE OF BUFFALO INC. - 864 DELAWARE AVENUE - BUFFALO, NY 14209	16-0743052	501(C)(3)	5,117.	0.			PROGRAM FUNDING
JERICHO ROAD COMMUNITY HEALTH CENTER - 184 BARTON STREET - BUFFALO, NY 14213	42-1571876	501(C)(3)	49,300.	0.			PROGRAM FUNDING
JEWISH FAMILY SERVICE OF BUFFALO & ERIE COUNTY - 70 BARKER STREET - BUFFALO, NY 14209	16-0760888	501(C)(3)	132,149.	0.			UNITED WAY WORKS
KAESER & BLAIR INCORPORATED 4236 GRISSOM DRIVE BATAVIA, OH 45103	31-0336200		11,320.	0.			WNY GIRLS IN SPORTS SUPPLIES
KIDS PLAY INTERNATIONAL INC 541 MAPLE DRIVE PARK CITY, UT 84098	46-1799380	501(C)(3)	7,500.	0.			WNY GIRLS IN SPORTS
KING URBAN LIFE CENTER INC. 938 GENESEE STREET BUFFALO, NY 14211	16-1336419	501(C)(3)	80,000.	0.			PROGRAM FUNDING
LITERACY NEW YORK BUFFALO-NIAGARA INC. - 1 LAFAYETTE SQUARE - 2ND FLOOR - BUFFALO, NY 14203	16-1199474	501(C)(3)	19,800.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	10,800.	0.			PROGRAM FUNDING
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	154,303.	0.			UNITED WAY WORKS
MASSACHUSETTS AVENUE PROJECT 271 GRANT STREET BUFFALO, NY 14213	16-1585356	501(C)(3)	15,300.	0.			PROGRAM FUNDING
MISSION: IGNITE POWERED BY COMPUTERS FOR CHILDREN, INC. - 701 SENECA STREET SUITE 601 - BUFFALO, NY 14210	16-1535203	501(C)(3)	22,500.	0.			PROGRAM FUNDING
NEIGHBORHOOD LEGAL SERVICES INC. 237 MAIN STREET, SUITE 400 BUFFALO, NY 14203	51-0198935	501(C)(3)	37,400.	0.			PROGRAM FUNDING
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	6,300.	0.			PROGRAM FUNDING
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	113,202.	0.			UNITED WAY WORKS
PARACHUTE CREDIT COUNSELING SERVICES - 40 GARDENVILLE PARKWAY SUITE 300 - WEST SENECA, NY 14224	16-0909583	501(C)(3)	20,900.	0.			PROGRAM FUNDING
PEACE OF THE CITY MINISTRIES 301 14TH STREET BUFFALO, NY 14213	75-3008707	501(C)(3)	28,800.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE AGAINST TRAFFICKING HUMANS (PATH) - 5165 BROADWAY #192 - DEPEW, NY 14043	47-2027643	501(C)(3)	6,000.	0.			COMMUNITY ENGAGEMENT - SPECIAL EVENTS
POLICE ATHLETIC LEAGUE OF BUFFALO, INC. - 65 NIAGARA SQUARE ROOM 2101 STE 21 - BUFFALO, NY 14202	16-1468698	501(C)(3)	18,400.	0.			PROGRAM FUNDING
PROVIDENCE FARM COLLECTIVE CORP 5701 BURTON ROAD ORCHARD PARK, NY 14127	84-3427072	501(C)(3)	84,870.	0.			UNITED WAY WORKS
RAHAMA, INC. 1272 DELAWARE AVENUE BUFFALO, NY 14209	47-4133765	501(C)(3)	20,900.	0.			PROGRAM FUNDING
REACH OUT AND READ, INC. 89 SOUTH STREET SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	24,300.	0.			PROGRAM FUNDING
READ TO SUCCEED BUFFALO 392 PEARL STREET SUITE 100 BUFFALO, NY 14202	26-3606661	501(C)(3)	67,500.	0.			PROGRAM FUNDING
RELAY GRADUATE SCHOOL OF EDUCATION 25 BROADWAY 3RD FLOOR NEW YORK, NY 10004	27-5316628	501(C)(3)	35,000.	0.			RELAY TEACHER TRAINING
RURAL OUTREACH CENTER 730 OLEAN ROAD EAST AURORA, NY 14052	46-0817544	501(C)(3)	14,400.	0.			PROGRAM FUNDING
SENECA BABCOCK COMMUNITY ASSOCIATION - 1168 SENECA STREET - BUFFALO, NY 14210	23-7367697	501(C)(3)	62,732.	0.			UNITED WAY WORKS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENECA STREET COMMUNITY DEVELOPMENT CORPORATION - 1218 SENECA STREET - BUFFALO, NY 14210	26-3678723	501(C)(3)	17,300.	0.			PROGRAM FUNDING
SKATE GREAT INC 139 DARWIN DRIVE SNYDER, NY 14226	45-5458450		7,559.	0.			WNY GIRLS IN SPORTS
THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 14202	13-5562351	501(C)(3)	50,900.	0.			PROGRAM FUNDING
THE SERVICE COLLABORATIVE OF WNY 173 ELM STREET SUITE 100 BUFFALO, NY 14203	16-1596462	501(C)(3)	23,400.	0.			PROGRAM FUNDING
TOPS MARKETS, LLC 6592 PAYSHERE CIRCLE CHICAGO, IL 60674	16-1592810		23,750.	0.			BUFFALO TOGETHER & BLIZZARD RESPONSE FUND
UNITED WAY OF NORTHERN CHAUTAUQUA COUNTY - 626 CENTRAL AVENUE - DUNKIRK, NY 14048	16-0811787	501(C)(3)	9,500.	0.			VOLUNTEER INCOME TAX ASSISTANCE
UNITED WAY OF SOUTHERN CHAUTAUQUA 208 PINE STREET JAMESTOWN, NY 14701	16-0772743	501(C)(3)	9,500.	0.			VOLUNTEER INCOME TAX ASSISTANCE
UNITED WAY OF SOUTHERN CHAUTAUQUA COUNTY - 208 PINE STREET - JAMESTOWN, NY 14701	16-0772743	501(C)(3)	7,500.	0.			PROGRAM FUNDING EMERGENT OPPORTUNITIES
UNIVERSAL SCHOOL 1957 GENESEE STREET BUFFALO, NY 14211	01-0709661	501(C)(3)	43,200.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY DISTRICT COMMUNITY DEV. ASSOC. / GLORIA J. PARKS COMMUNITY CTR - 3242 MAIN STREET - BUFFALO, NY 14214	16-1072548	501(C)(3)	23,400.	0.			PROGRAM FUNDING
UNIVERSITY DISTRICT COMMUNITY DEV. ASSOC. / GLORIA J. PARKS COMMUNITY CTR - 3242 MAIN STREET - BUFFALO, NY 14214	16-1072548	501(C)(3)	66,480.	0.			UNITED WAY WORKS
VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210	16-0964724	501(C)(3)	20,200.	0.			PROGRAM FUNDING
VETERANS ONE-STOP CENTER OF WNY 1280 MAIN ST STE 204 BUFFALO, NY 14209	45-5098692	501(C)(3)	20,900.	0.			PROGRAM FUNDING
VIA - VISUALLY IMPAIRED ADVANCEMENT - 1170 MAIN STREET P.O. BOX 398 - BUFFALO, NY 14209	16-0743930	501(C)(3)	6,000.	0.			VOLUNTEER INCOME TAX ASSISTANCE
VIA - VISUALLY IMPAIRED ADVANCEMENT - 1170 MAIN STREET P.O. BOX 398 - BUFFALO, NY 14209	16-0743930	501(C)(3)	100,000.	0.			PROGRAM FUNDING
VIA - VISUALLY IMPAIRED ADVANCEMENT - 1170 MAIN STREET P.O. BOX 398 - BUFFALO, NY 14209	16-0743930	501(C)(3)	363,297.	0.			WNY 212
WEST SIDE COMMUNITY SERVICES 161 VERMONT STREET BUFFALO, NY 14213	16-1060167	501(C)(3)	17,300.	0.			PROGRAM FUNDING
WESTERN NEW YORK LAW CENTER 237 MAIN STREET SUITE 1130 BUFFALO, NY 14203	16-1497552	501(C)(3)	20,900.	0.			PROGRAM FUNDING

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTMINSTER ECONOMIC DEVELOPMENT INITIATIVE - 436 GRANT STREET - BUFFALO, NY 14213	20-4230463	501(C)(3)	20,900.	0.			PROGRAM FUNDING
YWCA OF WNY 1005 GRANT ST STE 3 BUFFALO, NY 14207	16-0743243	501(C)(3)	33,300.	0.			PROGRAM FUNDING
YWCA OF WNY 1005 GRANT ST STE 3 BUFFALO, NY 14207	16-0743243	501(C)(3)	122,123.	0.			CLOSING THE GAP CLEVEHILL - FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) TRINA BURRUSS PRESIDENT & CEO	(i)	184,204.	0.	0.	0.	12,136.	196,340.	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)							

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HIGH-QUALITY, HIGH-VALUE RESULTS. WE FOSTER A CULTURE OF RESPONSIVENESS
AND FLEXIBILITY CONDUCIVE TO INNOVATION IN EVERY AREA OF THE BUSINESS.
WE ACTIVELY INCLUDE AND ENGAGE ALL MEMBERS OF THE COMMUNITY SO THAT OUR
WORK CAN BE INFORMED AND ENRICHED BY DIVERSE EXPERIENCES AND
PERSPECTIVES. WE ENSURE THAT OUR POLICIES, PRACTICES, AND DISTRIBUTION
OF RESOURCES PRIORITIZE HISTORICALLY MARGINALIZED COMMUNITIES SO THAT
ALL MEMBERS OF OUR COMMUNITY THRIVE. WE ARE TRANSPARENT, HONEST,
DEPENDABLE AND TRUSTWORTHY IN EVERY INTERACTION AND AS STEWARDS OF
RESOURCES. WE ENSURE THAT ALL OF OUR WORK IS FOR THE GOOD OF OTHERS,
BOTH WITHIN THE ORGANIZATION AND IN THE COMMUNITY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMUNITY IMPACT PROGRAM SERVICES - WORK DONE IN ANALYZING COMMUNITY
NEEDS, FOCUSING RESOURCES, DETERMING AND EVALUATING OUTCOMES AND
ENLISTING AGENCY SERVICES IN OUR COMMUNITY IMPACT FOCUS AREAS OF
EDUCATION, INCOME AND HEALTH AND WELLNESS.
EXPENSES \$ 1,773,769. INCLUDING GRANTS OF \$ 0. REVENUE \$ 388,082.

FORM 990, PART VI, SECTION A, LINE 6:
ONE CLASS OF MEMBERS IS CALLED THE ADVISORY COUNCIL. THE ADVISORY COUNCIL
IS COMPOSED OF A CROSS-SECTION OF CONTRIBUTORS, VOLUNTEERS AND OTHERS,
REFLECTIVE OF THE MISSION OF THE UNITED WAY. THE DELEGATES ARE ELECTED AT
THE ANNUAL MEETING BY A PLURALITY OF THE VOTES CAST, AND EXERCISE ALL
POWERS GRANTED TO 'MEMBERS' UNDER PROVISIONS OF THE NOT-FOR-PROFIT
CORPORATION LAW. ALL DIRECTORS ARE ELECTED AT EACH ANNUAL MEETING OF THE
ADVISORY COUNCIL.

FORM 990, PART VI, SECTION A, LINE 7A:
THE 'MEMBERS' (THE ADVISORY COUNCIL) ANNUALLY ELECT A SLATE OF DIRECTORS.
THE DIRECTORS ARE ELECTED TO A THREE YEAR TERM AND CAN SERVE NOT MORE THAN
TWO CONSECUTIVE THREE YEAR TERMS. APPROXIMATELY ONE THIRD OF THE SLATE OF
DIRECTORS IS UP FOR ELECTION EACH YEAR.

FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO FILING, THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND
BOARD OF DIRECTORS OF THE UNITED WAY.

FORM 990, PART VI, SECTION B, LINE 12C:
ON AN ANNUAL BASIS (AND/OR UPON BEING NEWLY HIRED/APPOINTED), THE
ORGANIZATION'S WRITTEN "CONFLICT OF INTEREST POLICY" IS REVIEWED WITH EACH
EMPLOYEE AND DIRECTOR. AS WRITTEN EVIDENCE EACH EMPLOYEE/DIRECTOR SIGNS A
STATEMENT THAT HE/SHE HAS REVIEWED THE POLICY, FULLY UNDERSTANDS, HAS
COMPLIED AND WILL CONTINUE TO COMPLY WITH THE POLICY. THIS CERTIFICATION
PROCESS IS MANDATORY FOR ALL UNITED WAY STAFF, MEMBERS OF THE BOARD OF
DIRECTORS, AND LOANED EXECUTIVES.

FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION'S BOARD CHAIRMAN IN CONJUNCTION WITH A VOLUNTEER BASED
HUMAN RESOURCES COMMITTEE AND THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS THE
COMPENSATION LEVEL OF THE CEO, KEY EMPLOYEES, AND THE SALARY RANGES FOR ALL
OTHER PAID STAFF. THIS REVIEW FULLY CONSIDERS AND INCLUDES COMPARATIVE AND

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

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

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-ASC 715-30-25 DEFINED BENEFIT PENSION PLAN 727,997.

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.