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GOVERNMENT COPY

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2010**Open to Public Inspection****A** For the **2010** calendar year, or tax year beginning **APR 1, 2010** and ending **MAR 31, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <div style="border: 1px solid black; padding: 2px;">UNITED WAY OF BUFFALO AND ERIE COUNTY</div> <div style="border: 1px solid black; padding: 2px;">Doing Business As</div> <div style="border: 1px solid black; padding: 2px;">Number and street (or P.O. box if mail is not delivered to street address) Room/suite <div style="border: 1px solid black; padding: 2px;">742 DELAWARE AVENUE</div> </div> <div style="border: 1px solid black; padding: 2px;">City or town, state or country, and ZIP + 4 <div style="border: 1px solid black; padding: 2px;">BUFFALO, NY 14209</div> </div>	D Employer identification number <div style="border: 1px solid black; padding: 2px;">16-0743969</div>
	F Name and address of principal officer: MICHAEL WEINER <div style="border: 1px solid black; padding: 2px;">SAME AS C ABOVE</div>	E Telephone number <div style="border: 1px solid black; padding: 2px;">(716) 887-2626</div>
	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	G Gross receipts \$ <div style="border: 1px solid black; padding: 2px;">14,684,531.</div>
	J Website: ▶ WWW.UWBECC.ORG	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1947 M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	30
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	80
	6 Total number of volunteers (estimate if necessary)	6	5140
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,882,552.	14,649,944.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	25,928.	23,131.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	41,056.	11,456.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,949,536.	14,684,531.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	9,661,515.	9,478,325.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	3,666,696.	3,480,315.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,386,060.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,683,488.	1,606,076.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,011,699.	14,564,716.
	19 Revenue less expenses. Subtract line 18 from line 12	-62,163.	119,815.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	18,504,083.	18,395,279.
	21 Total liabilities (Part X, line 26)	7,189,153.	6,987,037.
	22 Net assets or fund balances. Subtract line 21 from line 20	11,314,930.	11,408,242.

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 <div style="border: 1px solid black; padding: 2px;">THOMAS WRINN, CFO</div>	Date
Paid Preparer Use Only	Print/Type preparer's name <div style="border: 1px solid black; padding: 2px;">LUMSDEN & MCCORMICK, LLP</div>	Preparer's signature <div style="border: 1px solid black; padding: 2px;">403 MAIN ST. SUITE 430</div>
	Firm's address <div style="border: 1px solid black; padding: 2px;">BUFFALO, NY 14203</div>	Date <div style="border: 1px solid black; padding: 2px;">(716) 856-3300</div>
	Firm's EIN ▶	Check if self-employed <input type="checkbox"/> PTIN

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

OUR MISSION: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING. OUR VISION: WE ARE A WORLD CLASS ORGANIZATION TRANSFORMING QUALITY OF LIFE IN OUR COMMUNITY. OUR VALUES: SERVICE,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,788,387. including grants of \$) (Revenue \$)
GRANTS, ALLOCATIONS AND DESIGNATIONS TO HEALTH AND HUMAN SERVICES AGENCIES

4b (Code:) (Expenses \$ 2,410,521. including grants of \$ 1,670,225.) (Revenue \$)
GRANT PROGRAMS AND INITIATIVES - THESE PROGRAMS ARE AIMED AT PROVIDING SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.

4c (Code:) (Expenses \$ 1,058,985. including grants of \$) (Revenue \$)
COMMUNITY IMPACT PROGRAM SERVICES - AREA RESPONSIBLE FOR ANALYZING COMMUNITY NEEDS, FOCUSING RESOURCES, AND DETERMINING THE COMMUNITY IMPACT OF THE WORK DONE AND NEEDED TO BE DONE IN SOLVING PROBLEMS IN UNITED WAYS FOCUSED AREAS OF "INCOME", "EDUCATION", AND "HEALTH AND WELLNESS".

4d Other program services. (Describe in Schedule O.)(Expenses \$ 1,506,370. including grants of \$) (Revenue \$)**4e** Total program service expenses **12,764,263.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 38		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 80		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒ **X****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 30		
b Enter the number of voting members included in line 1a, above, who are independent 1b 30		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAREY ANDERSON DIRECTOR	1.00	X						0.	0.	0.
TINA BATTISTONI DIRECTOR	1.00	X						0.	0.	0.
STEPHEN BELL DIRECTOR	1.00	X						0.	0.	0.
JOHN CHRISTOPHER DIRECTOR	1.00	X						0.	0.	0.
ROGER COMINSKY DIRECTOR	1.00	X						0.	0.	0.
KEVIN DONOVAN DIRECTOR	1.00	X						0.	0.	0.
TIMOTHY DOOLITTLE DIRECTOR	1.00	X						0.	0.	0.
STEVE FINCH DIRECTOR	1.00	X						0.	0.	0.
MICHAEL HOFFERT DIRECTOR	1.00	X						0.	0.	0.
PETER HUNT DIRECTOR	1.00	X						0.	0.	0.
MICHAEL KEATING DIRECTOR	1.00	X						0.	0.	0.
KATHLEEN LAWLEY-BEST DIRECTOR	1.00	X						0.	0.	0.
JAY MCWATTERS TREASURER	1.00	X		X				0.	0.	0.
GRACE MUNSCHAUER DIRECTOR	1.00	X						0.	0.	0.
JUDGE JEANETTE OGDEN DIRECTOR	1.00	X						0.	0.	0.
PETER SPIRA DIRECTOR	1.00	X						0.	0.	0.
ROBERT STEVENSON 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT ZAK CHAIR	1.00	X		X				0.	0.	0.
RICH MCCARTHY DIRECTOR	1.00	X						0.	0.	0.
D. ERIC POGUE DIRECTOR	1.00	X						0.	0.	0.
JAMES WALLESHAUSER DIRECTOR	1.00	X						0.	0.	0.
JEREMY BECK DIRECTOR	1.00	X						0.	0.	0.
JIM CIROLI DIRECTOR	1.00	X						0.	0.	0.
HOWARD COHEN DIRECTOR	1.00	X						0.	0.	0.
DENNIS EISENBECK DIRECTOR	1.00	X						0.	0.	0.
LUANNE KINGSTON DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								358,016.	0.	9,223.
d Total (add lines 1b and 1c)								358,016.	0.	9,223.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EILEEN MORGAN DIRECTOR	1.00	X						0.	0.	0.
SCOTT NOSTAJA DIRECTOR	1.00	X						0.	0.	0.
BRIDGET QUINN CAREY DIRECTOR	1.00	X						0.	0.	0.
FLORENCE TRIPI DIRECTOR	1.00	X						0.	0.	0.
MICHAEL WEINER PRESIDENT	40.00			X				174,817.	0.	720.
THOMAS WRINN CHIEF FINANCIAL OFFICER	40.00			X				78,222.	0.	0.
JAMES MORGAN CHIEF OPERATING OFFICER	40.00			X				104,977.	0.	8,503.
Total to Part VII, Section A, line 1c								358,016.		9,223.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,505,910.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13144034.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			14649944.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			23,131.			23,131.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS		900099	11,456.			11,456.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			11,456.				
12 Total revenue. See instructions.			14684531.	0.	0.	34,587.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	9,478,325.	9,478,325.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	367,238.	257,067.	29,379.	80,792.
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	2,340,023.	1,494,239.	218,234.	627,550.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	284,875.	185,050.	26,085.	73,740.
9 Other employee benefits	291,701.	189,019.	26,817.	75,865.
10 Payroll taxes	196,478.	127,629.	17,991.	50,858.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	294,953.	197,634.	23,111.	74,208.
12 Advertising and promotion				
13 Office expenses	360,215.	183,411.	14,011.	162,793.
14 Information technology				
15 Royalties				
16 Occupancy	230,696.	147,323.	18,139.	65,234.
17 Travel	51,741.	34,398.	4,894.	12,449.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,450.	56,154.	7,984.	20,312.
20 Interest				
21 Payments to affiliates	160,551.	105,074.	7,786.	47,691.
22 Depreciation, depletion, and amortization	205,496.	134,489.	9,966.	61,041.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a EQUIP RENTAL AND MAINT	171,170.	140,932.	5,883.	24,355.
b MISCELLANEOUS	19,704.	14,925.	671.	4,108.
c MEMBERSHIP DUES	16,072.	11,377.	2,907.	1,788.
d EMPLOYEE EDUCATION	11,028.	7,217.	535.	3,276.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	14,564,716.	12,764,263.	414,393.	1,386,060.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	3,522,548.	2	3,368,931.
	3 Pledges and grants receivable, net	8,148,760.	3	8,029,152.
	4 Accounts receivable, net	1,081,824.	4	542,586.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,198.	9	45,749.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,731,908.		
	b Less: accumulated depreciation	10b 3,965,407.	2,907,727.	10c 2,766,501.
	11 Investments - publicly traded securities	39,832.	11	43,481.
	12 Investments - other securities. See Part IV, line 11	2,226,040.	12	2,767,434.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	540,154.	15	831,445.
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,504,083.	16	18,395,279.	
Liabilities	17 Accounts payable and accrued expenses	923,007.	17	626,611.
	18 Grants payable	4,948,473.	18	4,581,008.
	19 Deferred revenue	625,964.	19	770,392.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	691,709.	25	1,009,026.
	26 Total liabilities. Add lines 17 through 25	7,189,153.	26	6,987,037.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,606,043.	27	6,763,605.
	28 Temporarily restricted net assets	4,693,887.	28	4,629,637.
	29 Permanently restricted net assets	15,000.	29	15,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	11,314,930.	33	11,408,242.
34 Total liabilities and net assets/fund balances	18,504,083.	34	18,395,279.	

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,684,531.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,564,716.
3	Revenue less expenses. Subtract line 2 from line 1	3	119,815.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,314,930.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-26,503.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,408,242.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b Were the organization's financial statements audited by an independent accountant?	X	
2c 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 in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention, church, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2010

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14409879.	13644145.	12925495.	12407492.	14649944.	68036955.
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	14409879.	13644145.	12925495.	12407492.	14649944.	68036955.
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.						68036955.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14409879.	13644145.	12925495.	12407492.	14649944.	68036955.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	249,917.	256,542.	107,329.	25,928.	23,131.	662,847.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	706.	493.	21,054.	41,056.	11,456.	74,765.
11 Total support. Add lines 7 through 10						68774567.
12 Gross receipts from related activities, etc. (see instructions)					12	1,385,596.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.93 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.76 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. 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 IV 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"/>	

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2009. 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 ☐

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY

16-0743969

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ERIE COUNTY - DEPARTMENT OF SOCIAL SERVICES 95 FRANKLIN STREET, ROOM 746 BUFFALO, NY 14202	\$ 824,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	UNITED STATES - DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW, ROOM 4C138 WASHINGTON, DC 20202	\$ 475,786.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Employer identification number

16-0743969

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

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate contributions to (during year)	0.	
3 Aggregate grants from (during year)	0.	
4 Aggregate value at end of year	194,509.	

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? ☒ Yes ☐ 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? ☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations
 d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	540,154.	231,933.	231,933.		
b Contributions	291,291.	308,221.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	831,445.	540,154.	231,933.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		3,659,342.	1,265,234.	2,394,108.
c Leasehold improvements				
d Equipment		2,913,636.	2,700,173.	213,463.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,766,501.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. 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) MONEY MARKET	371,806.	END-OF-YEAR MARKET VALUE
(B) CERTIFICATES OF DEPOSIT	2,300,152.	END-OF-YEAR MARKET VALUE
(C) MUTUAL FUNDS	95,476.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	2,767,434.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) ACCRUED POSTRETIREMENT BENEFIT		
(3) OBLIGATION	281,000.	
(4) ACCRUED PENSION LIABILITY	728,026.	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,009,026.	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,684,531.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,564,716.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	119,815.
4	Net unrealized gains (losses) on investments	4	80,939.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-107,442.
9	Total adjustments (net). Add lines 4 through 8	9	-26,503.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	93,312.

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

1	Total revenue, gains, and other support per audited financial statements	1	11,303,990.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	80,939.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	80,939.
3	Subtract line 2e from line 1	3	11,223,051.
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 XIV.)	4b	3,461,480.
c	Add lines 4a and 4b	4c	3,461,480.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,684,531.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,103,236.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,103,236.
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 XIV.)	4b	3,461,480.
c	Add lines 4a and 4b	4c	3,461,480.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,564,716.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ACCUMULATED NET ASSET ADJUSTMENT- SFAS 158 DEFINED BENEFIT PENSION PLAN

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF DONOR DESIGNATED GIFTS

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

RECLASS OF DONOR DESIGNATED GIFTS

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States****Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.****▶ Attach to Form 990.**

OMB No. 1545-0047

2010**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐ **▶**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN CULTURAL CENTER INC. - 350 MASTEN AVENUE - BUFFALO, NY 14209	16-0920652	501(C)(3)	46,000.	0.			PROGRAM FUNDING
AMERICAN RED CROSS - GREATER BUFFALO CHAPTER - 786 DELAWARE AVENUE - BUFFALO, NY 14209-2088	53-0196605	501(C)(3)	247,000.	0.			PROGRAM FUNDING
BACK TO BASICS OUTREACH MINISTRY 1370 WILLIAM STREET BUFFALO, NY 14206	16-1509888	501(C)(3)	40,000.	0.			PROGRAM FUNDING
BE A FRIEND PROGRAM INC. 85 RIVER ROCK DRIVE, SUITE 107 BUFFALO, NY 14207	16-1106399	501(C)(3)	45,000.	0.			PROGRAM FUNDING
BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	39,500.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF BUFFALO INC. - 282 BABCOCK STREET - BUFFALO, NY 14210	16-0849516	501(C)(3)	200,000.	0.			PROGRAM FUNDING

2 Enter total number of section 501(c)(3) and government organizations **▶ 110.**

3 Enter total number of other organizations **▶ 0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule I (Form 990) (2010)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF EAST AURORA 24 PAINE STREET P.O. BOX 36 EAST AURORA, NY 14052	16-0755732	501(C)(3)	64,000.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF THE NORTHTOWNS OF WNY - 54 RIVERDALE AVENUE - BUFFALO, NY 14207	16-0755733	501(C)(3)	63,000.	0.			PROGRAM FUNDING
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	172,000.	0.			PROGRAM FUNDING
BUFFALO PRENATAL PERINATAL SERVICES - 625 DELAWARE AVENUE - BUFFALO, NY 14202	16-1302764	501(C)(3)	27,000.	0.			PROGRAM FUNDING
BUFFALO URBAN LEAGUE INC. 15 EAST GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	155,311.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	284,000.	0.			PROGRAM FUNDING
CHILD & ADOLESCENT TREATMENT SERVICES - 301 CAYUGA ROAD, SUITE 200 - CHEEKTOWAGA, NY 14225	16-0839225	501(C)(3)	221,000.	0.			PROGRAM FUNDING
CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE - BUFFALO, NY 14202	16-1004825	501(C)(3)	523,000.	0.			PROGRAM FUNDING
CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216	22-2916451	501(C)(3)	18,000.	0.			PROGRAM FUNDING

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS HOUSE 1451 MAIN STREET BUFFALO, NY 14209	23-7363167	501(C)(3)	109,000.	0.			PROGRAM FUNDING
COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE BUFFALO, NY 14202	16-1454202	501(C)(3)	65,000.	0.			PROGRAM FUNDING
CONCERNED ECUMENICAL MINISTRY TO THE UPPER WEST SIDE - 286 LAFAYETTE AVENUE - BUFFALO, NY 14213	16-0981256	501(C)(3)	12,000.	0.			PROGRAM FUNDING
CRADLE BEACH CAMP INC. 8038 OLD LAKESHORE ROAD ANGOLA, NY 14006	16-0743025	501(C)(3)	20,000.	0.			PROGRAM FUNDING
CRISIS SERVICES 2969 MAIN STREET BUFFALO, NY 14214-1003	16-0956222	501(C)(3)	33,000.	0.			PROGRAM FUNDING
DEAF ADULT SERVICES OF WESTERN NEW YORK INC. (DAS) - 2495 MAIN STREET, SUITE 446 - BUFFALO, NY 14214	16-1433932	501(C)(3)	25,000.	0.			PROGRAM FUNDING
EARLY CHILDHOOD DIRECTION CENTER/ KALEIDA HEALTH - 3131 SHERIDAN DRIVE - AMHERST, NY 14226	16-1533232	501(C)(3)	10,000.	0.			PROGRAM FUNDING
ELIZABETH PIERCE OLMSTED, M.D. CENTER - 1170 MAIN STREET P.O. BOX 398 - BUFFALO, NY 14209	16-0743930	501(C)(3)	22,000.	0.			PROGRAM FUNDING
EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALO, NY 14202	16-1160182	501(C)(3)	82,000.	0.			PROGRAM FUNDING

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY JUSTICE CENTER OF ERIE COUNTY - 237 MAIN STREET 14TH FLOOR - BUFFALO, NY 14203	20-2250813	501(C)(3)	125,000.	0.			PROGRAM FUNDING
GATEWAY-LONGVIEW, INC. 605 NIAGARA STREET BUFFALO, NY 14201	16-0743081	501(C)(3)	33,000.	0.			PROGRAM FUNDING
GIRL SCOUTS OF WESTERN NEW YORK 3332 WALDEN AVENUE DEPEW, NY 14043	16-0743096	501(C)(3)	60,000.	0.			PROGRAM FUNDING
GOODWILL INDUSTRIES OF WNY INC. 1119 WILLIAM STREET BUFFALO, NY 14206-1897	16-0761225	501(C)(3)	80,000.	0.			PROGRAM FUNDING
HEARTS AND HANDS - FAITH IN ACTION 50 JOHN STREET AKRON, NY 14001	43-2008066	501(C)(3)	42,000.	0.			PROGRAM FUNDING
HERITAGE CENTERS 2643 MAIN STREET BUFFALO, NY 14214	16-0769044	501(C)(3)	17,000.	0.			PROGRAM FUNDING
HISPANICS UNITED OF BUFFALO 254 VIRGINIA STREET BUFFALO, NY 14201	16-1243094	501(C)(3)	37,000.	0.			PROGRAM FUNDING
HOPEVALE INC. 3780 HOWARD ROAD HAMBURG, NY 14075	16-1079611	501(C)(3)	17,666.	0.			PROGRAM FUNDING
INTERNATIONAL INSTITUTE OF BUFFALO INC. - 864 DELAWARE AVENUE - BUFFALO, NY 14209-2093	16-0743052	501(C)(3)	40,000.	0.			PROGRAM FUNDING

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JERICO ROAD MINISTRIES 184 BARTON STREET BUFFALO, NY 14213	42-1571876	501(C)(3)	115,000.	0.			PROGRAM FUNDING
JEWISH FAMILY SERVICE OF BUFFALO & ERIE COUNTY - 70 BARKER STREET - BUFFALO, NY 14209	16-0760888	501(C)(3)	25,000.	0.			PROGRAM FUNDING
JOAN A. MALE FAMILY SUPPORT CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511	501(C)(3)	161,500.	0.			PROGRAM FUNDING
KING URBAN LIFE CENTER INC. 938 GENESEE STREET BUFFALO, NY 14211	16-1336419	501(C)(3)	80,000.	0.			PROGRAM FUNDING
LEADERSHIP BUFFALO, INC. 237 MAIN STREET, SUITE 1500 BUFFALO, NY 14203-2720	16-1363536	501(C)(3)	10,000.	0.			PROGRAM FUNDING
LIFE TRANSITIONS CENTER 225 COMO PARK BOULEVARD CHEEKTOWAGA, NY 14227	22-2203585	501(C)(3)	28,000.	0.			PROGRAM FUNDING
LITERACY VOLUNTEERS OF AMERICA - BUFFALO AND ERIE CTY. - 1 LAFAYETTE SQUARE - 2ND FLOOR - BUFFALO, NY 14203	16-1199474	501(C)(3)	60,000.	0.			PROGRAM FUNDING
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	85,000.	0.			PROGRAM FUNDING
MEALS ON WHEELS FOR WNY 100 JAMES E. CASEY DRIVE BUFFALO, NY 14206	160959060	501(C)(3)	6,000.	0.			PROGRAM FUNDING

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF ERIE COUNTY INC. - 999 DELAWARE AVENUE - BUFFALO, NY 14209	16-6050086	501(C)(3)	30,000.	0.			PROGRAM FUNDING
NATIVE AMERICAN COMMUNITY SERVICES OF ERIE/NIAGARA - 1005 GRANT STREET - BUFFALO, NY 14207-2854	16-1043710	501(C)(3)	63,490.	0.			PROGRAM FUNDING
NEIGHBORHOOD LEGAL SERVICES INC. 237 MAIN STREET, SUITE 400 BUFFALO, NY 14203	51-0198935	501(C)(3)	123,000.	0.			PROGRAM FUNDING
NEW DIRECTIONS YOUTH AND FAMILY SERVICES INC. - 356 MAIN STREET - RANDOLPH, NY 14772	16-0743220	501(C)(3)	68,000.	0.			PROGRAM FUNDING
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	37,000.	0.			PROGRAM FUNDING
REACH OUT AND READ - UPSTATE NEW YORK - 333 THOMAS AVENUE - ROCHESTER, NY 14617	22-3091024	501(C)(3)	15,000.	0.			PROGRAM FUNDING
RURAL TRANSIT SERVICE INC. 1000 BRANT FARNHAM ROAD BRANT, NY 14027	16-1511948	501(C)(3)	8,000.	0.			PROGRAM FUNDING
THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 14202	13-5562351	501(C)(3)	142,000.	0.			PROGRAM FUNDING
VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210	16-0964724	501(C)(3)	91,000.	0.			PROGRAM FUNDING

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA STREET - BUFFALO, NY 14213	16-1425062	501(C)(3)	20,000.	0.			PROGRAM FUNDING
WESTSIDE NEIGHBORHOOD HOUSING SERVICES - 359 CONNECTICUT STREET - BUFFALO, NY 14213	16-1167946	501(C)(3)	20,000.	0.			PROGRAM FUNDING
YWCA OF WNY 1005 GRANT STREET, SUITE 3 BUFFALO, NY 14207-2840	16-0743243	501(C)(3)	22,000.	0.			PROGRAM FUNDING
AFL-CIO EMERGENCY SERVICES 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	30,000.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	70,000.	0.			PROGRAM FUNDING - CTG PROGRAM MANAGER
CENTRAL REFERRAL SERVICE 1170 MAIN STREET BUFFALO, NY 14209	16-1242695	501(C)(3)	42,440.	0.			211 PROJECT
AIDS FAMILY SERVICES INC. 1092 MAIN STREET BUFFALO, NY 14209	16-1380149	501(C)(3)	6,567.	0.			FUND FOR ALLIANCES
BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	42,265.	0.			CREATING ASSETS, SAVINGS AND HOPE/SAFETY NET ACHIEVEMENT PROGRAM (SNAP)
BOB LANIER CENTER 157 HEMPSTEAD AVENUE BUFFALO, NY 14215	16-1374977	501(C)(3)	300.	0.			FUND FOR ALLIANCES

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BPS ADULT LEARNING CENTER 389 VIRGINIA STREET BUFFALO, NY 14201		501(C)(3)	126,930.	0.			SAFETY NET ACHIEVEMENT PROGRAM (SNAP)
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	32,657.	0.			CREATING ASSETS, SAVINGS AND HOPE
BUFFALO PUBLIC SCHOOLS 708 CITY HALL BUFFALO, NY 14202		501(C)(3)	10,000.	0.			WNY WOMEN'S FUND STRUCTURES IN SCIENCE
BUFFALO URBAN LEAGUE INC. 15 EAST GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	1,000.	0.			SPOTLIGHT VOLUNTEER AWARD
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	200,502.	0.			CLOSING THE GAP-FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
CENTRAL REFERRAL SERVICE 1170 MAIN STREET BUFFALO, NY 14209	16-1242695	501(C)(3)	22,960.	0.			211 PROJECT
CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216	22-2916451	501(C)(3)	50,163.	0.			SUCCESS BY 6-CHILD CARE SERVICES
ERIE REGIONAL HOUSING DEVELOPMENT CORP. (BELLE CENTER) - 104 MARYLAND STREET - BUFFALO, NY 14201	16-1559032	501(C)(3)	270,683.	0.			SAFETY NET ACHIEVEMENT PROGRAM (SNAP)
EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALO, NY 14202	16-1160182	501(C)(3)	43,052.	0.			CLOSING THE GAP-FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY JUSTICE CENTER OF ERIE COUNTY - 237 MAIN STREET 14TH FLOOR - BUFFALO, NY 14203	20-2250813	501(C)(3)	1,000.	0.			SPOTLIGHT VOLUNTEER AWARD
HEARTS AND HANDS - FAITH IN ACTION 50 JOHN STREET AKRON, NY 14001	43-2008066	501(C)(3)	1,000.	0.			SPOTLIGHT VOLUNTEER AWARD
HOPE OF BUFFALO INC. 335 GRIDER STREET BUFFALO, NY 14215	16-1306559	501(C)(3)	5,286.	0.			FUND FOR ALLIANCES
JERICHO ROAD MINISTRIES 184 BARTON STREET BUFFALO, NY 14213	42-1571876	501(C)(3)	9,549.	0.			FUND FOR ALLIANCES
JOAN A. MALE FAMILY SUPPORT CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511	501(C)(3)	100,698.	0.			CLOSING THE GAP-FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
KALEIDA HEALTH SYSTEM 726 EXCHANGE STEET, SUITE 200 BUFFALO, NY 14210	16-1417483	501(C)(3)	43,032.	0.			SUCCESS BY 6-CHILD CARE SERVICES
KENSINGTON BAILEY NEIGHBORHOOD HOUSING SERVICES - 995 KENSINGTON AVENUE - BUFFALO, NY 14215	16-1158083	501(C)(3)	1,010.	0.			FUND FOR ALLIANCES
LITERACY VOLUNTEERS OF AMERICA - BUFFALO AND ERIE CTY. - 1 LAFAYETTE SQUARE - 2ND FLOOR - BUFFALO, NY 14203	16-1199474	501(C)(3)	2,500.	0.			FUND FOR ALLIANCES
LADIES OF CHARITY 122 BROADWAY BUFFALO, NY 14212		501(C)(3)	1,000.	0.			SPOTLIGHT VOLUNTEER AWARD

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	170,481.	0.			FUND FOR ALLIANCES / SAFETY NET ACHIEVEMENT PROGRAM (SNAP)
MEALS ON WHEELS FOR WNY 100 JAMES E. CASEY DRIVE BUFFALO, NY 14206	16-0959060	501(C)(3)	1,000.	0.			SPOTLIGHT VOLUNTEER AWARD
NEW DIRECTIONS YOUTH AND FAMILY SERVICES INC. - 356 MAIN STREET - RANDOLPH, NY 14772	16-0743220	501(C)(3)	5,038.	0.			CLOSING THE GAP-SAFE INITIATIVE
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	54,409.	0.			CLOSING THE GAP-SAFE INITIATIVE
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	120,918.	0.			SAFETY NET ACHIEVEMENT PROGRAM (SNAP)
NOT FOR PROFIT RESOURCE CENTER 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	50,000.	0.			FUND FOR ALLIANCES PRI LOANS
RESEARCH FOUNDATION OF CUNY CUNY 535 E. 80TH STREET 6TH FLOOR NEW YORK, NY 10021	13-1988190	501(C)(3)	35,000.	0.			WNY WOMEN'S FUND QUALITYSTARS
SOUTH BUFFALO EDUCATION CENTER 2234 SENECA STREET BUFFALO, NY 14210	20-1930616	501(C)(3)	85,642.	0.			SAFETY NET ACHIEVEMENT PROGRAM (SNAP)
THE MOCHA CENTER, INC. 1092 MAIN STREET BUFFALO, NY 14209	16-1605175	501(C)(3)	7,248.	0.			FUND FOR ALLIANCES

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PROVIDENCE AFTER SCHOOL ALLIANCE - 17 GORDON AVENUE, SUITE 104 - PROVIDENCE, RI 02905	26-0319193	501(C)(3)	1,000.	0.			PATHWAYS OUT OF SCHOOL TIME INITIATIVE
UNIVERSITY AT BUFFALO EDUCATIONAL OPPORTUNITY CENTER - 290 MAIN STREET - BUFFALO, NY 14202		501(C)(3)	693.	0.			CREATING ASSETS, SAVINGS AND HOPE
UNIVERSITY HEIGHTS COMMUNITY DEV. ASSOC. / GLORIA J. PARKS COMMUNITY CENTER - 3242 MAIN STREET - BUFFALO, NY 14214	16-1072548	501(C)(3)	13,702.	0.			FUND FOR ALLIANCES
WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA STREET - BUFFALO, NY 14213	16-1425062	501(C)(3)	79,723.	0.			CLOSING THE GAP-FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
WNY WOMEN'S FUND 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	85,430.	0.			OUT OF SCHOOL TIME INITIATIVE
BOYS AND GIRLS CLUB OF EAST AURORA 24 PAINE STREET, P.O. BOX 36 EAST AURORA, NY 14052	16-0755732	501(C)(3)	500.	0.			GOODFELLOWS AWARD
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	500.	0.			GOODFELLOWS AWARD
CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE - BUFFALO, NY 14202	16-1004825	501(C)(3)	500.	0.			GOODFELLOWS AWARD
COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE, SUITE 210 BUFFALO, NY 14202	16-1454202	501(C)(3)	500.	0.			GOODFELLOWS AWARD

LHA

Schedule I (Form 990)

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

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EXCALIBUR LEISURE SKILLS CENTER INC. - 90 NORTH DRIVE - BUFFALO, NY 14216	22-2455788	501(C)(3)	500.	0.			GOODFELLOWS AWARD
JOAN A. MALE FAMILY SUPPORT CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511	501(C)(3)	500.	0.			GOODFELLOWS AWARD
SCHILLER PARK COMMUNITY SERVICES INC. - C/O GEORGE K. ARTHUR COMMUNITY CENTER 2056 GENESEE STREET - BUFFALO, NY 14211	23-7355996	501(C)(3)	500.	0.			GOODFELLOWS AWARD
AFRICAN AMERICAN CULTURAL CENTER INC. - 350 MASTEN AVENUE - BUFFALO, NY 14209	16-0920652	501(C)(3)	400.	0.			GOODFELLOWS AWARD
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	400.	0.			GOODFELLOWS AWARD
BUFFALO URBAN LEAGUE INC. 15 EAST GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	400.	0.			GOODFELLOWS AWARD
CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE - BUFFALO, NY 14202	16-1004825	501(C)(3)	400.	0.			GOODFELLOWS AWARD
COMPASS HOUSE 1451 MAIN STREET BUFFALO, NY 14209	23-7363167	501(C)(3)	400.	0.			GOODFELLOWS AWARD
GIRL SCOUTS OF WESTERN NEW YORK 3332 WALDEN AVENUE DEPEW, NY 14043	16-0743096	501(C)(3)	400.	0.			GOODFELLOWS AWARD

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANICS UNITED OF BUFFALO 254 VIRGINIA STREET BUFFALO, NY 14201	16-1243094	501(C)(3)	400.	0.			GOODFELLOWS AWARD
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	400.	0.			GOODFELLOWS AWARD
VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210	16-0964724	501(C)(3)	400.	0.			GOODFELLOWS AWARD
YWCA OF WNY 1005 GRANT STREET, SUITE 3 BUFFALO, NY 14207-2840	16-0743243	501(C)(3)	400.	0.			GOODFELLOWS AWARD
DONOR DESIGNATIONS TO AGENCIES		501(C)(3)	3,461,480.	0.			DONOR DESIGNATIONS TO AGENCIES

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

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

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in 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 from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL WEINER	(i)	174,817.	0.	0.	0.	720.	175,537.	40,292.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

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

INTEGRITY, COLLABORATION, ACCOUNTABILITY, INNOVATION. SERVICE: WE

FOSTER AND ENCOURAGE THE ACTIVE INVOLVEMENT OF INDIVIDUALS, GROUPS,

ORGANIZATIONS, CORPORATIONS AND LABOR TO SERVE THE COMMUNITY. INTEGRITY:

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

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

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

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

ORGANIZATION AND WITH OUR PARTNERS THROUGHOUT THE COMMUNITY. WE VALUE

DIVERSITY AND STRIVE FOR INCLUSION. ACCOUNTABILITY: WE TAKE

RESPONSIBILITY FOR COMMITMENTS AND DELIVERING HIGH QUALITY, HIGH VALUE

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

OUR MISSION.

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

COMMUNITY IMPACT PROGRAM SERVICES - THIS PROGRAM IS RESPONSIBLE FOR

ANALYZING COMMUNITY NEEDS, FOCUSING RESOURCES, AND DETERMINING THE

COMMUNITY IMPACT OF THE WORK DONE AND NEEDED TO BE DONE IN SOLVING

PROBLEMS IN THE HEALTH AND HUMAN AREA.

EXPENSES \$ 1,506,370. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

M.I.S

GOVERNMENT & LABOR RELATIONS

CREATIVE SERVICES

Name of the organization	UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number	16-0743969
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INITIATIVE & OTHER SPECIAL PROGRAMS

RESOURCE CENTER

VOLUNTEER SERVICES

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

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

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

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS (AND/OR UPON BEING NEWLY HIRED/APPOINTED), THE ORGANIZATION'S WRITTEN "CONFLICT OF INTEREST POLICY" IS REVIEWED WITH EACH EMPLOYEE AND DIRECTOR. AS WRITTEN EVIDENCE EACH EMPLOYEE/DIRECTOR SIGNS A STATEMENT THAT HE/SHE HAS REVIEWED

Name of the organization	UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification number	16-0743969
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THE POLICY, FULLY UNDERSTANDS, HAS COMPLIED AND WILL CONTINUE TO COMPLY WITH THE POLICY. THIS CERTIFICATION PROCESS IS MANDATORY FOR ALL UNITED WAY STAFF, MEMBERS OF THE BOARD OF DIRECTORS, AND LOANED EXECUTIVES.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S BOARD CHAIRMAN IN CONJUNCTION WITH A VOLUNTEER BASED HUMAN RESOURCES COMMITTEE ANNUALLY REVIEWS THE COMPENSATION LEVEL OF THE CEO, KEY EMPLOYEES, AND THE SALARY RANGES FOR ALL OTHER PAID STAFF. THIS REVIEW FULLY CONSIDERS AND INCLUDES COMPARATIVE AND COMPETITIVE DATA, PERFORMANCE CRITERIA, SPAN OF CONTROL, AND OTHER IMPORTANT HR CONCERNS. ANY AND ALL SALARY CHANGES ARE SUBSTANTIATED BY WRITTEN RECORD AND MAINTAINED IN THE PERMANENT EMPLOYEE FILES.

FORM 990, PART VI, SECTION C, LINE 19: OUR FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND VARIOUS OTHER GOVERNING DOCUMENTS OF NOMINAL INTEREST TO OUR DONORS, AGENCY PARTNERS, AND THE GENERAL PUBLIC ARE ALWAYS AVAILABLE UPON REQUEST AND ARE GENERALLY MAINTAINED ON OUR WEBSITE (WWW.UWBEC.ORG) FOR EASE OF ACCESS. INCLUDED IN OUR PUBLISHED ORGANIZATIONAL GOALS IS THE REQUIREMENT OF TRANSPARENCY AND ACCOUNTABILITY FOR OUR MISSION, TO OUR DONOR BASE, TO THE PROGRAMS WE SUPPORT, AND TO THE GENERAL PUBLIC.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	80,939.
ACCUMULATED NET ASSET ADJUSTMENT- SFAS 158 DEFINED BENEFIT PENSION PLAN	-107,442.
TOTAL TO FORM 990, PART XI, LINE 5	-26,503.

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

PART XI, LINE 2C;

THE FINANCE COMMITTEE OVERSEES THE AUDIT AND IS RESPONSIBLE FOR
SELECTING AN INDEPENDENT AUDITOR.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	UNITED WAY OF BUFFALO AND ERIE COUNTY	16-0743969
	Number, street, and room or suite no. If a P.O. box, see instructions. 742 DELAWARE AVENUE	
	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) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THOMAS WRINN

• The books are in the care of ☒ 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 EINs of all members the extension is for.

4 I request an additional 3-month extension of time until FEBRUARY 15, 2012.

5 For calendar year 2011, or other tax year beginning APR 1, 2010, and ending MAR 31, 2011.

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO OBTAIN THIRD PARTY INFORMATION REQUIRED TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title

Date

Form 8868 (Rev. 1-2011)

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2010, or fiscal year beginning APR 1, 2010, and ending MAR 31, 2011**2010**Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY**16-0743969**

Name and title of officer

**THOMAS WRINN
CFO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>14684531</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize LUMSDEN & MCCORMICK, LLP to enter my PIN 01180
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

16377899111
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2010 Open to Public Inspection
1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) 04/01/2010 and ending (mm/dd/yyyy) 03/31/2011		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization UNITED WAY OF BUFFALO AND ERIE COUNTY Number and street (or P.O. box if mail not delivered to street address) Room/suite 742 DELAWARE AVENUE City or town, state or country and ZIP + 4 BUFFALO, NY 14209	d. Fed. employer ID no. (EIN) 16-0743969 e. NY State registration no. 00-77-12 f. Telephone number 716 887-2626 g. Email

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	MICHAEL WEINER <small>Signature</small>	PRESIDENT <small>Printed Name</small>	 <small>Title</small>
b. Chief Financial Officer or Treas.	THOMAS WRINN <small>Signature</small>	CFO <small>Printed Name</small>	 <small>Title</small>

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used <u>and</u> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 <u>and</u> assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee \$ <u>25.</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee \$ <u>750.</u>	
c. Total fee \$ <u>775.</u>	

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

Schedule 4b: Government Contributions (Grants)
If you checked the box in question 4.b. on page 1, complete the following schedule for each government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

1019

3 068471 12-27-10 CHAR500 - 2010

2

221216 783816 B0-0118-00 2010.05020 UNITED WAY OF BUFFALO AND E B0-01101

UNITED WAY OF BUFFALO AND ERIE COUNTY

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

☒ Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

☒ IRS Form 990

☒ All required schedules (including Schedule B)

☐ IRS Form 990-T

☐ IRS Form 990-EZ

☐ All required schedules (including Schedule B)

☐ IRS Form 990-T

☐ IRS Form 990-PF

☐ All required schedules (including Schedule B)

☐ IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

☒ Audit Report (total support & revenue more than \$250,000)

☐ Review Report (total support & revenue \$100,001 to \$250,000)

☐ No Accountant's Report Required (total support & revenue not more than \$100,000)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No. 1545-0047

2010**Open to Public Inspection****A** For the **2010** calendar year, or tax year beginning **APR 1, 2010** and ending **MAR 31, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF BUFFALO AND ERIE COUNTY Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 742 DELAWARE AVENUE City or town, state or country, and ZIP + 4 BUFFALO, NY 14209 F Name and address of principal officer: MICHAEL WEINER SAME AS C ABOVE	D Employer identification number 16-0743969 E Telephone number (716) 887-2626 G Gross receipts \$ 14,684,531. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates 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.UWBE.C.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ L Year of formation: 1947 M State of legal domicile: NY		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 80 6 Total number of volunteers (estimate if necessary) 5140 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 14,882,552. 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 25,928. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 41,056. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,949,536.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 9,661,515. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 3,666,696. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,386,060. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 1,683,488. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15,011,699. 19 Revenue less expenses. Subtract line 18 from line 12 -62,163.	14,649,944.	14,684,531.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 18,504,083. 21 Total liabilities (Part X, line 26) 7,189,153. 22 Net assets or fund balances. Subtract line 21 from line 20 11,314,930.	Beginning of Current Year	End of Year
		18,395,279.	6,987,037.
		11,408,242.	

Part II Signature Block

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

Sign Here	Signature of officer THOMAS WRINN, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Firm's name ▶ LUMSDEN & MCCORMICK, LLP Firm's address ▶ 403 MAIN ST. SUITE 430 BUFFALO, NY 14203	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN Firm's EIN ▶ Phone no. (716) 856-3300

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

**OUR MISSION: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO
IMPROVE COMMUNITY WELL BEING. OUR VISION: WE ARE A WORLD CLASS
ORGANIZATION TRANSFORMING QUALITY OF LIFE IN OUR COMMUNITY. OUR
VALUES: SERVICE,**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,788,387. including grants of \$) (Revenue \$)
**GRANTS, ALLOCATIONS AND DESIGNATIONS TO HEALTH AND HUMAN SERVICES
AGENCIES**

4b (Code:) (Expenses \$ 2,410,521. including grants of \$ 1,670,225.) (Revenue \$)
**GRANT PROGRAMS AND INITIATIVES - THESE PROGRAMS ARE AIMED AT PROVIDING
SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND
INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.**

4c (Code:) (Expenses \$ 1,058,985. including grants of \$) (Revenue \$)
**COMMUNITY IMPACT PROGRAM SERVICES - AREA RESPONSIBLE FOR ANALYZING
COMMUNITY NEEDS, FOCUSING RESOURCES, AND DETERMINING THE COMMUNITY
IMPACT OF THE WORK DONE AND NEEDED TO BE DONE IN SOLVING PROBLEMS IN
UNITED WAYS FOCUSED AREAS OF "INCOME", "EDUCATION", AND "HEALTH AND
WELLNESS".**

4d Other program services. (Describe in Schedule O.)(Expenses \$ 1,506,370. including grants of \$) (Revenue \$)**4e Total program service expenses** **12,764,263.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 38		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 80		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒ **X****Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 30		
b Enter the number of voting members included in line 1a, above, who are independent 1b 30		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NY**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **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 ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CAREY ANDERSON DIRECTOR	1.00	X						0.	0.	0.
TINA BATTISTONI DIRECTOR	1.00	X						0.	0.	0.
STEPHEN BELL DIRECTOR	1.00	X						0.	0.	0.
JOHN CHRISTOPHER DIRECTOR	1.00	X						0.	0.	0.
ROGER COMINSKY DIRECTOR	1.00	X						0.	0.	0.
KEVIN DONOVAN DIRECTOR	1.00	X						0.	0.	0.
TIMOTHY DOOLITTLE DIRECTOR	1.00	X						0.	0.	0.
STEVE FINCH DIRECTOR	1.00	X						0.	0.	0.
MICHAEL HOFFERT DIRECTOR	1.00	X						0.	0.	0.
PETER HUNT DIRECTOR	1.00	X						0.	0.	0.
MICHAEL KEATING DIRECTOR	1.00	X						0.	0.	0.
KATHLEEN LAWLEY-BEST DIRECTOR	1.00	X						0.	0.	0.
JAY MCWATTERS TREASURER	1.00	X		X				0.	0.	0.
GRACE MUNSCHAUER DIRECTOR	1.00	X						0.	0.	0.
JUDGE JEANETTE OGDEN DIRECTOR	1.00	X						0.	0.	0.
PETER SPIRA DIRECTOR	1.00	X						0.	0.	0.
ROBERT STEVENSON 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROBERT ZAK CHAIR	1.00	X		X				0.	0.	0.
RICH MCCARTHY DIRECTOR	1.00	X						0.	0.	0.
D. ERIC POGUE DIRECTOR	1.00	X						0.	0.	0.
JAMES WALLESHAUSER DIRECTOR	1.00	X						0.	0.	0.
JEREMY BECK DIRECTOR	1.00	X						0.	0.	0.
JIM CIROLI DIRECTOR	1.00	X						0.	0.	0.
HOWARD COHEN DIRECTOR	1.00	X						0.	0.	0.
DENNIS EISENBECK DIRECTOR	1.00	X						0.	0.	0.
LUANNE KINGSTON DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								358,016.	0.	9,223.
d Total (add lines 1b and 1c)								358,016.	0.	9,223.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0		

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
EILEEN MORGAN DIRECTOR	1.00	X						0.	0.	0.
SCOTT NOSTAJA DIRECTOR	1.00	X						0.	0.	0.
BRIDGET QUINN CAREY DIRECTOR	1.00	X						0.	0.	0.
FLORENCE TRIPI DIRECTOR	1.00	X						0.	0.	0.
MICHAEL WEINER PRESIDENT	40.00			X				174,817.	0.	720.
THOMAS WRINN CHIEF FINANCIAL OFFICER	40.00			X				78,222.	0.	0.
JAMES MORGAN CHIEF OPERATING OFFICER	40.00			X				104,977.	0.	8,503.
Total to Part VII, Section A, line 1c								358,016.		9,223.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,505,910.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13144034.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			14649944.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			23,131.			23,131.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
11 a MISCELLANEOUS		900099	11,456.			11,456.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			11,456.				
12 Total revenue. See instructions.			14684531.	0.	0.	34,587.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	9,478,325.	9,478,325.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	367,238.	257,067.	29,379.	80,792.
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	2,340,023.	1,494,239.	218,234.	627,550.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	284,875.	185,050.	26,085.	73,740.
9 Other employee benefits	291,701.	189,019.	26,817.	75,865.
10 Payroll taxes	196,478.	127,629.	17,991.	50,858.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	294,953.	197,634.	23,111.	74,208.
12 Advertising and promotion				
13 Office expenses	360,215.	183,411.	14,011.	162,793.
14 Information technology				
15 Royalties				
16 Occupancy	230,696.	147,323.	18,139.	65,234.
17 Travel	51,741.	34,398.	4,894.	12,449.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,450.	56,154.	7,984.	20,312.
20 Interest				
21 Payments to affiliates	160,551.	105,074.	7,786.	47,691.
22 Depreciation, depletion, and amortization	205,496.	134,489.	9,966.	61,041.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a EQUIP RENTAL AND MAINT	171,170.	140,932.	5,883.	24,355.
b MISCELLANEOUS	19,704.	14,925.	671.	4,108.
c MEMBERSHIP DUES	16,072.	11,377.	2,907.	1,788.
d EMPLOYEE EDUCATION	11,028.	7,217.	535.	3,276.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	14,564,716.	12,764,263.	414,393.	1,386,060.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	3,522,548.	2	3,368,931.	
	3 Pledges and grants receivable, net	8,148,760.	3	8,029,152.	
	4 Accounts receivable, net	1,081,824.	4	542,586.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	37,198.	9	45,749.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,731,908.			
	b Less: accumulated depreciation	10b 3,965,407.	2,907,727.	10c 2,766,501.	
	11 Investments - publicly traded securities	39,832.	11	43,481.	
	12 Investments - other securities. See Part IV, line 11	2,226,040.	12	2,767,434.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	540,154.	15	831,445.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,504,083.	16	18,395,279.		
Liabilities	17 Accounts payable and accrued expenses	923,007.	17	626,611.	
	18 Grants payable	4,948,473.	18	4,581,008.	
	19 Deferred revenue	625,964.	19	770,392.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	691,709.	25	1,009,026.	
	26 Total liabilities. Add lines 17 through 25	7,189,153.	26	6,987,037.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	6,606,043.	27	6,763,605.	
	28 Temporarily restricted net assets	4,693,887.	28	4,629,637.	
	29 Permanently restricted net assets	15,000.	29	15,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	11,314,930.	33	11,408,242.	
34 Total liabilities and net assets/fund balances	18,504,083.	34	18,395,279.		

Form 990 (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,684,531.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,564,716.
3	Revenue less expenses. Subtract line 2 from line 1	3	119,815.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,314,930.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-26,503.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	11,408,242.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b Were the organization's financial statements audited by an independent accountant?	X	
2c 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 in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form 990 (2010)

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14409879.	13644145.	12925495.	12407492.	14649944.	68036955.
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	14409879.	13644145.	12925495.	12407492.	14649944.	68036955.
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.						68036955.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14409879.	13644145.	12925495.	12407492.	14649944.	68036955.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	249,917.	256,542.	107,329.	25,928.	23,131.	662,847.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	706.	493.	21,054.	41,056.	11,456.	74,765.
11 Total support. Add lines 7 through 10						68774567.
12 Gross receipts from related activities, etc. (see instructions)					12	1,385,596.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.93	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.76	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. 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 IV 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"/>		

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2009. 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 ☐

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

UNITED WAY OF BUFFALO AND ERIE COUNTY

16-0743969

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ERIE COUNTY - DEPARTMENT OF SOCIAL SERVICES 95 FRANKLIN STREET, ROOM 746 BUFFALO, NY 14202	\$ 824,357.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	UNITED STATES - DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW, ROOM 4C138 WASHINGTON, DC 20202	\$ 475,786.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part II Noncash Property (see instructions)

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

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2010

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	1	
2 Aggregate contributions to (during year)	0.	
3 Aggregate grants from (during year)	0.	
4 Aggregate value at end of year	194,509.	

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? ☒ Yes ☐ 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? ☒ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

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

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

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

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

9 In Part XIV, 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" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	540,154.	231,933.	231,933.		
b Contributions	291,291.	308,221.			
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	831,445.	540,154.	231,933.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☐ %
 c Term endowment ☐ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		3,659,342.	1,265,234.	2,394,108.
c Leasehold improvements				
d Equipment		2,913,636.	2,700,173.	213,463.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,766,501.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. 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) MONEY MARKET	371,806.	END-OF-YEAR MARKET VALUE
(B) CERTIFICATES OF DEPOSIT	2,300,152.	END-OF-YEAR MARKET VALUE
(C) MUTUAL FUNDS	95,476.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ►	2,767,434.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ►	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) ACCRUED POSTRETIREMENT BENEFIT		
(3) OBLIGATION	281,000.	
(4) ACCRUED PENSION LIABILITY	728,026.	
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	1,009,026.	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,684,531.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,564,716.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	119,815.
4	Net unrealized gains (losses) on investments	4	80,939.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-107,442.
9	Total adjustments (net). Add lines 4 through 8	9	-26,503.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	93,312.

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

1	Total revenue, gains, and other support per audited financial statements	1	11,303,990.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	80,939.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	80,939.
3	Subtract line 2e from line 1	3	11,223,051.
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 XIV.)	4b	3,461,480.
c	Add lines 4a and 4b	4c	3,461,480.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	14,684,531.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	11,103,236.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	11,103,236.
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 XIV.)	4b	3,461,480.
c	Add lines 4a and 4b	4c	3,461,480.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,564,716.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

ACCUMULATED NET ASSET ADJUSTMENT- SFAS 158 DEFINED BENEFIT PENSION PLAN

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECLASS OF DONOR DESIGNATED GIFTS

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States****Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.****▶ Attach to Form 990.**

OMB No. 1545-0047

2010**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐ **▶**

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN CULTURAL CENTER INC. - 350 MASTEN AVENUE - BUFFALO, NY 14209	16-0920652	501(C)(3)	46,000.	0.			PROGRAM FUNDING
AMERICAN RED CROSS - GREATER BUFFALO CHAPTER - 786 DELAWARE AVENUE - BUFFALO, NY 14209-2088	53-0196605	501(C)(3)	247,000.	0.			PROGRAM FUNDING
BACK TO BASICS OUTREACH MINISTRY 1370 WILLIAM STREET BUFFALO, NY 14206	16-1509888	501(C)(3)	40,000.	0.			PROGRAM FUNDING
BE A FRIEND PROGRAM INC. 85 RIVER ROCK DRIVE, SUITE 107 BUFFALO, NY 14207	16-1106399	501(C)(3)	45,000.	0.			PROGRAM FUNDING
BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	39,500.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF BUFFALO INC. - 282 BABCOCK STREET - BUFFALO, NY 14210	16-0849516	501(C)(3)	200,000.	0.			PROGRAM FUNDING

2 Enter total number of section 501(c)(3) and government organizations **▶ 110.**

3 Enter total number of other organizations **▶ 0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.**Schedule I (Form 990) (2010)**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF EAST AURORA 24 PAINE STREET P.O. BOX 36 EAST AURORA, NY 14052	16-0755732	501(C)(3)	64,000.	0.			PROGRAM FUNDING
BOYS AND GIRLS CLUB OF THE NORTHTOWNS OF WNY - 54 RIVERDALE AVENUE - BUFFALO, NY 14207	16-0755733	501(C)(3)	63,000.	0.			PROGRAM FUNDING
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	172,000.	0.			PROGRAM FUNDING
BUFFALO PRENATAL PERINATAL SERVICES - 625 DELAWARE AVENUE - BUFFALO, NY 14202	16-1302764	501(C)(3)	27,000.	0.			PROGRAM FUNDING
BUFFALO URBAN LEAGUE INC. 15 EAST GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	155,311.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	284,000.	0.			PROGRAM FUNDING
CHILD & ADOLESCENT TREATMENT SERVICES - 301 CAYUGA ROAD, SUITE 200 - CHEEKTOWAGA, NY 14225	16-0839225	501(C)(3)	221,000.	0.			PROGRAM FUNDING
CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE - BUFFALO, NY 14202	16-1004825	501(C)(3)	523,000.	0.			PROGRAM FUNDING
CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216	22-2916451	501(C)(3)	18,000.	0.			PROGRAM FUNDING

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPASS HOUSE 1451 MAIN STREET BUFFALO, NY 14209	23-7363167	501(C)(3)	109,000.	0.			PROGRAM FUNDING
COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE BUFFALO, NY 14202	16-1454202	501(C)(3)	65,000.	0.			PROGRAM FUNDING
CONCERNED ECUMENICAL MINISTRY TO THE UPPER WEST SIDE - 286 LAFAYETTE AVENUE - BUFFALO, NY 14213	16-0981256	501(C)(3)	12,000.	0.			PROGRAM FUNDING
CRADLE BEACH CAMP INC. 8038 OLD LAKESHORE ROAD ANGOLA, NY 14006	16-0743025	501(C)(3)	20,000.	0.			PROGRAM FUNDING
CRISIS SERVICES 2969 MAIN STREET BUFFALO, NY 14214-1003	16-0956222	501(C)(3)	33,000.	0.			PROGRAM FUNDING
DEAF ADULT SERVICES OF WESTERN NEW YORK INC. (DAS) - 2495 MAIN STREET, SUITE 446 - BUFFALO, NY 14214	16-1433932	501(C)(3)	25,000.	0.			PROGRAM FUNDING
EARLY CHILDHOOD DIRECTION CENTER/ KALEIDA HEALTH - 3131 SHERIDAN DRIVE - AMHERST, NY 14226	16-1533232	501(C)(3)	10,000.	0.			PROGRAM FUNDING
ELIZABETH PIERCE OLMSTED, M.D. CENTER - 1170 MAIN STREET P.O. BOX 398 - BUFFALO, NY 14209	16-0743930	501(C)(3)	22,000.	0.			PROGRAM FUNDING
EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALO, NY 14202	16-1160182	501(C)(3)	82,000.	0.			PROGRAM FUNDING

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Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY JUSTICE CENTER OF ERIE COUNTY - 237 MAIN STREET 14TH FLOOR - BUFFALO, NY 14203	20-2250813	501(C)(3)	125,000.	0.			PROGRAM FUNDING
GATEWAY-LONGVIEW, INC. 605 NIAGARA STREET BUFFALO, NY 14201	16-0743081	501(C)(3)	33,000.	0.			PROGRAM FUNDING
GIRL SCOUTS OF WESTERN NEW YORK 3332 WALDEN AVENUE DEPEW, NY 14043	16-0743096	501(C)(3)	60,000.	0.			PROGRAM FUNDING
GOODWILL INDUSTRIES OF WNY INC. 1119 WILLIAM STREET BUFFALO, NY 14206-1897	16-0761225	501(C)(3)	80,000.	0.			PROGRAM FUNDING
HEARTS AND HANDS - FAITH IN ACTION 50 JOHN STREET AKRON, NY 14001	43-2008066	501(C)(3)	42,000.	0.			PROGRAM FUNDING
HERITAGE CENTERS 2643 MAIN STREET BUFFALO, NY 14214	16-0769044	501(C)(3)	17,000.	0.			PROGRAM FUNDING
HISPANICS UNITED OF BUFFALO 254 VIRGINIA STREET BUFFALO, NY 14201	16-1243094	501(C)(3)	37,000.	0.			PROGRAM FUNDING
HOPEVALE INC. 3780 HOWARD ROAD HAMBURG, NY 14075	16-1079611	501(C)(3)	17,666.	0.			PROGRAM FUNDING
INTERNATIONAL INSTITUTE OF BUFFALO INC. - 864 DELAWARE AVENUE - BUFFALO, NY 14209-2093	16-0743052	501(C)(3)	40,000.	0.			PROGRAM FUNDING

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Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JERICO ROAD MINISTRIES 184 BARTON STREET BUFFALO, NY 14213	42-1571876	501(C)(3)	115,000.	0.			PROGRAM FUNDING
JEWISH FAMILY SERVICE OF BUFFALO & ERIE COUNTY - 70 BARKER STREET - BUFFALO, NY 14209	16-0760888	501(C)(3)	25,000.	0.			PROGRAM FUNDING
JOAN A. MALE FAMILY SUPPORT CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511	501(C)(3)	161,500.	0.			PROGRAM FUNDING
KING URBAN LIFE CENTER INC. 938 GENESEE STREET BUFFALO, NY 14211	16-1336419	501(C)(3)	80,000.	0.			PROGRAM FUNDING
LEADERSHIP BUFFALO, INC. 237 MAIN STREET, SUITE 1500 BUFFALO, NY 14203-2720	16-1363536	501(C)(3)	10,000.	0.			PROGRAM FUNDING
LIFE TRANSITIONS CENTER 225 COMO PARK BOULEVARD CHEEKTOWAGA, NY 14227	22-2203585	501(C)(3)	28,000.	0.			PROGRAM FUNDING
LITERACY VOLUNTEERS OF AMERICA - BUFFALO AND ERIE CTY. - 1 LAFAYETTE SQUARE - 2ND FLOOR - BUFFALO, NY 14203	16-1199474	501(C)(3)	60,000.	0.			PROGRAM FUNDING
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	85,000.	0.			PROGRAM FUNDING
MEALS ON WHEELS FOR WNY 100 JAMES E. CASEY DRIVE BUFFALO, NY 14206	160959060	501(C)(3)	6,000.	0.			PROGRAM FUNDING

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Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MENTAL HEALTH ASSOCIATION OF ERIE COUNTY INC. - 999 DELAWARE AVENUE - BUFFALO, NY 14209	16-6050086	501(C)(3)	30,000.	0.			PROGRAM FUNDING
NATIVE AMERICAN COMMUNITY SERVICES OF ERIE/NIAGARA - 1005 GRANT STREET - BUFFALO, NY 14207-2854	16-1043710	501(C)(3)	63,490.	0.			PROGRAM FUNDING
NEIGHBORHOOD LEGAL SERVICES INC. 237 MAIN STREET, SUITE 400 BUFFALO, NY 14203	51-0198935	501(C)(3)	123,000.	0.			PROGRAM FUNDING
NEW DIRECTIONS YOUTH AND FAMILY SERVICES INC. - 356 MAIN STREET - RANDOLPH, NY 14772	16-0743220	501(C)(3)	68,000.	0.			PROGRAM FUNDING
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	37,000.	0.			PROGRAM FUNDING
REACH OUT AND READ - UPSTATE NEW YORK - 333 THOMAS AVENUE - ROCHESTER, NY 14617	22-3091024	501(C)(3)	15,000.	0.			PROGRAM FUNDING
RURAL TRANSIT SERVICE INC. 1000 BRANT FARNHAM ROAD BRANT, NY 14027	16-1511948	501(C)(3)	8,000.	0.			PROGRAM FUNDING
THE SALVATION ARMY 960 MAIN STREET BUFFALO, NY 14202	13-5562351	501(C)(3)	142,000.	0.			PROGRAM FUNDING
VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210	16-0964724	501(C)(3)	91,000.	0.			PROGRAM FUNDING

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA STREET - BUFFALO, NY 14213	16-1425062	501(C)(3)	20,000.	0.			PROGRAM FUNDING
WESTSIDE NEIGHBORHOOD HOUSING SERVICES - 359 CONNECTICUT STREET - BUFFALO, NY 14213	16-1167946	501(C)(3)	20,000.	0.			PROGRAM FUNDING
YWCA OF WNY 1005 GRANT STREET, SUITE 3 BUFFALO, NY 14207-2840	16-0743243	501(C)(3)	22,000.	0.			PROGRAM FUNDING
AFL-CIO EMERGENCY SERVICES 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	30,000.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	70,000.	0.			PROGRAM FUNDING - CTG PROGRAM MANAGER
CENTRAL REFERRAL SERVICE 1170 MAIN STREET BUFFALO, NY 14209	16-1242695	501(C)(3)	42,440.	0.			211 PROJECT
AIDS FAMILY SERVICES INC. 1092 MAIN STREET BUFFALO, NY 14209	16-1380149	501(C)(3)	6,567.	0.			FUND FOR ALLIANCES
BELMONT SHELTER CORP. 1195 MAIN STREET BUFFALO, NY 14209	16-1080227	501(C)(3)	42,265.	0.			CREATING ASSETS, SAVINGS AND HOPE/SAFETY NET ACHIEVEMENT PROGRAM (SNAP)
BOB LANIER CENTER 157 HEMPSTEAD AVENUE BUFFALO, NY 14215	16-1374977	501(C)(3)	300.	0.			FUND FOR ALLIANCES

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Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BPS ADULT LEARNING CENTER 389 VIRGINIA STREET BUFFALO, NY 14201		501(C)(3)	126,930.	0.			SAFETY NET ACHIEVEMENT PROGRAM (SNAP)
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	32,657.	0.			CREATING ASSETS, SAVINGS AND HOPE
BUFFALO PUBLIC SCHOOLS 708 CITY HALL BUFFALO, NY 14202		501(C)(3)	10,000.	0.			WNY WOMEN'S FUND STRUCTURES IN SCIENCE
BUFFALO URBAN LEAGUE INC. 15 EAST GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	1,000.	0.			SPOTLIGHT VOLUNTEER AWARD
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	200,502.	0.			CLOSING THE GAP-FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
CENTRAL REFERRAL SERVICE 1170 MAIN STREET BUFFALO, NY 14209	16-1242695	501(C)(3)	22,960.	0.			211 PROJECT
CHILD CARE RESOURCE NETWORK 1000 HERTEL AVENUE BUFFALO, NY 14216	22-2916451	501(C)(3)	50,163.	0.			SUCCESS BY 6-CHILD CARE SERVICES
ERIE REGIONAL HOUSING DEVELOPMENT CORP. (BELLE CENTER) - 104 MARYLAND STREET - BUFFALO, NY 14201	16-1559032	501(C)(3)	270,683.	0.			SAFETY NET ACHIEVEMENT PROGRAM (SNAP)
EVERY PERSON INFLUENCES CHILDREN 1000 MAIN STREET BUFFALO, NY 14202	16-1160182	501(C)(3)	43,052.	0.			CLOSING THE GAP-FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT

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Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY JUSTICE CENTER OF ERIE COUNTY - 237 MAIN STREET 14TH FLOOR - BUFFALO, NY 14203	20-2250813	501(C)(3)	1,000.	0.			SPOTLIGHT VOLUNTEER AWARD
HEARTS AND HANDS - FAITH IN ACTION 50 JOHN STREET AKRON, NY 14001	43-2008066	501(C)(3)	1,000.	0.			SPOTLIGHT VOLUNTEER AWARD
HOPE OF BUFFALO INC. 335 GRIDER STREET BUFFALO, NY 14215	16-1306559	501(C)(3)	5,286.	0.			FUND FOR ALLIANCES
JERICHO ROAD MINISTRIES 184 BARTON STREET BUFFALO, NY 14213	42-1571876	501(C)(3)	9,549.	0.			FUND FOR ALLIANCES
JOAN A. MALE FAMILY SUPPORT CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511	501(C)(3)	100,698.	0.			CLOSING THE GAP-FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
KALEIDA HEALTH SYSTEM 726 EXCHANGE STEET, SUITE 200 BUFFALO, NY 14210	16-1417483	501(C)(3)	43,032.	0.			SUCCESS BY 6-CHILD CARE SERVICES
KENSINGTON BAILEY NEIGHBORHOOD HOUSING SERVICES - 995 KENSINGTON AVENUE - BUFFALO, NY 14215	16-1158083	501(C)(3)	1,010.	0.			FUND FOR ALLIANCES
LITERACY VOLUNTEERS OF AMERICA - BUFFALO AND ERIE CTY. - 1 LAFAYETTE SQUARE - 2ND FLOOR - BUFFALO, NY 14203	16-1199474	501(C)(3)	2,500.	0.			FUND FOR ALLIANCES
LADIES OF CHARITY 122 BROADWAY BUFFALO, NY 14212		501(C)(3)	1,000.	0.			SPOTLIGHT VOLUNTEER AWARD

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	170,481.	0.			FUND FOR ALLIANCES / SAFETY NET ACHIEVEMENT PROGRAM (SNAP)
MEALS ON WHEELS FOR WNY 100 JAMES E. CASEY DRIVE BUFFALO, NY 14206	16-0959060	501(C)(3)	1,000.	0.			SPOTLIGHT VOLUNTEER AWARD
NEW DIRECTIONS YOUTH AND FAMILY SERVICES INC. - 356 MAIN STREET - RANDOLPH, NY 14772	16-0743220	501(C)(3)	5,038.	0.			CLOSING THE GAP-SAFE INITIATIVE
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	54,409.	0.			CLOSING THE GAP-SAFE INITIATIVE
NORTHWEST BUFFALO COMMUNITY CENTER INC. - 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	120,918.	0.			SAFETY NET ACHIEVEMENT PROGRAM (SNAP)
NOT FOR PROFIT RESOURCE CENTER 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	50,000.	0.			FUND FOR ALLIANCES PRI LOANS
RESEARCH FOUNDATION OF CUNY CUNY 535 E. 80TH STREET 6TH FLOOR NEW YORK, NY 10021	13-1988190	501(C)(3)	35,000.	0.			WNY WOMEN'S FUND QUALITYSTARS
SOUTH BUFFALO EDUCATION CENTER 2234 SENECA STREET BUFFALO, NY 14210	20-1930616	501(C)(3)	85,642.	0.			SAFETY NET ACHIEVEMENT PROGRAM (SNAP)
THE MOCHA CENTER, INC. 1092 MAIN STREET BUFFALO, NY 14209	16-1605175	501(C)(3)	7,248.	0.			FUND FOR ALLIANCES

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE PROVIDENCE AFTER SCHOOL ALLIANCE - 17 GORDON AVENUE, SUITE 104 - PROVIDENCE, RI 02905	26-0319193	501(C)(3)	1,000.	0.			PATHWAYS OUT OF SCHOOL TIME INITIATIVE
UNIVERSITY AT BUFFALO EDUCATIONAL OPPORTUNITY CENTER - 290 MAIN STREET - BUFFALO, NY 14202		501(C)(3)	693.	0.			CREATING ASSETS, SAVINGS AND HOPE
UNIVERSITY HEIGHTS COMMUNITY DEV. ASSOC. / GLORIA J. PARKS COMMUNITY CENTER - 3242 MAIN STREET - BUFFALO, NY 14214	16-1072548	501(C)(3)	13,702.	0.			FUND FOR ALLIANCES
WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA STREET - BUFFALO, NY 14213	16-1425062	501(C)(3)	79,723.	0.			CLOSING THE GAP-FUND FOR THE IMPROVEMENT OF EDUCATION FEDERAL GRANT
WNY WOMEN'S FUND 742 DELAWARE AVENUE BUFFALO, NY 14209	16-0743969	501(C)(3)	85,430.	0.			OUT OF SCHOOL TIME INITIATIVE
BOYS AND GIRLS CLUB OF EAST AURORA 24 PAINE STREET, P.O. BOX 36 EAST AURORA, NY 14052	16-0755732	501(C)(3)	500.	0.			GOODFELLOWS AWARD
CATHOLIC CHARITIES OF BUFFALO 741 DELAWARE AVENUE BUFFALO, NY 14209	16-0743251	501(C)(3)	500.	0.			GOODFELLOWS AWARD
CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE - BUFFALO, NY 14202	16-1004825	501(C)(3)	500.	0.			GOODFELLOWS AWARD
COMPEER OF GREATER BUFFALO 135 DELAWARE AVENUE, SUITE 210 BUFFALO, NY 14202	16-1454202	501(C)(3)	500.	0.			GOODFELLOWS AWARD

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EXCALIBUR LEISURE SKILLS CENTER INC. - 90 NORTH DRIVE - BUFFALO, NY 14216	22-2455788	501(C)(3)	500.	0.			GOODFELLOWS AWARD
JOAN A. MALE FAMILY SUPPORT CENTER 60 DINGENS STREET BUFFALO, NY 14206	22-2219511	501(C)(3)	500.	0.			GOODFELLOWS AWARD
SCHILLER PARK COMMUNITY SERVICES INC. - C/O GEORGE K. ARTHUR COMMUNITY CENTER 2056 GENESEE STREET - BUFFALO, NY 14211	23-7355996	501(C)(3)	500.	0.			GOODFELLOWS AWARD
AFRICAN AMERICAN CULTURAL CENTER INC. - 350 MASTEN AVENUE - BUFFALO, NY 14209	16-0920652	501(C)(3)	400.	0.			GOODFELLOWS AWARD
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	400.	0.			GOODFELLOWS AWARD
BUFFALO URBAN LEAGUE INC. 15 EAST GENESEE STREET BUFFALO, NY 14203	16-0743940	501(C)(3)	400.	0.			GOODFELLOWS AWARD
CHILD & FAMILY SERVICES OF ERIE COUNTY - 330 DELAWARE AVENUE - BUFFALO, NY 14202	16-1004825	501(C)(3)	400.	0.			GOODFELLOWS AWARD
COMPASS HOUSE 1451 MAIN STREET BUFFALO, NY 14209	23-7363167	501(C)(3)	400.	0.			GOODFELLOWS AWARD
GIRL SCOUTS OF WESTERN NEW YORK 3332 WALDEN AVENUE DEPEW, NY 14043	16-0743096	501(C)(3)	400.	0.			GOODFELLOWS AWARD

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISPANICS UNITED OF BUFFALO 254 VIRGINIA STREET BUFFALO, NY 14201	16-1243094	501(C)(3)	400.	0.			GOODFELLOWS AWARD
LT. COLONEL MATT URBAN HUMAN SERVICES CENTER OF WNY - 1081 BROADWAY STREET - BUFFALO, NY 14212	16-1067572	501(C)(3)	400.	0.			GOODFELLOWS AWARD
VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET BUFFALO, NY 14210	16-0964724	501(C)(3)	400.	0.			GOODFELLOWS AWARD
YWCA OF WNY 1005 GRANT STREET, SUITE 3 BUFFALO, NY 14207-2840	16-0743243	501(C)(3)	400.	0.			GOODFELLOWS AWARD
DONOR DESIGNATIONS TO AGENCIES		501(C)(3)	3,461,480.	0.			DONOR DESIGNATIONS TO AGENCIES

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

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

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in 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 from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHAEL WEINER	(i)	174,817.	0.	0.	0.	720.	175,537.	40,292.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

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

INTEGRITY, COLLABORATION, ACCOUNTABILITY, INNOVATION. SERVICE: WE

FOSTER AND ENCOURAGE THE ACTIVE INVOLVEMENT OF INDIVIDUALS, GROUPS,

ORGANIZATIONS, CORPORATIONS AND LABOR TO SERVE THE COMMUNITY. INTEGRITY:

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

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

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

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

ORGANIZATION AND WITH OUR PARTNERS THROUGHOUT THE COMMUNITY. WE VALUE

DIVERSITY AND STRIVE FOR INCLUSION. ACCOUNTABILITY: WE TAKE

RESPONSIBILITY FOR COMMITMENTS AND DELIVERING HIGH QUALITY, HIGH VALUE

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

OUR MISSION.

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

COMMUNITY IMPACT PROGRAM SERVICES - THIS PROGRAM IS RESPONSIBLE FOR

ANALYZING COMMUNITY NEEDS, FOCUSING RESOURCES, AND DETERMINING THE

COMMUNITY IMPACT OF THE WORK DONE AND NEEDED TO BE DONE IN SOLVING

PROBLEMS IN THE HEALTH AND HUMAN AREA.

EXPENSES \$ 1,506,370. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

M.I.S

GOVERNMENT & LABOR RELATIONS

CREATIVE SERVICES

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

INITIATIVE & OTHER SPECIAL PROGRAMS

RESOURCE CENTER

VOLUNTEER SERVICES

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

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

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

FORM 990, PART VI, SECTION B, LINE 12C: ON AN ANNUAL BASIS (AND/OR UPON BEING NEWLY HIRED/APPOINTED), THE ORGANIZATION'S WRITTEN "CONFLICT OF INTEREST POLICY" IS REVIEWED WITH EACH EMPLOYEE AND DIRECTOR. AS WRITTEN EVIDENCE EACH EMPLOYEE/DIRECTOR SIGNS A STATEMENT THAT HE/SHE HAS REVIEWED

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

THE POLICY, FULLY UNDERSTANDS, HAS COMPLIED AND WILL CONTINUE TO COMPLY WITH THE POLICY. THIS CERTIFICATION PROCESS IS MANDATORY FOR ALL UNITED WAY STAFF, MEMBERS OF THE BOARD OF DIRECTORS, AND LOANED EXECUTIVES.

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S BOARD CHAIRMAN IN CONJUNCTION WITH A VOLUNTEER BASED HUMAN RESOURCES COMMITTEE ANNUALLY REVIEWS THE COMPENSATION LEVEL OF THE CEO, KEY EMPLOYEES, AND THE SALARY RANGES FOR ALL OTHER PAID STAFF. THIS REVIEW FULLY CONSIDERS AND INCLUDES COMPARATIVE AND COMPETITIVE DATA, PERFORMANCE CRITERIA, SPAN OF CONTROL, AND OTHER IMPORTANT HR CONCERNS. ANY AND ALL SALARY CHANGES ARE SUBSTANTIATED BY WRITTEN RECORD AND MAINTAINED IN THE PERMANENT EMPLOYEE FILES.

FORM 990, PART VI, SECTION C, LINE 19: OUR FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND VARIOUS OTHER GOVERNING DOCUMENTS OF NOMINAL INTEREST TO OUR DONORS, AGENCY PARTNERS, AND THE GENERAL PUBLIC ARE ALWAYS AVAILABLE UPON REQUEST AND ARE GENERALLY MAINTAINED ON OUR WEBSITE (WWW.UWBEC.ORG) FOR EASE OF ACCESS. INCLUDED IN OUR PUBLISHED ORGANIZATIONAL GOALS IS THE REQUIREMENT OF TRANSPARENCY AND ACCOUNTABILITY FOR OUR MISSION, TO OUR DONOR BASE, TO THE PROGRAMS WE SUPPORT, AND TO THE GENERAL PUBLIC.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 80,939.

ACCUMULATED NET ASSET ADJUSTMENT- SFAS 158 DEFINED BENEFIT

PENSION PLAN -107,442.

TOTAL TO FORM 990, PART XI, LINE 5 -26,503.

Name of the organization

UNITED WAY OF BUFFALO AND ERIE COUNTY

Employer identification number

16-0743969

PART XI, LINE 2C;

THE FINANCE COMMITTEE OVERSEES THE AUDIT AND IS RESPONSIBLE FOR
SELECTING AN INDEPENDENT AUDITOR.