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GOVERNMENT COPY

Form <b>990</b>
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)

Open to Public Inspection

OMB No. 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirement	nts.
---	------

AF	A For the 2010 calendar year, or tax year beginning ${ m APR}$ $1$ , $2010$ and ending ${ m MAR}$ $31$ , $2011$										
B c	beck if	olicable:									
	Address change	UNITED WAY OF BUFFALO AND ERIE COUNTY									
	Name change		16-0	16-0743969							
	Initial		E Telephone numbe	r							
	Termin-	742 DELAWARE AVENUE		)887-2626							
	Amende	City or town, state or country, and ZIP + 4		G Gross receipts \$	14,684,531.						
	Applica	BOFFADO, NI 14209		H(a) Is this a group re							
	pending	F Name and address of principal officer: MICHAEL WEINER		for affiliates?	Yes X No						
		SAME         AS         C         ABOVE           mpt status:         X         501(c)(3)         501(c) (         )         (insert no.)         4947(a)(1) (		H(b) Are all affiliates inc	luded? Yes No						
	ax-exe		list. (see instructions)								
		e: WWW.UWBEC.ORG		H(c) Group exemptio							
		organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 1947	State of legal domicile: NY						
Pa		Summary									
e	1 E	Briefly describe the organization's mission or most significant activities: WE B	RING I	PEOPLE, ORGA	NIZATIONS						
an		AND RESOURCES TOGETHER TO IMPROVE COMMUN									
Activities & Governance		Check this box 🕨 📖 if the organization discontinued its operations or dispos									
ğ		Number of voting members of the governing body (Part VI, line 1a)			<u> </u>						
8		Number of independent voting members of the governing body (Part VI, line 1b)		80							
ties		Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)			5140						
iti	6 T	Fotal number of volunteers (estimate if necessary)			0.						
Ă		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.						
		Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year						
	8 0	Contributions and grants (Part VIII, line 1h)		14,882,552.	14,649,944.						
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.						
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		25,928.	23,131.						
Ĕ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		41,056.	11,456.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,949,536.	14,684,531.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,661,515.	9,478,325.						
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,666,696.	3,480,315.						
sue	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
Expenses		Total fundraising expenses (Part IX, column (D), line 25)		1 100 100							
ш	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,683,488.	1,606,076.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,011,699.	14,564,716.						
		Revenue less expenses. Subtract line 18 from line 12		-62,163.	119,815.						
ts or inces			B	eginning of Current Year	End of Year						
Net Assets (- -und Balanc	20 T	Fotal assets (Part X, line 16)		18,504,083. 7,189,153.	<u>18,395,279.</u> 6,987,037.						
let ⊿ ind	21 ⊺										
_	-	Net assets or fund balances. Subtract line 21 from line 20		11,314,930.	11,408,242.						

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	Signature of officer		Date
Here	THOMAS WRINN, CFO		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid			self-employed
Preparer	Firm's name 🕒 LUMSDEN & MCCORM	ICK, LLP	Firm's EIN 🕨
Use Only	Firm's address 💊 403 MAIN ST. SUI	FE 430	
	BUFFALO, NY 14203	3	Phone no. (716)856-3300
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No
	and 1114 For Densmuterly Deduction Act Natio	a and the several instructions	

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

rai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: OUR MISSION: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO
	IMPROVE COMMUNITY WELL BEING. OUR VISION: WE ARE A WORLD CLASS
	ORGANIZATION TRANSFORMING QUALITY OF LIFE IN OUR COMMUNITY. OUR
	VALUES: SERVICE,
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes 🛛
	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 \$) (Re
	AGENCIES
	AGENCIES
4b	(Code:) (Expenses \$ 2,410,521. including grants of \$ 1,670,225.) (Revenue \$ GRANT PROGRAMS AND INITIATIVES - THESE PROGRAMS ARE AIMED AT PROVIDIN
	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND
	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND
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	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
4c	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
4c	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND         INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
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	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
4d	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
4d	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED. (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". Other program services. (Describe in Schedule 0.) (Expenses \$ 1,506,370. including grants of \$ )(Revenue \$ ) Total program service expenses ▶ 12,764,263. Form 990

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 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 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 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide 9 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or guasi-endowments? 10 If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D. Parts VI, VIII, IX, or X 11 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 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 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 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII **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 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? **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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization 15 or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 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 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

### UNITED WAY OF BUFFALO AND ERIE COUNTY

If "Yes," complete Schedule A

Is the organization required to complete Schedule B, Schedule of Contributors?

public office? If "Yes," complete Schedule C, Part I

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for

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Form 990 (2010)

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3

operate one or more hospitals must attach audited financial statements (see instructions)

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note, Some Form 990 filers that

Is the organization	described in	section 501(c	)(3) or 4947(a	a)(1) (other tha	n a private	foundation)?

**Checklist of Required Schedules** 

16-0743969

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11a

11b

11c

11d

11e

11f

12a

12b

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Yes

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Form 99

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Part IV

Form 990 (2010)

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UNITED	WAY	OF	BUFFALO	AND	ERIE	COUNTY

Pa	rt IV Checklist of Required Schedules (continued)			5
			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? If "Yes," complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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? If "Yes," complete			
	Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			37
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
<b>0</b> -	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<b>c</b> -		v
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>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?		х	
	Note. All Form 990 filers are required to complete Schedule O	38	Δ	

Form **990** (2010)

4

	(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 retu	rns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	ıs)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		Х
b	If "Yes," enter the name of the foreign country:					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action	)	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribu					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices p	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		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	/as rec	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D					
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	L	
10	Section 501(c)(7) organizations. Enter:		1			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	I			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	?	12a		
	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.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
-	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c		4.6		v
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х

### UNITED WAY OF BUFFALO AND ERIE COUNTY Statements Regarding Other IRS Filings and Tax Compliance

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Check if Schedule O contains a response to any question in this Part V

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

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0

1a

1b

Yes

No

Form 990 (2010)

14b

032005 12-21-10

Form 990 (2010) Part V

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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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# UNITED WAY OF BUFFALO AND ERIE COUNTY

16-0743969 Page 6 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 instruction	S.			
	Check if Schedule O contains a response to any question in this Part VI				X
Sec	tion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervise				
	of officers, directors or trustees, or key employees to a management company or other person?		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		Х
6	Does the organization have members or stockholders?		6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the				
	governing body?		7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	·····	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
	by the following:				
	The governing body?		8a	X	
	, , , , , , , , , , , , , , , , , , , ,	·····	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				v
0	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			V	
10-		г	10-	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	r r	10a		<u>л</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliat and branches to ensure their operations are consistent with those of the organization?		10b		
110	and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		11a	х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		114		
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		120		
	to conflicts?		12b	х	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		12.0		
-	in Schedule O how this is done		12c	х	
13	Does the organization have a written whistleblower policy?		13	Х	
14	Does the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independer				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?		16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation of the organization	ation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's				
	exempt status with respect to such arrangements?		16b		
<u>Sec</u>	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$				
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 <sup>1</sup>	for		
	public inspection. Indicate how you make these available. Check all that apply.				
	X Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	t policy, an	d fina	incial	
	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 $(716) - 887 - 2626$	e organizat	ion: 🕨	►	
	THOMAS WRINN - (716)-887-2626 742 DELAWARE AVENUE, BUFFALO, NY 14209				
	172 DELAWANE AVENUE, DUFFALU, NI 14207		Form	000	(2010)
03200				330	(2010)

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#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** Check if Schedule O contains a response to any question in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable

compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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)	(B)			(C				(D)	(E)	(F)
Name and Title	Average hours per	(cł		Posi all t		app	ly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CAREY ANDERSON										_
DIRECTOR	1.00	Х						0.	0.	0.
TINA BATTISTONI									_	_
DIRECTOR	1.00	Х						0.	0.	0.
STEPHEN BELL									_	_
DIRECTOR	1.00	Х						0.	0.	0.
JOHN CHRISTOPHER										
DIRECTOR	1.00	Х						0.	0.	0.
ROGER COMINSKY										
DIRECTOR	1.00	Х						0.	0.	0.
KEVIN DONOVAN										
DIRECTOR	1.00	Х						0.	0.	0.
TIMOTHY DOOLITTLE										
DIRECTOR	1.00	Х						0.	0.	0.
STEVE FINCH										
DIRECTOR	1.00	Х						0.	0.	0.
MICHAEL HOFFERT										
DIRECTOR	1.00	Х						0.	0.	0.
PETER HUNT										
DIRECTOR	1.00	Х						0.	0.	0.
MICHAEL KEATING										
DIRECTOR	1.00	Х						0.	0.	0.
KATHLEEN LAWLEY-BEST										
DIRECTOR	1.00	Х						0.	0.	0.
JAY MCWATTERS										
TREASURER	1.00	Х		Х				0.	0.	0.
GRACE MUNSCHAUER										
DIRECTOR	1.00	Х						0.	0.	0.
JUDGE JEANETTE OGDEN										
DIRECTOR	1.00	Х						0.	0.	0.
PETER SPIRA										
DIRECTOR	1.00	Х						0.	0.	0.
ROBERT STEVENSON										
DIRECTOR	1.00	Х						0.	0.	0.

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Form 990 (2010)

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UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969 Page 8

Part VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	oyee	s, a	and I	High	est	Compensated Employ	ees (continued)			
(A) (B)					C)			(D)	(E)		(F)	
Name and title	Average				sitior			Reportable	Reportable	Es	stimate	ed
	hours per	(cl	neck	all	that	app	ly)	compensation	compensation		nount	
	week (describe	ctor						from the	from related organizations		other pensa	
	hours for	r dire				ted		organization	(W-2/1099-MISC)		om th	
	related	stee o	rustee			pensa		(W-2/1099-MISC)	(		anizat	
	organizations	ual tru	onal t		ployee	t com ee					d relat	
	in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anizati	ions
ROBERT ZAK			_	0	×					├──		
CHAIR	1.00	x		х				0.	0.			0.
RICH MCCARTHY								•••		<u> </u>		
DIRECTOR	1.00	х						0.	0.			0.
D. ERIC POGUE												
DIRECTOR	1.00	х						0.	0.			0.
JAMES WALLESHAUSER	1 00								0			•
DIRECTOR	1.00	Х			-			0.	0.	┣—		0.
JEREMY BECK DIRECTOR	1.00	x						0.	0.			0.
JIM CIROLI	1.00					$\vdash$		0.	•			0.
DIRECTOR	1.00	x						0.	0.			0.
HOWARD COHEN												
DIRECTOR	1.00	х						0.	0.			0.
DENNIS EISENBECK												
DIRECTOR	1.00	Х						0.	0.	<u> </u>		0.
LUANNE KINGSTON	1 00	v						0.	0			0
DIRECTOR	1.00	Λ						0.	0.	┝──		0.
1b Sub-total c Total from continuation sheets to Part VI								358,016.	0.		9 2	23.
d Total (add lines 1b and 1c)								358,016.	0.		$\frac{5}{9}, 2$	
2 Total number of individuals (including but n						e) wł	no re	-		L		
compensation from the organization						-,			,000			2
¥ ¥ ¥											Yes	No
3 Did the organization list any <b>former</b> officer,	director or tru	stee	, key	/ en	nplo	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	Х	
5 Did any person listed on line 1a receive or a					-			-		-		x
rendered to the organization? <i>If</i> "Yes," <i>com</i> Section B. Independent Contractors	piele Schedul	eji	Ur st	ICH	pers	SOIT .				5		<u> </u>
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	cont	racto	ors t	hat received more than	\$100.000 of compens	ation f	from	
the organization. NONE	•	•										
(A)								(B)		(0		
Name and business	address						_	Description of s	ervices (	Compe	nsatio	n
							-					
• Total number of independent contract. "	المعامم المع	ot "		4 + -	. سالم	oc "			are then			
<ol> <li>Total number of independent contractors (ii \$100,000 in compensation from the organiz</li> </ol>	e e	iut II	nite	u 10		se II: 0	sied	above) who received m	lore than			
SEE PART VII, SECTION		r I I	JUZ	AT:		-	SHI	EETS		Form	<b>990</b> (	2010)
032008 12-21-10											```	/

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UNITED WAY OF BUFFALO AND ERIE COUNTY

16-0743969

Section A. Officers, Directors, Ir	ustees, Key Ei	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A)	(B)			(0	C)			(D)	(E)	(F)	
Name and title	Average				ition			Reportable	Reportable	Estimated	
	hours	(cl	heck	all	that	app	ly)	compensation	compensation	amount of	
	per							from	from related	other	
	week	or				oloyee		the organization	organizations (W-2/1099-MISC)	compensation from the	
		direct				d em		(W-2/1099-MISC)	(1033-10130)	organization	
		se or	stee			nsate		(** 2/1000 10100)		and related	
		trust	al tru		yee	admo				organizations	
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ler			C	
		Indiv	Insti	Officer	Key	High	Former				
EILEEN MORGAN											
DIRECTOR	1.00	х						0.	0.	0.	
SCOTT NOSTAJA											
DIRECTOR	1.00	х						0.	0.	0.	
BRIDGET QUINN CAREY											
DIRECTOR	1.00	х						0.	Ο.	0.	
FLORENCE TRIPI											
DIRECTOR	1.00	x						0.	Ο.	0.	
MICHAEL WEINER										•••	
PRESIDENT	40.00			х				174,817.	Ο.	720.	
THOMAS WRINN	10000							_/_/0_//		,200	
CHIEF FINANCIAL OFFICER	40.00			х				78,222.	0.	0.	
JAMES MORGAN	40.00							10,222.	•	0.	
CHIEF OPERATING OFFICER	40.00			х				104,977.	0.	8,503.	
	40.00			Δ				101,577.	•	0,505.	
						L					
	•	•	•								
								358,016.		9,223.	

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Form 990 (2010	D)	U	NITED
Part VIII	Statement	of	Revenue

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1 4					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function	<b>(C)</b> Unrelated business	<b>(D)</b> Revenue excluded from tax under
						revenue	revenue	sections 512, 513, or 514
t t	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues						
s, g		Fundraising events						
ar		Related organizations	1d					
inil S		Government grants (contribut		,910.				
rtio S s	f	All other contributions, gifts, gran						
ibu		similar amounts not included abo	ve <b>1f 1314</b> 4	1034.				
nt o	g	Noncash contributions included in lines	1a-1f: \$					
٩Ω	h	Total. Add lines 1a-1f	<u></u>	🕨	14649944.			
			Busine	ess Code				
e Ce	2 a							
Program Service Revenue	b							
n S ent	С							
Rev	d							
roc	е							
•	f	All other program service reve						
_	g							
	3	Investment income (including			22 121			22 121
		other similar amounts)			23,131.			23,131.
	4	Income from investment of ta						
	5	Royalties						
	•	Over a Dante		ersonal				
	6 a							
	b							
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of						
	<i>i</i> a	assets other than inventory	(i) Securities (ii) (	Other				
	h	Less: cost or other basis						
	b	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
ø		Gross income from fundraisin						
	• -	including \$	-					
Other Revenu		contributions reported on line						
تد ۳		Part IV, line 18						
the	b	Less: direct expenses						
0		Net income or (loss) from fund		🕨				
	9 a	Gross income from gaming ac	tivities. See					
		Part IV, line 19						
	b	Less: direct expenses						
	с	Net income or (loss) from gam	ing activities	🕨				
	10 a	Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold	b					
ļ	с	Net income or (loss) from sale	s of inventory	🕨				
		Miscellaneous Revenu		ess Code				
	11 a	MISCELLANEOUS	900	)099	11,456.			11,456.
	b							
	С							
	d							
	е	Total. Add lines 11a-11d			11,456.			
03200	<b>12</b>	Total revenue. See instructions.		🕨	14684531.	0.	0.	
03200 12-21	10							Form <b>990</b> (2010)

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UNITED WAY OF BUFFALO AND ERIE COUNTY

	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).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) 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										
7	Other salaries and wages	2,340,023.	1,494,239.	218,234.	627,550.						
8	Pension plan contributions (include section 401(k)	2,510,023.	-,-,-,200	210,2040	021,0000						
5	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):		.,	.,							
	Management										
	Legal										
	Accounting										
	Lobbying										
е	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											
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 0.)										
	EQUIP RENTAL AND MAINT	171,170.	140,932.	5,883.	24,355.						
a h	MISCELLANEOUS	19,704.	14,925.	671.	4,108.						
0	MEMBERSHIP DUES	16,072.	11,377.	2,907.	1,788.						
с Ь	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 ► if following SOP										
_0	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				<b>600</b> (0010)						

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Form 990 (2010)

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Form 990 (2010)

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Total liabilities and net assets/fund balances

Total net assets or fund balances

# UNITED WAY OF BUFFALO AND ERIE COUNTY

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Pa	rt X	Balance Sheet					
	-				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	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, d	irectors, t	rustees, key			
		employees, and highest compensated employe	es. Comp	olete Part II			
		of Schedule L				5	
	6	Receivables from other disqualified persons (as	defined	under section			
		4958(f)(1)), persons described in section 4958(d	c)(3)(B), ai	nd contributing			
		employers and sponsoring organizations of sec					
G		employees' beneficiary organizations (see instru	uctions)			6	
Assets	7	Notes and loans receivable, net				7	
As	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		6 504 000			
		basis. Complete Part VI of Schedule D	10a	6,731,908.			
	b	Less: accumulated depreciation		3,965,407.	2,907,727.		2,766,501.
	11	Investments - publicly traded securities			39,832.	11	43,481.
	12	Investments - other securities. See Part IV, line			2,226,040.	12	2,767,434.
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			540,154.	15	831,445. 18,395,279.
	16	Total assets. Add lines 1 through 15 (must equ			18,504,083. 923,007.	16	626,611.
	17	Accounts payable and accrued expenses			4,948,473.	17	4,581,008.
	18	Grants payable			625,964.	18	770,392.
	19	Deferred revenue			023,904.	19	110,392.
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability. Complete				21	
iliq	22	Payables to current and former officers, directo highest compensated employees, and disqualif					
Lia			-			22	
	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities. Complete Part X of Schedule D			691,709.	25	1,009,026.
	26	Tetel liebilities Add lines 17 through 05			7,189,153.	26	6,987,037.
		Organizations that follow SFAS 117, check h		X and complete	· · ·		
ŝ		lines 27 through 29, and lines 33 and 34.	-				
ő	27	Unrestricted net assets			6,606,043.	27	6,763,605.
ala	28				4,693,887.	28	4,629,637.
Б	29			<u></u>	15,000.	29	15,000.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, or					
P		complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or e				31	
et /	32	Retained earnings, endowment, accumulated in	ncome, or	other funds		32	
z	22	Total not aposto as fund balances			11 314 930	22	11 408 242

18,395,279. Form 990 (2010)

11,408,242.

33

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11,314,930.

18,504,083.

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2010.05020 UNITED WAY OF BUFFALO AND E B0-01101

Form	990 (2010) UNITED WAY OF BUFFALO AND ERIE COUNTY	16-	-0743	969	Pa	ge <b>12</b>
Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,68		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	,56		
3	Revenue less expenses. Subtract line 2 from line 1	3				15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	,31		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				03.
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	,40	8,2	42.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990:					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			l
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (	).			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			l
	Act and OMB Circular A-133?			3a	Х	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			ĺ
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	Х	
				Form	<b>990</b> (	2010)

032012 12-21-10

	DULE A 90 or 990-EZ)	Public Charity Status and Public Support									OMB No. 1545-0047	
Department c Internal Reve	of the Treasury nue Service		te if the organization is 4947(a)(1) no tach to Form 990 or Fo	onexempt	charitabl	e trust.				Open to Inspe		ic
Name of t	the organizati				-	•			mployer ic	dentificati	on nu	mber
	-	UNITED	WAY OF BUFFA	LO AN	D ERI	E COU	NTY		16	-0743	969	
Part I	Reason		ity Status (All organiz					tructions.		• · • •		
The organ			because it is: (For lines 1									
1		-		-		-	-	).				
2	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i)</b> . A school described in <b>section 170(b)(1)(A)(ii)</b> . (Attach Schedule E.)											
3			tal service organization of		in section	170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	i). Enter th	e hospital	's nam	ne.
•	city, and stat				.p.10. 0000			(~//·//·//·	.,	ie neepnaa		,
5			benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental un	t describe	d in		
•		(b)(1)(A)(iv). (Comple		involoity of		solutod by	u govenn			a m		
6			ent or governmental unit	describer	d in <b>sectio</b>	n 170(b)(·	1)( <b>Δ</b> )(v)					
7 X			eives a substantial part of					or from the	aeneral n	ublic desc	rihed i	in
,		b)(1)(A)(vi). (Comple		or its supp	ont nonn a	governine			general p		nocu	
8			ection 170(b)(1)(A)(vi).	Complete	Part II )							
9	•		eives: (1) more than 33 1		-	rom contri	butions m	nemhershi	n fees and	d aross rea	nointe	from
•			nctions - subject to certa									
		•	axable income (less sect			,			• •	-		
		509(a)(2). (Complete						y the erge	anzation a		, 101	0.
10			perated exclusively to test	st for publ	ic safety s	See sectio	n 509(a)(4	1)				
11	-		perated exclusively for th	-	•			-	v out the r	nurnoses c	of one	or
	•	•	itions described in section		•				• •	•		01
			organization and comple				_). 000 <b>00</b>				that	
	a Type I				e III - Func		tearated		d 🗌	Type III - C	Other	
e 🗌			t the organization is not				•	r more dis		• •		'n
• <u> </u>			han one or more publicly									
f			ten determination from t							000011000	(u)(L).	
•		ganization, check th										
g		•	rganization accepted an									
3	-		irectly controls, either al			•					Yes	No
			· · · · · · · ·							11g(i)	100	
	0	0 ,	described in (i) above?							11g(ii)		
			person described in (i) of							11g(iii)		
h	. ,		about the supported or	.,								L
				gamzation	(0).							
(i) Nomo	of our ported	(ii) EIN	(iii) Type of	(iv) Is the o	organization	( <b>v</b> ) Did vo	i notify the	(vi)  s	the	(vii) Arr	ount o	.f
	organization in col. (i) listed in your organization in col.								11			
orge	amzation		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	(i) organiz U.S	.?	oup	pon	
			(see instructions))	Yes	No	Yes	No	Yes	No			
			, ,,									
								<u> </u>	+			
								<u> </u>	+			
								<u> </u>	+			

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LHA For Paperwork Reduction Act Notice, see the Instructions for

Total

Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2010

# Schedule A (Form 990 or 990-EZ) 2010 UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969 Page 2

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	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)						
	Public support. Subtract line 5 from line 4.						68036955.
	tion B. Total Support			1	1		
	ndar year (or fiscal year beginning in) 🕨	(a)2006 14409879.	(b) 2007	(c)2008	(d) 2009	(e)2010 14649944.	(f) Total 68036955.
	Amounts from line 4	14409079.	13044143.	12925495.	12407492.	14049944.	00030955.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	249,917.	256,542.	107,329.	25,928.	23,131.	662,847.
	and income from similar sources	249,917.	230,342.	107,329.	43,948.	<u> </u>	002,04/.
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	706.	493.	21,054.	41,056.	11,456.	74,765.
	assets (Explain in Part IV.) Total support. Add lines 7 through 10	700.	495.	21,034.	41,050.		68774567.
	Gross receipts from related activities						,385,596.
	First five years. If the Form 990 is fo		,	d fourth or fifth t			,505,550.
13	organization, check this box and sto	-					
Sec	ction C. Computation of Public	lic Support Pe	rcentage				
	Public support percentage for 2010 (			column (f))		14	98.93 %
	Public support percentage from 2009					15	98.76 %
	33 1/3% support test - 2010.If the c					ore, check this bo	
	stop here. The organization qualifies	-					►X
b	33 1/3% support test - 2009. If the c						is box
	and stop here. The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization		
b	10% -facts-and-circumstances tes	<b>t - 2009.</b> If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part IV how the	e
	organization meets the "facts-and-cir	cumstances" test.	The organization of	qualifies as a publi	icly supported orga	anization	▶∐
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	ıs ▶∟
					Sche	edule A (Form 990	or 990-EZ) 2010

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# 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) 🕨	<b>(a)</b> 2006	<b>(b)</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 per-						
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge						
<ul> <li>6 Total. Add lines 1 through 5</li> <li>7a Amounts included on lines 1, 2, and</li> </ul>				+		
3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received		1	1			1
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>(b)</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>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
<b>c</b> 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, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) organi	zation,
						▶∟
Section C. Computation of Publi						
<b>15</b> Public support percentage for 2010 (li					15	9
16 Public support percentage from 2009					16	9
Section D. Computation of Inves					- i i	
17 Investment income percentage for 20					17	0
<b>18</b> Investment income percentage from 2					18	0
19a 33 1/3% support tests - 2010. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2009. If the						
line 18 is not more than 33 1/3%, che						·
20 Private foundation. If the organization	n did not check a	box on line 14, 1	9a, or 19b, check			<b>&gt;</b>
032023 12-21-10			1.0	Sc	hedule A (Form 99	90 or 990-EZ) 201
			16			

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# Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

#### Name of the organization

U	NITED WAY OF BUFFALO AND ERIE COUNTY	16-0743969								
Organization type (check one):										
Filers of:	Section:									
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization									
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

**X** 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.

J 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)

Schedule B	(Form	990,	990-EZ,	or	990-PF	) (20	10
------------	-------	------	---------	----	--------	-------	----

# Name of organization

Page 1 of 1 of Part I

Employer identification number

16-0743969

# UNITED WAY OF BUFFALO AND ERIE COUNTY

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	- \$ <u>824,357.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	UNITED STATES - DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW, ROOM 4C138 WASHINGTON, DC 20202	- \$\$475,786.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- _ \$	Person Payroll Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- _ \$	Person Payroll On Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occupient Payroll Payroll Complete Part II if there is a noncash contribution.)
023452 12-23	<sup>3-10</sup> 18	Schedule B (FOIM	330, <del>33</del> 0-62, 01 330-PF) (2010)

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Page of of Part II

Employer identification number

16-0743969

# UNITED WAY OF BUFFALO AND ERIE COUNTY

Part II	Noncash Property (see instructions)		r
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
1 art 1			
		\$	
(a) No.	(1-)	(c)	الد /
from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
(a) No.	"	(c)	( ))
from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I			
		<u> </u>	
		 \$	

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Employer identification number

(b) Purpose of gift	formation once. See instructions.) (c) Use of gift		scription of how gift is held				
	(e) Transfer of gif	 t					
Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
	(e) Transfer of gif	 t					
Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
(e) Transfer of gift							
Transferee's name, address, a	and ZIP + 4	Relationship of tr	ansferor to transferee				
(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
Transferee's name, address, a	gift Relationship of transferor to transferee						
	(b) Purpose of gift (b) Purpose of gift	(e) Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gif	(e) Transfer of gift         Transferee's name, address, and ZIP + 4         Relationship of tr         (b) Purpose of gift         (c) Use of gift         (d) Dest         (e) Transfer of gift         (e) Transfer of gift         (f) Purpose of gift         (c) Use of gift         (e) Transfer of gift         (f) Purpose of gift         (g) Transfer of gift         (h) Purpose of gift         (g) Transfer of gift         (h) Purpose of gift         (h) Pu				

### (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

Nam	e of the organization UNITED WAY OF BUFFA	ALO AND ERIE COUNTY	Em	ployer identification number 16-0743969
Pa			or Acco	
	organization answered "Yes" to Form 990, Part IV, line			
		(a) Donor advised funds	(b) Fu	nds 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			
5	Did the organization inform all donors and donor advisors in w	•	d funds	
	are the organization's property, subject to the organization's e	-		X Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or		-	
	impermissible private benefit?			X Yes 🗆 No
Pa				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of an hist	orically imp	ortant land area
	Protection of natural habitat	Preservation of a certif	ied historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form c	of a conserv	ation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organizatic	on during the tax
	year 🕨			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, a			
7	Amount of expenses incurred in monitoring, inspecting, and e			\$
8	Does each conservation easement reported on line 2(d) above	• • •		
				Ves Vo
9	In Part XIV, describe how the organization reports conservation		-	
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes the	ne organiza	ation's accounting for
Pa	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Simi	lar Assets
ľu	Complete if the organization answered "Yes" to Form 9			
10	If the organization elected, as permitted under SFAS 116 (AS		ont and ha	lance sheet works of art
Ia	historical treasures, or other similar assets held for public exh	,, 1		
	the text of the footnote to its financial statements that describ			c service, provide, intratt Arv,
b	If the organization elected, as permitted under SFAS 116 (AS		and halanc	e sheet works of art historica
	treasures, or other similar assets held for public exhibition, ed			
	relating to these items:		10 001 100,	provide the following amount
	(i) Revenues included in Form 990, Part VIII, line 1			\$
				\$\$
2	If the organization received or held works of art, historical trea			
-	the following amounts required to be reported under SFAS 11		Jan 1, p. 0 11	
а	Revenues included in Form 990, Part VIII, line 1		►	\$
b	Assets included in Form 990, Part X			\$
	,		····· •	
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2010
03205 12-20-	10			. ,

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Sche	dule D (Form 990) 2010 UNITED	WAY OF BUFI	FALO AND E	RIE CO	UNTY	16-0	743969	Page <b>2</b>
Par	t III   Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, o	or Other	Similar As	<b>sets</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	it are a sigi	nificant use of i	its collection it	ems
	(check all that apply):							
а	Public exhibition	d		hange progra				
b	Scholarly research	е	U Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explair	how they further t	he organizati	on's exem	pt purpose in F	Part XIV.	
5	During the year, did the organization solicit of					r		
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		te if the organizatio	on answered	"Yes" to Fe	orm 990, Part l	V, line 9, or	
<u> </u>	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custod					Г	[	
_	on Form 990, Part X?					l	Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fol	lowing table:					
							Amount	
	Beginning balance							
	Additions during the year							
e	Distributions during the year					1 1		
T O-	Ending balance					1f	N <sub>a</sub> a	
	Did the organization include an amount on F		21?			L	Yes	No
Par	If "Yes," explain the arrangement in Part XIV. <b>t V</b> Endowment Funds. Complete i		word "Voc" to Eo	rm 000 Part	IV line 10			
I UI		(a) Current year	(b) Prior year	(c) Two year		I) Three years ba	ck (e) Four ye	ars hack
10	Beginning of year balance	540,154.	231,933.		1,933.		en (e) rourye	
h	Contributions	291,291.	308,221.		-,			
с С	Net investment earnings, gains, and losses	,	,		-			
	Grants or scholarships				-			
	Other expenditures for facilities				-			
C								
f	Administrative expenses							
	End of year balance	831,445.	540,154.	23	1,933.			
2	Provide the estimated percentage of the yea	,	,		, -			
	Board designated or quasi-endowment		%					
	Permanent endowment	%						
		/0 %						
	Are there endowment funds not in the posse		tion that are held a	nd administe	ered for the	organization		
	by:	5				3	Ye	es No
	(i) unrelated organizations						3a(i)	X
	<b>(11)</b>						a (11)	X
b	If "Yes" to 3a(ii), are the related organizations							
4	Describe in Part XIV the intended uses of the						<u> </u>	
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	, Part X, line 10.					
	Description of investment	(a) Cost or ot	her (b) Cost	or other	(c) Acc	umulated	(d) Book v	alue
		basis (investm	nent) basis	(other)	depr	eciation		
1a	Land			8,930.				930.
	Buildings		3,65	9,342.	1,20	65,234.	2,394,	108.
	Leasehold improvements							
	Equipment		2,91	3,636.	2,70	00,173.	213,	463.
e	Other							
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	X, column (B), line 1	10(c).)			2,766,	501.
		<b></b>				Sahadi	ule D (Eorm 9	001 20 10

Schedule D (Form 990) 2010

032052 12-20-10

10221216 783816 B0-0118-00

Schedule D (Form 990) 2010 UNITED WAY	OF BUFFALO AN	D ERIE COUNTY	16-0743969 Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12		
(a) Description of security or category		(c) M	ethod of valuation:
(including name of security)	(b) Book value	Cost or er	nd-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)			
(1)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	2,767,434.		
Part VIII Investments - Program Related. Si		3	
			ethod of valuation:
(a) Description of investment type	(b) Book value		nd-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		
	Description		(b) Book value
	Description		
(1)(2)			
(2)			
(3)			
<u>(4)</u>			
(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,			
(a) Description of lightlifty		(b) Amount	
(1) Federal income taxes (2) ACCRUED POSTRETIREMENT BE	NEFTT		
		281,000.	
(4) ACCRUED PENSION LIABILITY		728,026.	
		720,020.	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11) <b>T</b> + (Octomer (b) must served Form 000, Port V, and (D) line	. 05.)	1,009,026.	
Total. (Column (b) must equal Form 990, Part X, col (B) line	יר∠י <b>ו</b> ר∠י	1,UUJ,U40.	
FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to			ilability for uncertain tax positions under
<b>2.</b> FIN 48 (ASC 740).			
<ul> <li>Fin 48 (ASC 740) Footnote. In Part Xiv, provide the text of the footnote to</li> <li>Call Fin 48 (ASC 740).</li> <li>032053</li> <li>12-20-10</li> </ul>			liability for uncertain tax positions under Schedule D (Form 990) 2010

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Sche	dule D (Form 990) 2010 UNITED WAY OF BUFFALO AND	ERIE	COU	NTY	-	16-	0743969	Page <b>4</b>
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audit	ed Fir	nancial S	tate	men	ts	
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)						14,564	,716.
3	Excess or (deficit) for the year. Subtract line 2 from line 1						119	,815.
4	Net unrealized gains (losses) on investments						80	,939.
5	Donated services and use of facilities							
6	Investment expenses							
7	Prior period adjustments							
8	Other (Describe in Part XIV.)						-107	,442.
9	Total adjustments (net). Add lines 4 through 8			9				,503.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9		10			93	,312.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme		ith Re	venue p	er Re	eturr		
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:				ſ			
а	Net unrealized gains on investments	2a		80,93	39.			
b	Donated services and use of facilities	2b						
с	Recoveries of prior year grants							
d	Other (Describe in Part XIV.)							
е	Add lines <b>2a</b> through <b>2d</b>					2e	80	<u>,939.</u>
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:				- [			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b	3,	461,48	30.			
с	Add lines 4a and 4b					4c	3,461	<u>,480.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	14,684	,531.
Par	t XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith E	xpenses	per	Retu		
1	Total expenses and losses per audited financial statements					1	11,103	<u>,236.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
с	Other losses	2c						
d	Other (Describe in Part XIV.)	2d						-
е	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1					3	11,103	<u>,236.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-					
b	Other (Describe in Part XIV.)	4b	3,	461,48	30.			
с	Add lines 4a and 4b					4c	3,461	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	14,564	,716.
Pa	t 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 D (Form 990) 2010

032054 12-20-10

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Schedule D (Form 990) 2010 Part XIV Supplemental	UNITED	WAY OF	BUFFALO	AND	ERIE	COUNTY	16-0743969	Page 5
RECLASS OF DONOR								
032055							Schedule D (Form 9	90) 2010
032055 12-20-10			25					

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SCHEDULE I									OMB No. 15	545-0047
(Form 990)				Other Assistances, and Individuals	-				<b>20</b> <sup>-</sup>	10
Department of the Treasury		Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.								
Internal Revenue Service				Attach to For	m 990.				Inspec	ction
Name of the organizat		Y OF BUFF	ALO AND ERI	E COUNTY				Employer id	dentificatio 16-074	
Part I General I	nformation on Grants a									
1 Does the organiz	zation maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibili	ty for the grants or ass	istance, and the selec	tion		
criteria used to a	award the grants or assi	stance?	<b>.</b>			, ,			X Yes	🗌 No
	IV the organization's pro									
Part II Grants an	nd Other Assistance to	Governments an	d Organizations in the	e United States. C	complete if the org	anization answered "Y	es" to Form 990, Part	IV, line 21, f	or any	
recipient t	hat received more than	\$5,000. Check thi	s box if no one recipier	nt received more th	nan \$5,000. Part I		additional space is nee	eded		
	ddress of organization vernment	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		urpose of g r assistance	
AFRICAN AMERICAN INC 350 MASTEN BUFFALO, NY 14209	N AVENUE -	16-0920652	501(C)(3)	46,000.	0.			PROGRAM F	UNDING	
AMERICAN RED CROS BUFFALO CHAPTER - AVENUE - BUFFALO,	- 786 DELAWARE	53-0196605	501(C)(3)	247,000.	0.			PROGRAM F	UNDING	
BACK TO BASICS OU 1370 WILLIAM STRE BUFFALO, NY 14206	EET	16-1509888	501(C)(3)	40,000.	0.			PROGRAM F	UNDING	
BE A FRIEND PROGE 85 RIVER ROCK DRI BUFFALO, NY 14207	IVE, SUITE 107	16-1106399	501(C)(3)	45,000.	0.			PROGRAM F	UNDING	
BELMONT SHELTER ( 1195 MAIN STREET BUFFALO, NY 14209	-	16-1080227	501(C)(3)	39,500.	0.			PROGRAM F	UNDING	
BOYS AND GIRLS CI INC 282 BABCOC BUFFALO, NY 14210	CK STREET -	16-0849516	501(C)(3)	200,000.	0.			PROGRAM F	UNDING	
2 Enter total numb	per of section 501(c)(3) a	and government o	rganizations					▶		110.
	per of other organization									0.
		and the lands of						0.1.1		

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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> 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
OVE AND CIDIE CIUD OF MUE							
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
	10 0700700						
BUFFALO FEDERATION OF NEIGHBORHOOD							
CENTERS INC. (BFNC) - 97 LEMON							
STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	172,000.	0.			PROGRAM FUNDING
SUFFALO PRENATAL PERINATAL SERVICES – 625 DELAWARE AVENUE –							
SERVICES - 625 DELAWARE AVENUE - BUFFALO, NY 14202	16-1302764	501(C)(3)	27,000.	0.			PROGRAM FUNDING
5077A10, NI 14202	10 1302704	501(0/(5/	27,000.	0.			I KOGKAH FONDING
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	16-0743251	501(C)(3)	284,000.	0.			PROGRAM FUNDING
BUFFALO, NY 14209	10-0743251	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 -							
SUFFALO, NY 14202	16-1004825	501(C)(3)	523,000.	0.			PROGRAM FUNDING
CHILD CARE RESOURCE NETWORK							
.000 HERTEL AVENUE							
BUFFALO, NY 14216	22-2916451	501(C)(3)	18,000.	0.			PROGRAM FUNDING
, , ,	I	1	, .	· · · · · · · · · · · · · · · · · · ·		1	Schodulo I (Form

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# 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> 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	10 1101202	501(0)(0)					
THE UPPER WEST SIDE - 286							
LAFAYETTE AVENUE - BUFFALO, NY							
14213	16-0981256	501(C)(3)	12,000.	0.			PROGRAM FUNDING
		1	,				
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	10 0550222	501(0)(3)					
YORK INC. (DAS) - 2495 MAIN							
STREET, SUITE 446 - BUFFALO, NY							
14214	16-1433932	501(C)(3)	25,000.	0.			PROGRAM FUNDING
				<b>.</b>			
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
BOILUND, NI 17202	10 1100102	501(0/(5/	02,000.	۰.			I TOOLAH TOIDING

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# 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMILY JUSTICE CENTER OF ERIE							
COUNTY - 237 MAIN STREET 14TH							
FLOOR - BUFFALO, NY 14203	20-2250813	501(C)(3)	125,000.	0.			PROGRAM FUNDING
ATEWAY-LONGVIEW, INC.							
505 NIAGARA STREET							
BUFFALO, NY 14201	16-0743081	501(C)(3)	33,000.	0.			PROGRAM FUNDING
GIRL SCOUTS OF WESTERN NEW YORK							
3332 WALDEN AVENUE	10 07 42000	F01(0)(2)	<b>CO</b> 000				
DEPEW, NY 14043	16-0743096	DUT(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
JOFFALO, NI 14214	10-0709044	501(0/(3/	17,000.	0.			FROGRAM FONDING
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
BOFFAIO, NI 14203-2033	10-0743052		40,000.	υ.		l	Schodulo L (For

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# 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERICHO ROAD MINISTRIES							
L84 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.	٥.			PROGRAM FUNDING
KING UPPIN LIPE COMPONING							
KING URBAN LIFE CENTER INC.							
938 GENESEE STREET	16 1226410	501 ( 2) ( 2)					
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
Borrindo, NI 14203 2720	10 1303330	501(0/(5/	10,000.				
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
T. 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	1.0000000	F01 ( ( ) ( ) )		_			
BUFFALO, NY 14206	160959060	501(C)(3)	6,000.	0.			PROGRAM FUNDING

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#### UNITED WAY OF BUFFALO AND ERIE COUNTY 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> 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.	Ο.			PROGRAM FUNDING
NEIGHBORHOOD LEGAL SERVICES INC.							
237 MAIN STREET, SUITE 400	54 0400005	501 ( 7) ( 2)	100.000				
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,	16 1060160	F01(a)(2)	27.000	0			
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.	٥.			PROGRAM FUNDING
VALLEY COMMUNITY ASSOCIATION							
93 LEDDY STREET	10 0004704	F01(G)(2)	01.000	_			
BUFFALO, NY 14210	16-0964724	PUI(C)(3)	91,000.	0.			PROGRAM FUNDING Schedule I (For

# 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> 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
ESTSIDE NEIGHBORHOOD HOUSING							
SERVICES - 359 CONNECTICUT STREET							
- BUFFALO, NY 14213	16-1167946	501(C)(3)	20,000.	0.			PROGRAM FUNDING
WCA OF WNY 1005 grant street, suite 3							
BUFFALO, NY 14207-2840	16-0743243	501(C)(3)	22,000.	0.			PROGRAM FUNDING
BOFFALO, NI 14207-2040	10-0745245	501(0/(3)	22,000.	0.			FROGRAM FONDING
AFL-CIO EMERGENCY SERVICES							
742 DELAWARE AVENUE							
BUFFALO, NY 14209	16-0743969	501(C)(3)	30,000.	0.			PROGRAM FUNDING
CATHOLIC CHARITIES OF BUFFALO							
741 DELAWARE AVENUE							PROGRAM FUNDING - CTG
BUFFALO, NY 14209	16-0743251	501(C)(3)	70,000.	0.			PROGRAM MANAGER
CENTRAL REFERRAL SERVICE 1170 MAIN STREET							
BUFFALO, NY 14209	16-1242695	501(C)(3)	42,440.	0.			211 PROJECT
50FFALO, NI 14205	10-1242095	501(0/(3)	42,440.	0.			
AIDS FAMILY SERVICES INC.							
1092 MAIN STREET							
BUFFALO, NY 14209	16-1380149	501(C)(3)	6,567.	0.			FUND FOR ALLIANCES
			-				CREATING ASSETS, SAVIN
BELMONT SHELTER CORP.							AND HOPE/SAFETY NET
1195 MAIN STREET							ACHIEVEMENT PROGRAM
BUFFALO, NY 14209	16-1080227	501(C)(3)	42,265.	0.			(SNAP)
BOB LANIER CENTER							
157 HEMPSTEAD AVENUE	16 1274077	F01(G)(2)	200	•			EUND FOR ALLIANGES
BUFFALO, NY 14215	16-1374977	501(C)(3)	300.	0.			FUND FOR ALLIANCES

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BPS ADULT LEARNING CENTER 389 VIRGINIA STREET							SAFETY NET ACHIEVEMENT
BUFFALO, NY 14201		501(C)(3)	126,930.	0.			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

UNITED WAY OF BUFFALO AND ERIE COUNTY 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.)

16-0743969 Page 1

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
FAMILY JUSTICE CENTER OF ERIE COUNTY - 237 MAIN STREET 14TH	20. 2250012	501 (0) (2)	1 000				
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	22 2210511	E01(0)(2)	100 608	0			CLOSING THE GAP-FUND FOR THE IMPROVEMENT OF
BUFFALO, NY 14206	22-2219511	501(C)(3)	100,698.	0.			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 -	16 1100474	E01(0)(2)	2 500	0			
BUFFALO, NY 14203	16-1199474	501(0)(3)	2,500.	0.			FUND FOR ALLIANCES
LADIES OF CHARITY 122 BROADWAY							
BUFFALO, NY 14212		501(C)(3)	1,000.	0.			SPOTLIGHT VOLUNTEER AWARD

### Schedule I (Form 990)

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UNITED WAY OF BUFFALO AND ERIE COUNTY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 16-0743969 Page 1

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

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> 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							FUND FOR ALLIANCES /
BROADWAY STREET - BUFFALO, NY							SAFETY NET ACHIEVEMENT
14212	16-1067572	501(C)(3)	170,481.	٥.			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 AWAR
,							
NEW DIRECTIONS YOUTH AND FAMILY							
SERVICES INC 356 MAIN STREET -							CLOSING THE GAP-SAFE
RANDOLPH, NY 14772	16-0743220	501(C)(3)	5,038.	٥.			INITIATIVE
NODWINIEGO DILEBALO CONSTINUES CENTER							
NORTHWEST BUFFALO COMMUNITY CENTER							
INC 155 LAWN AVENUE - BUFFALO, NY 14207	16-1060168	501(C)(3)	F4 400	0.			CLOSING THE GAP-SAFE
NI 14207	10-1000100	501(C)(3)	54,409.	0.			INITIATIVE
NORTHWEST BUFFALO COMMUNITY CENTER							
INC 155 LAWN AVENUE - BUFFALO,							SAFETY NET ACHIEVEMENT
NY 14207	16-1060168	501(C)(3)	120,918.	0.			PROGRAM (SNAP)
NOT FOR PROFIT RESOURCE CENTER							
742 DELAWARE AVENUE	16 0742060	F01(0)(2)	50.000	0			FUND FOR ALLIANCES PRI
BUFFALO, NY 14209	16-0743969	501(C)(3)	50,000.	0.			LOANS
RESEARCH FOUNDATION OF CUNY							
CUNY 535 E. 80TH STREET 6TH FLOOR							WNY WOMEN'S FUND
NEW YORK, NY 10021	13-1988190	501(C)(3)	35,000.	0.			QUALITYSTARS
COLIMU DILEGALO EDILGANION GENMED							
SOUTH BUFFALO EDUCATION CENTER 2234 SENECA STREET							CAREMY NEW ACUTEVENT
	20 1020616	F01(C)(2)	95 640	0			SAFETY NET ACHIEVEMENT
BUFFALO, NY 14210	20-1930616	DUT(C)(3)	85,642.	0.			PROGRAM (SNAP)
THE MOCHA CENTER, INC.							
1092 MAIN STREET							
BUFFALO, NY 14209	16-1605175	501(C)(3)	7,248.	0.			FUND FOR ALLIANCES

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### Schedule I (Form 990) UNITED WAY OF BUFFALO AND ERIE COUNTY

### 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE PROVIDENCE AFTER SCHOOL ALLIANCE - 17 GORDON AVENUE, SUITE							PATHWAYS OUT OF SCHOOL
104 - PROVIDENCE, RI 02905	26-0319193	501(C)(3)	1,000.	0.			TIME INITIATIVE
UNIVERSITY AT BUFFALO EDUCATIONAL							
DPPORTUNITY CENTER - 290 MAIN							CREATING ASSETS, SAVING
STREET - BUFFALO, NY 14202		501(C)(3)	693.	0.			AND HOPE
UNIVERSITY HEIGHTS COMMUNITY DEV.							
ASSOC. / GLORIA J. PARKS COMMUNITY							
CENTER - 3242 MAIN STREET -	16-1072548	F(1/C)/2	12 702	0.			FUND FOR ALLIANCES
BUFFALO, NY 14214	16-10/2548	501(C)(3)	13,702.	0.			FUND FOR ALLIANCES
WNY UNITED AGAINST DRUG AND							CLOSING THE GAP-FUND FO
ALCOHOL ABUSE INC 1195 NIAGARA							THE IMPROVEMENT OF
STREET - BUFFALO, NY 14213	16-1425062	501(C)(3)	79,723.	0.			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
	10 0/43505	501(0)(3)	05,450.				
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							
		1	1		1	1	

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Schedule I (Form 990)

### UNITED WAY OF BUFFALO AND ERIE COUNTY 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.)

1	6 –	07	4396	9	Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
XCALIBUR 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.	Ο.			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
2011120, NI 11202	10 1004020			0.			
COMPASS HOUSE 1451 MAIN STREET							
BUFFALO, NY 14209	23-7363167	501(C)(3)	400.	0.			GOODFELLOWS AWARD
GIRL SCOUTS OF WESTERN NEW YORK							
DEPEW, NY 14043	16-0743096	501(C)(3)	400.	٥.			GOODFELLOWS AWARD

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> 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	16 1067570	501 (0) (2)	400				
14212 VALLEY COMMUNITY ASSOCIATION 93 LEDDY STREET	16-1067572	501(C)(3)	400.	0.			GOODFELLOWS AWARD
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

### UNITED WAY OF BUFFALO AND ERIE COUNTY 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.) 16-0743969 Page 1

Schedule I (Form 990)

### Part III 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.

<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
		recipients cash grant	(b) Number of recipients     (c) Another of cash assistance	(b) Nethod of valuation       recipients       (cash grant       (book, FMV, appraisal, other)

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

	HEDULE J rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		MB No		
Depa	rtment of the Treasury	Complete if the organization answered "Yes" to Form 990, Part IV, line 23.	0	pen to		ic
Interr	al Revenue Service	Attach to Form 990. See separate instructions.		Inspe		<u> </u>
Nan	ne of the organization	INTER WAY OF DUFEALO AND FDIE COUNTY	Employer ident			mber
De	rt I Questions	UNITED WAY OF BUFFALO AND ERIE COUNTY Regarding Compensation	16-074	390	9	
Pa		Regarding Compensation			v	
1a	Part VII, Section A, lin First-class or cha	anions Payments for business use of personal re ion and gross-up payments Health or social club dues or initiation fee	nal use sidence s		Yes	No
b		In line 1a are checked, did the organization follow a written policy regarding payment or		41.		
2	•	evision of all of the expenses described above? If "No," complete Part III to explain require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir		1b		<u> </u>
2	•	D/Executive Director, regarding the items checked in line 1a?		2		
				_		
3	CEO/Executive Direct	mpensation consultant Compensation survey or study				
4	During the year, did a organization or a relat	ny person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing ted organization:				
а	Receive a severance	payment or change-of-control payment from the organization or a related organization?		4a		Х
b		ive payment from, a supplemental nonqualified retirement plan?		4b		X
С		ive payment from, an equity-based compensation arrangement?		4c		X
	If "Yes" to any of line	s 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
5	For persons listed in I contingent on the rev					v
		ian <sup>0</sup>		5a 5b		X
a		ion? ib, describe in Part III.		30		
	For persons listed in I contingent on the net	Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio earnings of:				v
				6a		X
b		ion?		6b		
7		ახ, describe in Part III. Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
'	-	5 and 6? If "Yes," describe in Part III		7		x
8		ported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		<u> </u>		<u> </u>
		ion described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		х
9	If "Yes" to line 8, did	the organization also follow the rebuttable presumption procedure described in 3.4958-6(c)?		9		
LHA		uction Act Notice, see the Instructions for Form 990.	Schedule J	(Form	990)	2010

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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.

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

SCHEDULE O	Supplemental Information to Form 000 or 000	OMB No. 1545-0047
(Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 990 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.	2010 Open to Public Inspection
Internal Revenue Service Name of the organization		Employer identification number
	UNITED WAY OF BUFFALO AND ERIE COUNTY	16-0743969
FORM 990, PAR	T III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
INTEGRITY, CC	LLABORATION, ACCOUNTABILITY, INNOVATION. SER	VICE: WE
FOSTER AND EN	COURAGE THE ACTIVE INVOLVEMENT OF INDIVIDUAL	S, GROUPS,
ORGANIZATIONS	, CORPORATIONS AND LABOR TO SERVE THE COMMUN	ITY.INTEGRITY:
WE ARE HONEST	, ETHICAL, AND TRANSPARENT AS WE SERVE. WE AN	RE CARETAKERS
OF INDIVIDUAL	WORTH AND SELF-RESPECT AND OUR DONORS RESOU	RCES. WE ACT
IN WAYS THAT	RESPECT THE DIGNITY, UNIQUENESS AND INTRINSI	C WORTH OF
EVERY PERSON.	COLLABORATION: WE WORK TOGETHER PRODUCTIVEL	Y, AS AN
ORGANIZATION	AND WITH OUR PARTNERS THROUGHOUT THE COMMUNI	TY. WE VALUE
DIVERSITY AND	STRIVE FOR INCLUSION. ACCOUNTABILITY: WE TAX	KE
RESPONSIBILIT	Y FOR COMMITMENTS AND DELIVERING HIGH QUALIT	Y, HIGH VALUE
AND RELEVANT	RESULTS. INNOVATION: WE LOOK FOR INNOVATIVE	WAYS TO MEET
OUR MISSION.		
FORM 990, PAR	T III, LINE 4D, OTHER PROGRAM SERVICES:	
COMMUNITY IMP	ACT PROGRAM SERVICES - THIS PROGRAM IS RESPO	NSIBLE FOR
ANALYZING COM	MUNITY NEEDS, FOCUSING RESOURCES, AND DETERM	INING THE
COMMUNITY IMP	ACT OF THE WORK DONE AND NEEDED TO BE DONE I	N SOLVING
PROBLEMS IN T	HE HEALTH AND HUMAN AREA.	
EXPENSES \$ 1,	506,370. INCLUDING GRANTS OF \$ 0. REVENU	Е\$О.
M.I.S		

GOVERNMENT & LABOR RELATIONS

CREATIVE SERVICES

10221216 783816 B0-0118-00

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

2010.05020 UNITED WAY OF BUFFALO AND E B0-01101

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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 032212 01-24-11 Schedule O (Form 990 or 990-EZ) (2010) 43 10221216 783816 B0-0118-00 2010.05020 UNITED WAY OF BUFFALO AND E B0-01101 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.
•	orm 990 or 990-EZ) (2010)
032212 01-24-11 Schedule O (Fo	orm 990 or 990-EZ) (201

Jame of the organization UNITED WAY OF BUFFALO AND ERIE COUNTY	Employer identification nun 16-0743969
PART XI, LINE 2C;	·
THE FINANCE COMMITTEE OVERSEES THE AUDIT AND IS RESPONS	STRLE FOR
SELECTING AN INDEPENDENT AUDITOR.	
20010	
<sup>32212</sup> <sup>1-24-11</sup> \$	chedule O (Form 990 or 990-EZ) (2

Form 8868 (Rev. 1-2011)					Page <b>2</b>
• If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension, o	complete only Part II and check this bo	ох		X
Note. Only complete Part II if you have already been granted an			Form	8868.	
• If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month E	xtensio	<b>n of Time.</b> Only file the original (no c	opies r	needed).	
Type or			Emp	loyer identification	number
nrint			1	C 00420C0	
File by the			<u> </u>	6-0743969	
extended Number, street, and room or suite no. If a P.O. box, s	see instruc	tions.			
filing your					
return. See City, town or post office, state, and ZIP code. For a f instructions. BUFFALO, NY 14209	oreign add	lress, see instructions.			
BUFFALO, NY 14209					
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)			0 1
		<b>A</b> 11 11			
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 Form 990-BL	01	Form 1041-A			08
Form 990-EZ	02	Form 4720			08
Form 990-PF	03	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	04	Form 6069			10
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted			slv file	d Form 8868	12
THOMAS WRINN			lory inc		
• The books are in the care of <b>&gt;</b> 742 DELAWARE A	VENUE	- BUFFALO, NY 14209	)		
Telephone No. ► (716) - 887-2626		FAX No.			
<ul> <li>If the organization does not have an office or place of busines</li> </ul>	s in the Ur			▶	
• If this is for a Group Return, enter the organization's four digit					heck this
box $\blacktriangleright$ . If it is for part of the group, check this box $\blacktriangleright$		ich a list with the names and EINs of all			
4 I request an additional 3-month extension of time until	FEBRU	ARY 15, 2012			
<b>5</b> For calendar year, 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, of			Final r		
Change in accounting period					
7 State in detail why you need the extension					
ADDITIONAL TIME IS NEEDED TO			ITAI	ON REQUIRE	D TO
FILE A COMPLETE AND ACCURATE	RETURI	Ν.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any			
nonrefundable credits. See instructions.			8a	\$	0.
<b>b</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 al	lowed as a	a credit and any amount paid			
previously with Form 8868.			8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	ayment wit	h this form, if required, by using			•
EFTPS (Electronic Federal Tax Payment System). See instr			8c	\$	0.
•		d Verification			
Under penalties of perjury, I declare that I have examined this form, includit is true, correct, and complete, and that I am authorized to prepare this form.		panying schedules and statements, and to the	e best o	f my knowledge and be	elief,
			<b>F</b> (		
Signature  Title			Date		

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	,20 11	2040
Department of the Treasury	Do not send to the IRS. Keep for your records.	·	2010
Internal Revenue Service	See instructions.		
Name of exempt organization		Employer	identification number
	UNITED WAY OF BUFFALO AND ERIE COUNTY	16-0	743969
Name and title of officer		1 10 0	743909
	THOMAS WRINN		
	CFO		
	Return and Return Information (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b>	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, <b>a</b> , below, and the amount on that line for the return being filed with this form was blank ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applica	, then leave	line 1b, 2b, 3b, 4b, or
1a Form 990 check here	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	146845
2a Form 990-EZ check h		2b	
3a Form 1120-POL chec	k here b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check h			
5a Form 8868 check here	<b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declarat	ion and Signature Authorization of Officer		
Officer's PIN: check one	-		
X I authorize	MSDEN & MCCORMICK, LLP	to enter m	y PIN 01180 Enter five numbe
	ERO firm name		do not enter all z
is being filed wit	on the organization's tax year 2010 electronically filed return. If I have indicated within h a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a the return's disclosure consent screen.		
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 2010 this return that a copy of the return is being filed with a state agency(ies) regulating cheter my PIN on the return's disclosure consent screen.		
Officer's signature 🕨	Date 🕨		
Part III Certifica	tion and Authentication		
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification		
number (EFIN) followed by	your five-digit self-selected PIN. 1637789911 do not enter all zero		
	meric entry is my PIN, which is my signature on the 2010 electronically filed return for t ng this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (Me ss Returns.		
ERO's signature 🕨	Date 🕨		
	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To D	o So	
HA For Paperwork Rec	luction Act Notice, see instructions.		Form <b>8879-EO</b> (20
123051 12-27-10			(10
001016 700016	47 B0-0118-00 2010.05020 UNITED WAY OF BUFF	אי הזגי	ע די

**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 Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section			2010			
This form used for120 BroadwayArticle 7-A, EPTL and dual filersNew York, NY 10271(replaces forms CHAR 497,http://www.charitiesnys.com				Open to Public Inspection		
1. General Information						
a. For the fiscal year beginni	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: c. Name of organization d.			employer ID no. (EIN) - 0 7 4 3 9 6 9			
			state registration no. $7-12$			
Amended filing 742 DELAWARE AVENUE 716			bhone number 887–2626			
		g. Emai	1			

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	PRESIDE	INT		
a. Tresident of Authorized Officer	Signature	Printed Name	Title	Date		
b. Chief Financial Officer or Treas.		THOMAS WRINN	CFO			
D. onior manolar onioor of froas.	Signature	Printed Name	Title	Date		

a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check  Check  Check					
contributions during this instal year.					
<b>NOTE:</b> An organization may claim this exemption if no PFR or FRC was used <b>and</b> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <b>and</b> contributions from other sources did not exceed \$25,000 <b>or</b> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.					
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check ➡ □ if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.					
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. 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 <b>not</b> 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? Yes* X No * If "Yes", complete Schedule 4a.					
<ul> <li>b. Did the organization receive government contributions (grants)?</li> <li>* If "Yes", complete Schedule 4b.</li> </ul>					
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         b. EPTL filing fee         c. Total fee             Submit only one check or money order for the total fee, payable to "NYS Department of Law \$ 775.					
<ul> <li>6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments</li></ul>					

### Schedule 4b: Government Contributions (Grants)

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

Government Agency Name	Grant Amount
UNITED STATES - DEPARTMENT OF HEALTH AND HUMAN SERVICES	\$ 37,181.
ERIE COUNTY - DEPARTMENT OF SOCIAL SERVICES (SB6)	\$ 102,452.
NEW YORK STATE - OFFICE OF CHILDREN AND FAMILY SERVICES	\$ 66,134.
UNITED STATES - DEPARTMENT OF EDUCATION	\$ 475,786.
ERIE COUNTY - DEPARTMENT OF SOCIAL SERVICES (SNAP)	\$ 824,357.
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Total Government Contributions (Grants)	<b>\$</b> 1,505,910.
	<u>-</u>

3 068471 12-27-10 CHAR500 - 2010

1019

# 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 <b>part a</b> below. The EPTL filing fee is \$0.			
•	EPTL	Calculate the EPTL filing fee using the table in <b>part b</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 <b>parts a and b</b> below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <b>single</b> 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 X Single check or money order payable to "N	NYS Department of Law"	
Copies of Internal Revenue Service Forms          IRS Form 990         IRS Form 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

Independent Accountant's Report          Independent Accountant's Report         Image: style="text-align: center;">Image: style="text-align: center;"/>Image: style="text-align:	Additional Article 7-A Document Attachment Requirement				
Review Report (total support & revenue \$100,001 to \$250,000)	Independent Accountant's Report				
	Review Report (total support & revenue \$100,001 to \$250,000)				

4 068481 12-27-10 CHAR500 - 2010

3

Form <b>990</b>
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)

Open to Public Inspection

OMB No. 1545-0047

The organization may have to use a copy of this return to satisfy state reporting requirement	nts.
---	------

A For the 2010 calendar year, or tax year beginning APR 1, 2010 and ending MAR 31, 2011						
B c	beck if	C Name of organization	D Employer identified	cation number		
	Address change	UNITED WAY OF BUFFALO AND ERIE COUNTY				
	Name change		16-0743969			
	Initial		Room/suite			
	Termin-	742 DELAWARE AVENUE			)887-2626	
	Amende	City or town, state or country, and ZIP + 4		G Gross receipts \$	14,684,531.	
	Applica	BOFFADO, NI 14209		H(a) Is this a group re		
	pending	F Name and address of principal officer: MICHAEL WEINER		for affiliates? Yes X No		
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No	
		mpt status: 🗶 501(c)(3) └── 501(c) ( )◀ (insert no.) └── 4947(a)(1) (	or 🛄 527		list. (see instructions)	
		e: WWW.UWBEC.ORG		H(c) Group exemptio		
		organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 1947	State of legal domicile: NY	
Pa		Summary				
e	1 E	Briefly describe the organization's mission or most significant activities: WE B	RING I	PEOPLE, ORGA	NIZATIONS	
an		AND RESOURCES TOGETHER TO IMPROVE COMMUN				
Activities & Governance		Check this box 🕨 📖 if the organization discontinued its operations or dispos				
ğ		Number of voting members of the governing body (Part VI, line 1a)			<u> </u>	
8		Number of independent voting members of the governing body (Part VI, line 1b)			80	
ties		Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)			5140	
iti	6 T	Fotal number of volunteers (estimate if necessary)			0.	
ĕ	<ul> <li>7 a Total unrelated business revenue from Part VIII, column (C), line 12</li> <li>b Net unrelated business taxable income from Form 990-T, line 34</li> </ul>				0.	
Revenue				Prior Year	Current Year	
	8 0	Contributions and grants (Part VIII, line 1h)		14,882,552.	14,649,944.	
		Program service revenue (Part VIII, line 2g)		0.	0.	
eve		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		25,928.	23,131.	
Ŗ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		41,056.	11,456.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,949,536.	14,684,531.	
Expenses		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		9,661,515.	9,478,325.	
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		3,666,696.	3,480,315.	
	<b>16</b> a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
		Total fundraising expenses (Part IX, column (D), line 25)				
	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		1,683,488.	1,606,076.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,011,699.	14,564,716.	
		Revenue less expenses. Subtract line 18 from line 12		-62,163.	119,815.	
ts or inces			B	eginning of Current Year	End of Year	
Net Assets ( -und Balanc	20 T	Fotal assets (Part X, line 16)		18,504,083.	18,395,279.	
	21 ⊺	Fotal liabilities (Part X, line 26)		7,189,153. 11,314,930.	<u>6,987,037.</u> 11,408,242.	
_	-	Net assets or fund balances. Subtract line 21 from line 20		11,314,930.	11,400,242.	

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	Signature of officer		Date
Here	THOMAS WRINN, CFO		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid			self-employed
Preparer	Firm's name 🕒 LUMSDEN & MCCORM	ICK, LLP	Firm's EIN 🕨
Use Only	Firm's address 💊 403 MAIN ST. SUI	FE 430	
	BUFFALO, NY 14203	3	Phone no. (716)856-3300
May the I	RS discuss this return with the preparer shown abo	ve? (see instructions)	X Yes No
	and 1114 For Densmuterly Deduction Act Natio	a and the several instructions	

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION: WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO IMPROVE COMMUNITY WELL BEING. OUR VISION: WE ARE A WORLD CLASS
	ORGANIZATION TRANSFORMING QUALITY OF LIFE IN OUR COMMUNITY. OUR
	VALUES: SERVICE,
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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
4a	allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: ) (Expenses \$ 7,788,387 • including grants of \$ )(Revenue \$
+d	(Code:) (Expenses \$ 7,788,387 including grants of \$) (Revenue \$) (Rev
	AGENCIES
1b	(Code: ) (Expenses \$ 2,410,521. including grants of \$ 1,670,225.) (Revenue \$
ŧυ	(Code:) (Expenses \$ 2,410,521. including grants of \$ 1,670,225. ) (Revenue \$
	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND
	SUPPORT TO VARIOUS COMMUNITY ORGANIZATIONS, GROUPS AND AGENCIES, AND INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
10	INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
4c	INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
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	INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
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4d	INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.
4c 4d	INITIATIVES PROVIDING SUPPORT FOR UNITED WAYS FOCUSED AREAS OF NEED.

10221216 783816 B0-0118-00 2010.05020 UNITED WAY OF BUFFALO AND E B0-01101

operate one or more hospitals must attach audited financial statements (see instructions) ......

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

If "Yes," complete Schedule A

Is the organization required to complete Schedule B, Schedule of Contributors?

public office? If "Yes," complete Schedule C, Part I

Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect

Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for

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1

2

3

20b

Form 990 (2010)

Yes

Х

Х

No

Х

### UNITED WAY OF BUFFALO AND ERIE COUNTY

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?

1	Checklist (	of Rec	wired	Sch	edule	20
Form 990 (	2010)	U	NTLF	D V	NAY	C

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Form 990 (2010)

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Part IV Checklist of Required Schedules (continued)

10221216 783816 B0-0118-00 2010.05020 UNITED WAY OF BUFFALO AND E B0-01101

	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		Х
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? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I	31		<u> </u>
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	Schedule N, Part II	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
01	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
		Form	<b>990</b> (	2010)

UNITED WAY OF BUFFALO AND ERIE COUNTY

United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete

Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the

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21

22

Yes

Х

No

Х

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_	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
24	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?	2b	х	
~	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
39	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	50		
та	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
h	If "Yes," enter the name of the foreign country:	<del>4</del> a		
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
Fa		Ea		x
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			
	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			x
	any contributions that were not tax deductible?	<u>6a</u>		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
	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?			X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	_		v
	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		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u> </u>
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
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	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
	Enter the amount of reserves on hand 13c			37
	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		i i

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38

0

1a

1b

Yes

No

010)	UNITED	WAY	OF	BUFFALO	AND	ERIE	COUNTY	
Statements	Regarding C	Other I	RS F	ilings and Ta	ax Con	npliance	)	Î

Check if Schedule O contains a response to any question in this Part V

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

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Part V	Sta

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Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" ı	respon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
	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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		v
-	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?	3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	x	- 72
6 70	Does the organization have members or stockholders?	0	Δ	
1a		7a	х	
h	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	10		
Ŭ	by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	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	9		х
Sec	tion 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?	10a		Х
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		37	
	in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X X	
14	Does the organization have a written document retention and destruction policy?	14	Δ	
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?	150	х	
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	150		
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?	16a		х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	100		
-	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{NY}$			
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.			
	X Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial	
	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 o	tion: 🕨	•	
	THOMAS WRINN - (716)-887-2626			
	742 DELAWARE AVENUE, BUFFALO, NY 14209			

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

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

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

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)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average		Position (check all that apply)		Reportable	Reportable	Estimated			
	hours per	(cl	neck	all t	that	app	oly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CAREY ANDERSON	,									
DIRECTOR	1.00	х						0.	0.	0.
TINA BATTISTONI										
DIRECTOR	1.00	х						0.	Ο.	0.
STEPHEN BELL										
DIRECTOR	1.00	Х						0.	Ο.	0.
JOHN CHRISTOPHER										
DIRECTOR	1.00	Х						0.	Ο.	0.
ROGER COMINSKY										
DIRECTOR	1.00	Х						0.	0.	0.
KEVIN DONOVAN										
DIRECTOR	1.00	Х						0.	0.	0.
TIMOTHY DOOLITTLE										
DIRECTOR	1.00	Х						0.	0.	0.
STEVE FINCH										
DIRECTOR	1.00	Х						0.	0.	0.
MICHAEL HOFFERT									_	_
DIRECTOR	1.00	Х						0.	0.	0.
PETER HUNT										
DIRECTOR	1.00	х						0.	0.	0.
MICHAEL KEATING	1									•
DIRECTOR	1.00	х						0.	0.	0.
KATHLEEN LAWLEY-BEST	1 00								0	0
DIRECTOR	1.00	X						0.	0.	0.
JAY MCWATTERS	1 00	37		37				0.	0.	0
TREASURER GRACE MUNSCHAUER	1.00	Х		X				0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
JUDGE JEANETTE OGDEN	1.00							0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
PETER SPIRA										
DIRECTOR	1.00	x						0.	0.	0.
ROBERT STEVENSON										
DIRECTOR	1.00	х						0.	Ο.	0.
032007 12-21-10	•					-		-		Form <b>990</b> (2010)

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Par	t VII Section A. Officers, Directors, T	rustees, Key E	mplo	oyee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average				itior			Reportable	Reportable		E	stimate	əd
		hours per	(cl	neck	all	that	арр	ly)	compensation	compensatior	n I	a	mount	
		week (describe	tor						from	from related			other	
		hours for	direc				p		the organization	organizations (W-2/1099-MIS)			npensa from th	
		related	tee or	Istee			en sa te		(W-2/1099-MISC)	(1099-1013)	)		ganizat	
		organizations	I trus	nal tru		oyee	ompe		(** 2/1000 10100)				nd relat	
		in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					anizati	
		O)	Indi	Inst	Offi	Key	Hig	Бог				-		
ROBE	ERT ZAK													
CHAI	IR	1.00	Х		Х				0.		0.			0.
	I MCCARTHY	1									_			•
	SCTOR	1.00	Х						0.		0.			0.
-	ERIC POGUE	1 00									<u> </u>			^
	SCTOR	1.00	Х				-		0.		0.			0.
	ES WALLESHAUSER ECTOR	1.00	x						0.		ο.			0.
	EMY BECK	1.00					-		0.		0.			0.
							0.			Ο.				
	CIROLI										•••			
DIRE	ECTOR	1.00	х						0.		0.			Ο.
HOWA	ARD COHEN													
DIRE	ECTOR	1.00	Х						0.		0.			0.
DENN	NIS EISENBECK													
	SCTOR	1.00	Х						0.		0.			0.
	NE KINGSTON	1									~			•
DIRE	SCTOR	1.00	Х						0.		0.			0.
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part								358,016.		0.			
	Total (add lines 1b and 1c)								358,016.		0.		9,2	23.
2	Total number of individuals (including but	not limited to th	nose	liste	d al	bov	e) wł	no r	eceived more than \$100	,000 in reportable	•			n
	compensation from the organization												Yes	2 No
2	Did the experization list any former office	, director or tru	otoo	ko		-		<b>.</b>	aiabaat aamaanaatad an		ſ		165	NO
3	Did the organization list any <b>former</b> office line 1a? If "Yes," complete Schedule J for											3		x
4	For any individual listed on line 1a, is the								her compensation from t			<u> </u>		
-	and related organizations greater than \$1											4	x	
5	Did any person listed on line 1a receive or													
	rendered to the organization? If "Yes," col	mplete Schedul	le J f	or su	ich ,	pers	son .					5		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest of the organization.	ompensated in	depe	ende	nt c	ont	racto	ors t	that received more than	\$100,000 of com	oens	ation	from	
	(A) Name and busines	s address							<b>(B)</b> Description of s	ervices	C		<b>C)</b> ensatio	'n
									Becomption of e			ompe		
2	Total number of independent contractors	(including but r	not li	mited	d to	tho	se li	stec	d above) who received m	ore than				
	\$100,000 in compensation from the organ	nization 🕨					0							

SEE PART VII, SECTION A CONTINUATION SHEETS

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Part VII Section A. Officers, Directors, Tru	istees, Key Ei	nplo	oyee	es, a	nd I	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(C	heck	all t	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				oloye		the organization	organizations (W-2/1099-MISC)	compensation from the
		direct				d em		(W-2/1099-MISC)	(1099-10130)	organization
		ee or	stee			nsate		(11 2/1000 10100)		and related
		Individual trustee or director	In stitutional trustee		yee	Highest compensated employee				organizations
		idual	ution	ы	Key employee	est cc	Ier			0
		Indiv	Instit	Officer	Key e	High	Former			
EILEEN MORGAN										
DIRECTOR	1.00	Х						0.	0.	0.
SCOTT NOSTAJA										
DIRECTOR	1.00	х						0.	0.	0.
BRIDGET QUINN CAREY										
DIRECTOR	1.00	x						0.	0.	0.
FLORENCE TRIPI								•••	•••	
DIRECTOR	1.00	x						0.	0.	0.
MICHAEL WEINER	100							<b>Ŭ</b>		
PRESIDENT	40.00			х				174,817.	0.	720.
THOMAS WRINN		-						1/1,01/•	••	720.
CHIEF FINANCIAL OFFICER	40.00			x				78,222.	0.	0.
JAMES MORGAN	40.00			Δ				10,222.	0.	0.
	10 00			x				104 077	0.	0 502
CHIEF OPERATING OFFICER	40.00			Λ				104,977.	0.	8,503.
		-	-		$\vdash$					
		-	-		-		-			
Total to Part VII, Section A, line 1c								358,016.		9,223.
								55070100		57225

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F	orm	990	(201	0)

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Pa	t VII	Statement of Revenue					0
				<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns 1a					
gra		Membership dues 1b					
Contributions, gifts, grants and other similar amounts		Fundraising events 1c					
i, git nilar		Related organizations 11	505,910.				
sin		Government grants (contributions)1e 1,All other contributions, gifts, grants, and	505,910.				
ber	T		3144034.				
dd	п	Noncash contributions included in lines 1a-1f: \$	51110511				
aÖ	-	Total. Add lines 1a-1f		14649944.			
			Business Code				
e	2 a						
Program Service Revenue	b						
n S	С						
Bev	d						
, zč	e						
-		All other program service revenue					
	<u> </u>	Total. Add lines 2a-2f Investment income (including dividends, intere					
	U	other similar amounts)		23,131.			23,131.
	4	Income from investment of tax-exempt bond p		-			
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross Rents					
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
	h	assets other than inventory					
	D	and sales expenses					
	c	Gain or (loss)					
		Net gain or (loss)	►				
Other Revenue		Gross income from fundraising events (not including \$ of					
eve		contributions reported on line 1c). See					
r B		Part IV, line 18 a					
the	b	Less: direct expenses b					
0	с	Net income or (loss) from fundraising events	►				
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 a					
		Less: direct expenses b					
		Net income or (loss) from gaming activities	🕨				
	iu a	Gross sales of inventory, less returns and allowances a					
	h	Less: cost of goods sold b					
		Net income or (loss) from sales of inventory					
Ē			Business Code				
F	11 a	MISCELLANEOUS	900099	11,456.			11,456.
	b						
	С						
	d	All other revenue		11 / 5			
		Total. Add lines 11a-11d		11,456. 14684531.	0.	0.	34,587.
032009	12 10	Total revenue. See instructions.	🕨	14004001.	0.	0.	Form <b>990</b> (2010)

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	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
I	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				
ŀ	Benefits paid to or for members				
5	Compensation of current officers, directors,	267 220	257 067	20 270	00 707
	trustees, and key employees	367,238.	257,067.	29,379.	80,792
5	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
	persons described in section 4958(c)(3)(B)	2,340,023.	1,494,239.	218,234.	627,550
, ,	Other salaries and wages Pension plan contributions (include section 401(k)	4,540,043.	±,±34,433.	410,434.	047,000
3	and section 403(b) employer contributions)	284,875.	185,050.	26,085.	73,740
		291,701.	189,019.	26,817.	75,865
) \	Other employee benefits	196,478.	127,629.	17,991.	50,858
)	Payroll taxes	190,470.	127,029.	17,5510	50,050
	Fees for services (non-employees): Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	294,953.	197,634.	23,111.	74,208
2	Advertising and promotion			-	
3	Office expenses	360,215.	183,411.	14,011.	162,793
ŀ	Information technology				
5	Royalties				
5	Occupancy	230,696.	147,323.	18,139.	65,234
,	Travel	51,741.	34,398.	4,894.	12,449
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
)	Conferences, conventions, and meetings	84,450.	56,154.	7,984.	20,312
)	Interest				
I	Payments to affiliates	160,551.	105,074.	7,786.	47,691
2	Depreciation, depletion, and amortization	205,496.	134,489.	9,966.	61,041
3	Insurance				
ŀ	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A)				
2	amount, list line 24f expenses on Schedule 0.)	171,170.	140,932.	5,883.	24,355
a b	MISCELLANEOUS	19,704.	14,925.	671.	4,108
D C	MEMBERSHIP DUES	16,072.	11,377.	2,907.	1,788
c d	EMPLOYEE EDUCATION	11,028.	7,217.	535.	3,276
u e		,020.	.,21,•		5,27
e f	All other expenses				
5	Total functional expenses. Add lines 1 through 24f	14,564,716.	12,764,263.	414,393.	1,386,060
, ;	Joint costs. Check here  if following SOP	,	,, <b></b>	,	, , - • •
•	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				

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2010.05020 UNITED WAY OF BUFFALO AND E B0-01101

Form 990 (2010)

(A) Beginning of year 1 Cash - non-interest-bearing

### UNITED WAY OF BUFFALO AND ERIE COUNTY

Part X Balance Sheet

	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	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	37,198.	9	45,749.
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 6,731,908.			
	b	basis. Complete Part VI of Schedule D10a6,731,908.Less: accumulated depreciation10b3,965,407.	2,907,727.		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	001 445
	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.
	17	Accounts payable and accrued expenses	923,007.	17	626,611.
	18	Grants payable	4,948,473. 625,964.	18	4,581,008. 770,392.
	19	Deferred revenue	023,904.	19	110,392.
	20	Tax-exempt bond liabilities		20	
ties	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
Lia		highest compensated employees, and disqualified persons. Complete Part II		00	
	00	of Schedule L		22 23	
	23 24	Secured mortgages and notes payable to unrelated third parties		23 24	
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities. Complete Part X of Schedule D	691,709.	24 25	1,009,026.
	26		7,189,153.	25	6,987,037.
	20	I otal liabilities. Add lines 17 through 25         Organizations that follow SFAS 117, check here          X	,,200,200	20	0,00,700,70
es		lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	6,606,043.	27	6,763,605.
alaı	28	Temporarily restricted net assets	4,693,887.	28	4,629,637.
бB	29	Permanently restricted net assets	15,000.		15,000.
'n		Organizations that do not follow SFAS 117, check here  and and			
P.		complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Net Assets or Fund Balanc	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	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 <b>990</b> (2010)

**(B)** End of year

Form 990 (2010)

Form	1990 (2010) UNITED WAY OF BUFFALO AND ERIE COUNTY	16-	0743	969	Pa	ge <b>12</b>
Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,68		
2	Total expenses (must equal Part IX, column (A), line 25)	2	14	,56		
3	Revenue less expenses. Subtract line 2 from line 1	3				15.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11	,31		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				03.
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	,40	<u>8,2</u>	42.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit	,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	).			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dit			
	Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.			3b	Х	
				Form	<b>990</b> (	(2010)

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SCHED (Form 99	OULE A 00 or 990-EZ)	Pub	olic Charity St	atus	and P	ublic	Supp	ort	┝	OMB No. 1545-0047		
Department o Internal Rever	of the Treasury nue Service		te if the organization is 4947(a)(1) no tach to Form 990 or Fo	onexempt	charitabl	e trust.				Open to Inspe		ic
Name of t	the organizati				· -	•			mployer i	dentificati	on nu	mber
		UNITED	WAY OF BUFFA	LO AN	D ERI	E COU	NTY		16	-0743	969	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st comple <sup>.</sup>	te this par	t.) See inst	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines 1	I through ·	11, check	only one b	ox.)					
1 🛄		-	s, or association of chur	-		-	-	-				
2			'0(b)(1)(A)(ii). (Attach Sc									
3			tal service organization of		in section	170(b)(1)	(A)(iii).					
4	•	• •	operated in conjunction					(b)(1)(A)(ii	i <b>i).</b> Enter th	ne hospital	's nam	ie.
	city, and stat								•			,
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit descri									d in		
	section 170(b)(1)(A)(iv). (Complete Part II.)											
6				t describe	d in <b>sectio</b>	on 170(b)(1	1)(A)(v).					
7 X	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general									ublic desc	ribed i	n
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8			ection 170(b)(1)(A)(vi).	Complete	Part II.)							
9			eives: (1) more than 33 1			rom contri	butions. m	nembershi	p fees, an	d aross rea	ceipts	from
			nctions - subject to certa									
		•	axable income (less sect			•				•		
		509(a)(2). (Complete			,		•	, 0				
10			perated exclusively to te	st for publ	ic safety.	See <b>sectio</b>	on 509(a)(4	4).				
11 🗌	-		perated exclusively for th	-	•				v out the p	ourposes c	fone	or
	•	•	ations described in section		•					•		
			organization and comple				,	•				
	а 🗌 Туре I	-				tionally int	tearated		d 🗌	Type III - C	Other	
e 🗔			at the organization is not				•	r more dis				n
			han one or more publicly									
f			ten determination from t									
		rganization, check th										
g		•	organization accepted ar									
•	-		lirectly controls, either al					• •			Yes	No
			· · · · · · ·			·				11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
			person described in (i) o							11g(iii)		
h		•	about the supported or									
(i) Name	of supported	(ii) EIN				(v) Did you	u notify the	(vi)  s	s the	(vii) Am	iount o	f
	anization	(,	organization (described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizátio (i) organiz U.S	ed in the	sup		
-			above or IRC section	governing	document?	(i) of your	r support?	U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			

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

Schedule A (Form 990 or 990-EZ) 2010

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Total

## Schedule A (Form 990 or 990-EZ) 2010 UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969 Page 2

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	<b>(b)</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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1 4 4 0 0 0 0 0	12644145	10005405	10400400	14640044	60006055
	Total. Add lines 1 through 3	14409879.	13644145.	12925495.	1240/492.	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)						
	Public support. Subtract line 5 from line 4.						68036955.
	ction B. Total Support	1		1	1	1	1
	ndar year (or fiscal year beginning in) 🕨		(b) 2007	(c)2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	14409879.	13644145.	12925495.	1240/492.	14649944.	08030955.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			100 200		00 101	
	and income from similar sources $\dots$	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	<b>F</b> OC	400	01 054	41 050	11 450	
	assets (Explain in Part IV.)	706.	493.	21,054.	41,056.		
	Total support. Add lines 7 through 10						68774567.
	Gross receipts from related activities		,				,385,596.
13	First five years. If the Form 990 is fo	-	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	on 501(c)(3)	
Sa	organization, check this box and sto ction C. Computation of Pub						<b>&gt;</b>
						44	98.93 %
	Public support percentage for 2010 (		•			14 15	00 80
	Public support percentage from 2009 33 1/3% support test - 2010. If the c						
108		-					
h	stop here. The organization qualifies						
D	33 1/3% support test - 2009. If the c						
47-	and <b>stop here.</b> The organization qua						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac				•	•	
	meets the "facts-and-circumstances"						
D	10% -facts-and-circumstances tes						
	more, and if the organization meets t						
10	organization meets the "facts-and-cir						
IQ	Private foundation. If the organization	on alla not check a	box on line 13, 16	a, 100, 17a, 0r 171			
					SCHE	54415 A (FUIII 99(	) or 990-EZ) 2010

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### 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.)

	ction A. Public Support		-	-	-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	<b>(b)</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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
k	3 received from disqualified persons 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						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	( <b>d</b> ) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) organ	ization,
_			•				<b>)</b>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2010 (li					15	%
	Public support percentage from 2009					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	%
198	<b>33 1/3% support tests - 2010.</b> If the	-					
	more than 33 1/3%, check this box ar						
b	<b>33 1/3% support tests - 2009.</b> If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-10		2 20/ 011 mile 14, 18	a, or rob, oneok			90 or 990-EZ) 201
JU20					30		

# Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

### Name of the organization

U	NITED WAY OF BUFFALO AND ERIE COUNTY	16-0743969							
Organization type(check	Drganization type (check one):								
Filers of:	Section:								
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization								
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

**X** 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.

J 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)

Schedule B (For	m 990, 990	)-EZ, or 990	)-PF) (2010)
-----------------	------------	--------------	--------------

### Name of organization

Page 1 of 1 of Part I

Employer identification number

16-0743969

### UNITED WAY OF BUFFALO AND ERIE COUNTY

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 X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	UNITED STATES - DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE, SW, ROOM 4C138 WASHINGTON, DC 20202	\$ <u>475,786.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll On Noncash October (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

023452 12-23-10

023453 12-23-10

UNITED WAY OF BUFFALO AND ERIE COUNTY

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
		\$	
(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
		\$	

16-0743969

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

of of Part II

Employer identification number

Page

Employer identification number

NITED Part III	WAY OF BUFFALO AND EF Exclusively religious, charitable, etc., i	ndividual contributions to sec	tion 501(c	)(7), (8), or (10) or	16-0743969 ganizations aggregating	
	more than \$1,000 for the year. Complet Part III, enter the total of <i>exclusively</i> religi \$1,000 or less for the year. (Enter this im	e columns <b>(a)</b> through <b>(e) and</b> t ous, charitable, etc., contributic	he followin ons of	g line entry. For o	rganizations completing	
) No. rom 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					
-						
No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
—   _ _ _	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Re	lationship of trar	isferor to transferee	
No. om art I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held	
		(e) Transfer of g	   gift			
	Transferee's name, address, and ZIP + 4			lationship of trar	nsferor to transferee	
-	[					
) No. rom art I	(b) Purpose of gift	(c) Use of gift		(d) Desci	ription of how gift is held	
- -  -		(e) Transfer of g				
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transfer			nsferor to transferee		
154 12-23-10				Schedule B	(Form 990, 990-EZ, or 990-PF)	

# (Form 990)

### Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

	2010
	Open to Public Inspection
Employer	identification number

- -

OMB No. 1545-0047

-

		ALO AND ERIE COUNTY	16-0743969
Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	r Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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		funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Par			
1	Purpose(s) of conservation easements held by the organizati		,
•	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certified	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form of a	a conservation easement on the last
-	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
3	year	leased, extinguished, or terminated by the org	
4			
5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abov		
0			
9	and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservati		
9	include, if applicable, the text of the footnote to the organization	-	
	conservation easements.	lion's mancial statements that describes the	organization's accounting for
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets
	Complete if the organization answered "Yes" to Form		
10	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art
Ia	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		
h			d balance about works of art bistoriaal
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, en	ducation, 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		
~			
2	If the organization received or held works of art, historical tre		lin, provide
	the following amounts required to be reported under SFAS 1		
a	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		► \$
	For Demonstrate Destantion A 1 Martine 11 1 1 1 1	- ( F 000	
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2010

032051 12-20-10

10221216 783816 B0-0118-00 2010.05020 UNITED WAY OF BUFFALO AND E B0-01101

Sche		WAY OF BUF							43969	
Pa	t III   Organizations Maintaining C	Collections of Ar	t, Histori	cal Tr	easures,	or Oth	er Simila	ir Asse	ts (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any	of the	following th	nat are a s	significant u	use of its	collection	items
	(check all that apply):									
а	Public exhibition	d			hange prog					
b	Scholarly research	е	U Othe	r						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they f	urther t	he organiza	ation's exe	empt purpo	se in Par	t XIV.	
5	During the year, did the organization solicit of							_	_	
_	to be sold to raise funds rather than to be ma								Yes	No No
Pai	t IV Escrow and Custodial Arran		ete if the org	anizatio	on answered	d "Yes" to	Form 990,	Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							_	-	
	on Form 990, Part X?							L	∐ Yes	└── No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table							
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance		<b>.</b>				<b>1</b> f			<u> </u>
	Did the organization include an amount on F		21?					L	Yes	└── No
Pa	If "Yes," explain the arrangement in Part XIV. <b>t V</b> Endowment Funds. Complete i		owered "Ver	" to ⊑o		rt IV line -	10			
Fai							(d) Three ye	oare back	(a) Four y	aare back
4		(a) Current year 540,154.	(b) Prior y	ear ,933.		31,933.	( <b>a)</b> Thee ye	Jais Dack	(e) i our y	Cars Dack
ia h	Beginning of year balance	291,291.		,221.		51,555.				
U O	Contributions		500	,						
с 	Net investment earnings, gains, and losses Grants or scholarships									
u	Other expenditures for facilities									
e										
f	and programsAdministrative expenses									
	End of year balance	831,445.	54(	,154.	2	31,933.				
2	Provide the estimated percentage of the yea			, .		, -				
_ 	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
		%								
	Are there endowment funds not in the posse		ation that are	held a	and adminis	tered for t	the organiz	ation		
	by:	Ũ					U		Y	'es No
	(i) unrelated organizations								3a(i)	X
	<b></b>									X
b	If "Yes" to 3a(ii), are the related organizations									
4	Describe in Part XIV the intended uses of the	e organization's endo	wment fund	S.						
Pai	t VI Land, Buildings, and Equipm	nent. See Form 990	, Part X, line	10.		-				
	Description of investment	(a) Cost or of	ther (		t or other	(c) A	ccumulate	d	(d) Book	value
		basis (investr	nent)		(other)		preciation			
1a	Land				<u>8,930</u>					<u>,930.</u>
	Buildings			3,65	59,342.	. 1,	265,23	34.	2,394	<u>,108.</u>
с	Leasehold improvements									
d	Equipment			2,91	.3,636	2,	700,17	/3.	213	,463.
	Other								0 844	<b>F A 4</b>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (E	), line 1	10(c).)				2,766	,501.
							-			AL 00 (000

Schedule D (Form 990) 2010

032052 12-20-10

Schedule D (Form 990) 2010         UNITED         WAY           Part VII         Investments - Other Securities. Se	OF BUFFALO AN e Form 990. Part X. line 12		16-0743969 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) N	Aethod of valuation: end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) MONEY MARKET	371,806.		MARKET VALUE
(B) CERTIFICATES OF DEPOSIT	2,300,152.		NARKET VALUE
(C) MUTUAL FUNDS	95,476.	END-OF-YEAR	MARKET VALUE
(D)			
(E)			
(F)			
(G)			
<u>(H)</u>			
(I)	2,767,434.		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► Part VIII Investments - Program Related. Set		2	
	ee Form 990, Part X, line 1.		Aethod of valuation:
(a) Description of investment type	(b) Book value		end-of-year market value
(1)			
(2)			
(3)			
<u>(4)</u>			
(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)			
<u>(9)</u> (10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		<b></b>
Part X Other Liabilities. See Form 990, Part X,			
1. (a) Description of liability		(b) Amount	
(1) Federal income taxes			
(2) ACCRUED POSTRETIREMENT BE	NEFIT		
(3) OBLIGATION		281,000.	
(4) ACCRUED PENSION LIABILITY		728,026.	
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11) Tatal (Column (b) must equal form 000, Port X, col (D) line	25)	1,009,026.	
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 20.)	エ, 009,040 • ents that reports the organization's	s liability for uncertain tax positions under
2. FIN 48 (ASC 740). 032053 12-20-10			Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 UNITED WAY OF BUFFALO AND	ERIE	COU	NTY	-	16-	0743969	Page <b>4</b>
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	o Audit	ed Fir	nancial S	tate	men	ts	
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)						14,564	,716.
3	Excess or (deficit) for the year. Subtract line 2 from line 1						119	,815.
4	Net unrealized gains (losses) on investments						80	,939.
5	Donated services and use of facilities							
6	Investment expenses							
7	Prior period adjustments							
8	Other (Describe in Part XIV.)						-107	,442.
9	Total adjustments (net). Add lines 4 through 8			9				,503.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 ar	nd 9		10			93	,312.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme		ith Re	venue p	er Re	eturr		
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:				ſ			
а	Net unrealized gains on investments	2a		80,93	39.			
b	Donated services and use of facilities	2b						
с	Recoveries of prior year grants							
d	Other (Describe in Part XIV.)							
е	Add lines <b>2a</b> through <b>2d</b>					2e	80	<u>,939.</u>
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:				- [			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b	3,	461,48	30.			
с	Add lines 4a and 4b					4c	3,461	<u>,480.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	14,684	,531.
Par	t XIII Reconciliation of Expenses per Audited Financial Statem	ents V	Vith E	xpenses	per	Retu		
1	Total expenses and losses per audited financial statements					1	11,103	<u>,236.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
с	Other losses	2c						
d	Other (Describe in Part XIV.)	2d						-
е	Add lines 2a through 2d					2e		0.
3	Subtract line 2e from line 1					3	11,103	<u>,236.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-					
b	Other (Describe in Part XIV.)	4b	3,	461,48	30.			
с	Add lines 4a and 4b					4c	3,461	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	14,564	,716.
Pa	t 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:

032054 12-20-10

Schedule D (Fo	orm 99	0) 2010	UNITED	WAY	OF	BUFFALO	AND	ERIE	COUNTY	16-0743969	Page 5
Part XIV S	uppl	emental I	nformation (cont	nued)							
RECLASS	OF	DONOR	DESIGNATED	GII	FTS						
022055										Schedule D (Form 99	90) 201

032055 12-20-10

10221216 783816 B0-0118-00 2010.05020 UNITED WAY OF BUFFALO AND E B0-01101

SCHEDULE I									OMB No. 1	545-0047
(Form 990)				Other Assistance s, and Individuals	-			Γ	20	10
Department of the Treasury		Comp	lete if the organizatio	n answered "Yes'	' to Form 990, Pa	rt IV, line 21 or 22.			Open to	Public
Internal Revenue Service				Attach to For	m 990.				Inspe	ction
Name of the organizat		Y OF BUFF	FALO AND ERI	E COUNTY				Employer i	dentificatio 16-07	
Part I General I	nformation on Grants a									
1 Does the organiz	zation maintain records	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the seled	ction		
criteria used to a	award the grants or assi	stance?	-						X Yes	No No
2 Describe in Part	IV the organization's pr									
Part II Grants an	d Other Assistance to	Governments an	d Organizations in the	e United States. C	omplete if the org	anization answered "א	es" to Form 990, Parl	t IV, line 21, f	or any	
recipient t	hat received more than	\$5,000. Check thi		nt received more th	an \$5,000. Part I		additional space is nee			
.,	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		urpose of r assistanc	
AFRICAN AMERICAN INC 350 MASTEN BUFFALO, NY 14209	N AVENUE -	16-0920652	501(C)(3)	46,000.	0.			PROGRAM F	UNDING	
AMERICAN RED CROS BUFFALO CHAPTER - AVENUE - BUFFALO	- 786 DELAWARE	53-0196605	501(C)(3)	247,000.	0.			PROGRAM F	UNDING	
BACK TO BASICS OU 1370 WILLIAM STRE BUFFALO, NY 14206	SET	16-1509888	501(C)(3)	40,000.	0.			PROGRAM F	UNDING	
BE A FRIEND PROGE 85 RIVER ROCK DRI BUFFALO, NY 14207	IVE, SUITE 107	16-1106399	501(C)(3)	45,000.	0.			PROGRAM F	UNDING	
BELMONT SHELTER ( 1195 MAIN STREET BUFFALO, NY 14209		16-1080227	501(C)(3)	39,500.	0.			PROGRAM F	UNDING	
BOYS AND GIRLS CI INC 282 BABCOC BUFFALO, NY 14210	CK STREET -	16-0849516	501(C)(3)	200,000.	0.			PROGRAM F	UNDING	
2 Enter total numb	per of section 501(c)(3) a	and government o	rganizations					►		110.
	per of other organization							►		0.

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

Schedule I (Form 990) (2010)

### 032241 12-21-10

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)

#### UNITED WAY OF BUFFALO AND ERIE COUNTY Schedule I (Form 990)

(b) EIN

16-0755732

16-0755733

16-1172623

(a) Name and address of

organization or government

BOYS AND GIRLS CLUB OF EAST AURORA 24 PAINE STREET P.O. BOX 36

BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON

STREET - BUFFALO, NY 14204-1297

EAST AURORA, NY 14052

BOYS AND GIRLS CLUB OF THE NORTHTOWNS OF WNY - 54 RIVERDALE

AVENUE - BUFFALO, NY 14207

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

501(C)(3)

501(C)(3)

501(C)(3)

(c) IRC section

if applicable

(d) Amount of

cash grant

64,000

63,000

172,000.

(e) Amount of

non-cash assistance

0

0

0

(f) Method of

valuation

(book, FMV. appraisal, other) (g) Description of

non-cash assistance

(h) Purpose of grant

or assistance

PROGRAM FUNDING

PROGRAM FUNDING

PROGRAM FUNDING

# 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	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> 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	10 1101202	501(0)(0)					
THE UPPER WEST SIDE - 286							
LAFAYETTE AVENUE - BUFFALO, NY							
14213	16-0981256	501(C)(3)	12,000.	0.			PROGRAM FUNDING
		T					
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	16-0956222	501(C)(3)	33,000.	0.			PROGRAM FUNDING
BUFFALO, NY 14214-1003 DEAF ADULT SERVICES OF WESTERN NEW	10-0950222	501(C)(3)	33,000.	0.			PROGRAM FUNDING
YORK INC. (DAS) - 2495 MAIN							
STREET, SUITE 446 - BUFFALO, NY 14214	16-1433022	501(C)(3)	25 000	0.			BROCRAM FUNDING
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	10 110000	F01 ( a) ( 2 )		-			
BUFFALO, NY 14202	16-1160182	501(C)(3)	82,000.	0.			PROGRAM FUNDING

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# 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>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> 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
SATEWAY-LONGVIEW, INC.							
505 NIAGARA STREET							
SUFFALO, NY 14201	16-0743081	501(C)(3)	33,000.	0.			PROGRAM FUNDING
GIRL SCOUTS OF WESTERN NEW YORK							
332 WALDEN AVENUE							
DEPEW, NY 14043	16-0743096	501(C)(3)	60,000.	0.			PROGRAM FUNDING
bella, al 11015	10 0/43050	501(0)(3)					
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.	٥.			PROGRAM FUNDING
HERITAGE CENTERS							
2643 MAIN STREET							
BUFFALO, NY 14214	16-0769044	501(C)(3)	17,000.	0.			PROGRAM FUNDING
50FFA10, NI 14214	10-0709044	501(0/(3)	17,000.	0.			FROGRAM FONDING
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.	٥.			PROGRAM FUNDING
INTERNATIONAL INSTITUTE OF BUFFALO							
INC 864 DELAWARE AVENUE -	16 0742050	501(0)(2)	40.000	•			DDOCDAM FILMDING
BUFFALO, NY 14209-2093	16-0743052		40,000.	0.			PROGRAM FUNDING

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# 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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ERICHO ROAD MINISTRIES							
84 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	16-1363536	501(C)(3)	10.000	0.			DDOCDAM FILMETAG
BUFFALO, NY 14203-2720	10-1303330	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							
L4212	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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BUFFALO, NY 14210

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		Schedule I (Form 990)
	PROGRAM	FUNDING
	PROGRAM	FUNDING

#### UNITED WAY OF BUFFALO AND ERIE COUNTY 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.)

16-0964724 501(C)(3)

Page 1

16-0743969

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> 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							

91,000.

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### Schedule I (Form 990)

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	16 0742042	F01/(d)/(2)	22.000	0	PROGRAM SUBIDING
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
	10 0710505	501(0)(0)			
CATHOLIC CHARITIES OF BUFFALO					
741 DELAWARE AVENUE					PROGRAM FUNDING - CTG
BUFFALO, NY 14209	16-0743251	501(C)(3)	70,000.	Ο.	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
					CREATING ASSETS, SAVINGS
BELMONT SHELTER CORP.					AND HOPE/SAFETY NET
1195 MAIN STREET					ACHIEVEMENT PROGRAM
BUFFALO, NY 14209	16-1080227	501(C)(3)	42,265.	0.	(SNAP)
BOB LANIER CENTER					
157 HEMPSTEAD AVENUE					
	16-1374977	501(C)(3)	300.	0.	FUND FOR ALLIANCES
BUFFALO, NY 14215	10-13/43/1		500.	•	Schedule I (Form 99

(d) Amount of

cash grant

20,000.

(e) Amount of

non-cash

assistance

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(f) Method of

valuation

(book, FMV,

appraisal, other)

(g) Description of

non-cash assistance

#### UNITED WAY OF BUFFALO AND ERIE COUNTY 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.)

(b) EIN

16-1425062

(c) IRC section

if applicable

501(C)(3)

(a) Name and address of organization or government

WNY UNITED AGAINST DRUG AND ALCOHOL ABUSE INC. - 1195 NIAGARA

STREET - BUFFALO, NY 14213

WESTSIDE NEIGHBORHOOD HOUSING

032241 12-21-10



(h) Purpose of grant

or assistance

PROGRAM FUNDING

032241 12-21-10

BPS ADULT LEARNING CENTER					
389 VIRGINIA STREET					SAFETY NET ACHIEVEMENT
BUFFALO, NY 14201		501(C)(3)	126,930.	0.	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
SIREEI - BOFFALO, NI 14204-1237	10-11/2025	501(0)(3)	52,057.	0.	
BUFFALO PUBLIC SCHOOLS					
708 CITY HALL					WNY WOMEN'S FUND
BUFFALO, NY 14202		501(C)(3)	10,000.	0.	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					CLOSING THE GAP-FUND FOR
741 DELAWARE AVENUE					THE IMPROVEMENT OF
BUFFALO, NY 14209	16-0743251	501(C)(3)	200,502.	0.	EDUCATION FEDERAL GRANT
CENTRAL REFERRAL SERVICE					
1170 MAIN STREET					
	16-1242695	501(C)(3)	22,960.	0.	211 PROJECT
BUFFALO, NY 14209	10-1242095	501(0)(3)	22,500.	0.	
CHILD CARE RESOURCE NETWORK					
1000 HERTEL AVENUE					SUCCESS BY 6-CHILD CARE
BUFFALO, NY 14216	22-2916451	501(C)(3)	50,163.	0.	SERVICES
ERIE REGIONAL HOUSING DEVELOPMENT			,		
CORP. (BELLE CENTER) - 104					
MARYLAND STREET - BUFFALO, NY					SAFETY NET ACHIEVEMENT
14201	16-1559032	501(C)(3)	270,683.	0.	PROGRAM (SNAP)
EVERY PERSON INFLUENCES CHILDREN					CLOSING THE GAP-FUND FOR
1000 MAIN STREET					THE IMPROVEMENT OF
BUFFALO, NY 14202	16-1160182	501(C)(3)	43,052.	0.	EDUCATION FEDERAL GRANT
LHA					Schedule I (Form 990)

(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

#### UNITED WAY OF BUFFALO AND ERIE COUNTY Schedule I (Form 990) Part II

(b) EIN

(a) Name and address of organization or government

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

(c) IRC section if applicable

(h) Purpose of grant

or assistance

### Schedule I (Form 990)

BUFFALO, NY 14212	501(C)(3)
LHA	
032241 12-21-10	

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> 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	16 1417492	E01(0)(2)	43,032				SUCCESS BY 6-CHILD CARE
BUFFALO, NY 14210	16-1417483	501(C)(3)	43,032.	0.			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
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#### Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

UNITED WAY OF BUFFALO AND ERIE COUNTY

Schedule I (Form 990)

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Schedule I	(Form 990)
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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LT. COLONEL MATT URBAN HUMAN							
SERVICES CENTER OF WNY - 1081							FUND FOR ALLIANCES /
BROADWAY STREET - BUFFALO, NY							SAFETY NET ACHIEVEMENT
14212	16-1067572	501(C)(3)	170,481.	0.			PROGRAM (SNAP)
MEALS ON WHEELS FOR WNY							
100 JAMES E. CASEY DRIVE							
BUFFALO, NY 14206	16-0959060	501(C)(3)	1,000.	٥.			SPOTLIGHT VOLUNTEER AWARD
NEW DIRECTIONS YOUTH AND FAMILY							
SERVICES INC 356 MAIN STREET -							CLOSING THE GAP-SAFE
RANDOLPH, NY 14772	16-0743220	501(C)(3)	5,038.	٥.			INITIATIVE
NORTHWEST BUFFALO COMMUNITY CENTER							
INC 155 LAWN AVENUE - BUFFALO,							CLOSING THE GAP-SAFE
NY 14207	16-1060168	501(C)(3)	54,409.	0.			INITIATIVE
NORTHWEST BUFFALO COMMUNITY CENTER							
INC 155 LAWN AVENUE - BUFFALO,							SAFETY NET ACHIEVEMENT
NY 14207	16-1060168	501(C)(3)	120,918.	0.			PROGRAM (SNAP)
NOT FOR PROFIT RESOURCE CENTER							
							TIND FOR MILINNER PRI
742 DELAWARE AVENUE	16 0542060	F01(a)())	50.000				FUND FOR ALLIANCES PRI
BUFFALO, NY 14209	16-0743969	501(C)(3)	50,000.	0.			LOANS
RESEARCH FOUNDATION OF CUNY							
CUNY 535 E. 80TH STREET 6TH FLOOR							WNY WOMEN'S FUND
	12 1000100	F01(0)(2)	25 000				
NEW YORK, NY 10021	13-1988190	501(C)(3)	35,000.	0.			QUALITYSTARS
SOUTH BUFFALO EDUCATION CENTER							
2234 SENECA STREET							SAFETY NET ACHIEVEMENT
	20 1020616	501(0)(2)	95 640				
BUFFALO, NY 14210	20-1930616	501(C)(3)	85,642.	0.			PROGRAM (SNAP)
THE MOCHA CENTER, INC.							
1092 MAIN STREET							
BUFFALO, NY 14209	16-1605175	501(C)(3)	7,248.	0.			FUND FOR ALLIANCES
Dollindo, MI 14205	1 10 1000110		,240.	۰ <b>۰</b>	1	1	TOW TOW WITH TWICED

# Schedule I (Form 990) UNITED WAY OF BUFFALO AND ERIE COUNTY

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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# 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>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE PROVIDENCE AFTER SCHOOL							
ALLIANCE - 17 GORDON AVENUE, SUITE							PATHWAYS OUT OF SCHOOL
104 - PROVIDENCE, RI 02905	26-0319193	501(C)(3)	1,000.	0.			TIME INITIATIVE
UNIVERSITY AT BUFFALO EDUCATIONAL							
OPPORTUNITY CENTER - 290 MAIN							CREATING ASSETS, SAVINGS
STREET - BUFFALO, NY 14202		501(C)(3)	693.	0.			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							CLOSING THE GAP-FUND FOR
ALCOHOL ABUSE INC 1195 NIAGARA							THE IMPROVEMENT OF
STREET - BUFFALO, NY 14213	16-1425062	501(C)(3)	79,723.	0.			EDUCATION FEDERAL GRANT
			· · ·				
WNY WOMEN'S FUND							
742 DELAWARE AVENUE							OUT OF SCHOOL TIME
BUFFALO, NY 14209	16-0743969	501(C)(3)	85,430.	0.			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

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(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> 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.	٥.			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
DURENTO REDEDATION OF NETGUDODUOOD							
BUFFALO FEDERATION OF NEIGHBORHOOD CENTERS INC. (BFNC) - 97 LEMON							
STREET - BUFFALO, NY 14204-1297	16-1172623	501(C)(3)	400.	0.			GOODFELLOWS AWARD
	10 11/2025	501(0)(3)	400.	· · ·			GOODT EILIONS 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.	٥.			GOODFELLOWS AWARD
COMPASS HOUSE							
1451 MAIN STREET							
BUFFALO, NY 14209	23-7363167	501(C)(3)	400.	٥.			GOODFELLOWS AWARD
GIRL SCOUTS OF WESTERN NEW YORK							
3332 WALDEN AVENUE				_			
DEPEW, NY 14043	16-0743096	p01(C)(3)	400.	٥.			GOODFELLOWS AWARD

# Schedule I (Form 990) UNITED WAY OF BUFFALO AND ERIE COUNTY

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

16-0743969 Page 1

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> 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

#### UNITED WAY OF BUFFALO AND ERIE COUNTY 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.)

032241 12-21-10

### Schedule I (Form 990) (2010)

# Part III 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.

UNITED WAY OF BUFFALO AND ERIE COUNTY

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

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

16-0743969

Page 2

SCHEDULE J (Form 990)		<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest	ŀ	омв №.			
		Compensated Employees Complete if the organization answered "Yes" to Form 990,		20	IU	,	
	Department of the Treasury Part IV, line 23.				Open to Public Inspection		
_	al Revenue Service	Attach to Form 990. See separate instructions.	Employer ic	•			
man	ne of the organizatio	UNITED WAY OF BUFFALO AND ERIE COUNTY		74396		mber	
Da	rt I Question	s Regarding Compensation	10-0	74390	9		
1 6					Yes	No	
1a	Check the appropr	iate boy(es) if the organization provided any of the following to or for a person listed in Form	990		Tes	NO	
ю	<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o		naluse				
	Travel for com						
		cation and gross-up payments Health or social club dues or initiation fee					
		spending account Personal services (e.g., maid, chauffeur, c					
	,	·					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or					
		provision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir					
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?						
3	Indicate which, if a	ny, of the following the organization uses to establish the compensation of the organization's	5				
	CEO/Executive Dire	ector. Check all that apply.					
	<b>X</b> Compensation	n committee Written employment contract					
		compensation consultant Compensation survey or study					
	Form 990 of o	ther organizations Approval by the board or compensation of	ommittee				
4		any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re					v	
a		ce payment or change-of-control payment from the organization or a related organization?				X X	
b						X	
С		ceive payment from, an equity-based compensation arrangement?		4c			
	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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n				
•	contingent on the r						
а				5a		х	
	The organization? Any related organization?					X	
2		r 5b, describe in Part III.					
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n				
-	contingent on the r						
а	e e	~ 		6a		Х	
		ation?				X	
		r 6b, describe in Part III.					
7	For persons listed i	n 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		reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the					
		eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" to line 8, d	d the organization also follow the rebuttable presumption procedure described in					
		1 53.4958-6(c)?		9			
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Form	n 990)	2010	

032111 12-21-10

# UNITED WAY OF BUFFALO AND ERIE COUNTY 16-0743969

# 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.

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

(Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on 20	1545-0047 <b>10</b> to Public etion					
Name of the organization         Employer identificati           UNITED WAY OF BUFFALO AND ERIE COUNTY         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,	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 CARETAKER	S					
OF INDIVIDUAL WORTH AND SELF-RESPECT AND OUR DONORS RESOURCES. WE ACT	I					
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 VALU	E					
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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032211 01-24-11 Schedule O (Form 990 or 990-EZ) (2010)

UNITED WAY OF BUFFALO AND ERIE COUNTY

### **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 01-24-11 Schedule O (Form 990 or 990-EZ) (2010)

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Page 2

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.
032212	

032212 01-24-11 Schedule O (Form 990 or 990-EZ) (2010)

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Schedule O (Form 990 or 990-EZ) (2010)	Page <b>2</b>
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 RESPONSIB	LE FOR
SELECTING AN INDEPENDENT AUDITOR.	
032212 01-24-11 Sched	lule O (Form 990 or 990-EZ) (2010)

10221216 783816 B0-0118-00 2010.05020 UNITED WAY OF BUFFALO AND E B0-01101