

**PUBLIC INSPECTION COPY**

United Way of Central New York, Inc.

Year Ended June 30, 2016

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

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

**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF CENTRAL NEW YORK, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>518 JAMES STREET, PO BOX 2129</b> City or town, state or province, country, and ZIP or foreign postal code <b>SYRACUSE, NY 13220-2129</b>	<b>D</b> Employer identification number <b>15-0532073</b>  <b>E</b> Telephone number <b>(315) 428-2205</b>
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>G</b> Gross receipts \$ <b>10,580,478.</b>
<b>J</b> Website: ▶ <b>WWW.UNITEDWAY-CNY.ORG</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1953</b> <b>M</b> State of legal domicile: <b>NY</b>
<b>F</b> Name and address of principal officer: <b>FRANCIS J. LAZARSKI</b> <b>SAME AS C ABOVE</b>		
<b>H(c)</b> Group exemption number ▶		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY.</b>			
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		<b>40</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		<b>40</b>
<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>		<b>56</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>		<b>2276</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)		<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		7,724,075.	7,689,347.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		208,085.	215,245.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		72,827.	-24,059.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,014,862.	7,892,240.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,581,629.	5,324,136.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,326,655.	1,320,829.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>676,319.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,337,484.	1,552,204.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		8,245,768.	8,197,169.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		-230,906.	-304,929.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)		9,080,790.	8,548,252.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		5,781,686.	5,511,268.
			3,299,104.	3,036,984.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>FRANCIS J. LAZARSKI, PRESIDENT</b> Type or print name and title	Date	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JILL S. G. PALMETER</b>	Preparer's signature	Date
	Firm's name ▶ <b>DERMODY, BURKE &amp; BROWN, CPAS, LLC</b>	Firm's EIN ▶ <b>01-0723685</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P00281594</b>
	Firm's address ▶ <b>443 N FRANKLIN ST, STE 100 SYRACUSE, NY 13204-1441</b>	Phone no. <b>315.471.9171</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 6,049,131. including grants of \$ 5,324,136. ) (Revenue \$ 226,952. ) THE COMMUNITY IMPACT DIVISION MONITORS THE PROGRAMS THAT WILL RECEIVE 2014-2017 COMMUNITY PROGRAM FUNDS. EACH OF THE 91 PROGRAMS, SPONSORED BY 34 AGENCIES, IS FUNDED IN ONE OF THE FOUR FOCUS AREAS: EDUCATION, INCOME, HEALTH, OR SAFETY NET. EVERY PROGRAM HAS AT LEAST ONE OUTCOME, MANY HAVE MULTIPLE OUTCOMES. EACH PROGRAM IS DESCRIBED IN SCHEDULE O, ALONG WITH THE AMOUNT FUNDED, AND PROGRAM OUTCOMES.

4b (Code: ) (Expenses \$ 398,288. including grants of \$ ) (Revenue \$ ) HIGHLIGHTS FOR THE LITERACY COALITION OF ONONDAGA COUNTY (LCOC) INCLUDED:

IMAGINATION LIBRARY BEGAN IN 2010 IN TWO CITY OF SYRACUSE ZIP CODES. IT EXPANDED TO COVER HALF THE CITY IN 2012 AND TO THE ENTIRE CITY IN 2014. IN MAY 2016 THIS EFFORT EXPANDED TO ALL OF ONONDAGA COUNTY. IN THAT TIME, MORE THAN 9,000 CHILDREN HAVE BEEN ENROLLED AND MORE THAN 142,000 BOOKS HAVE BEEN DISTRIBUTED.

4c (Code: ) (Expenses \$ 300,102. including grants of \$ ) (Revenue \$ ) HIGHLIGHTS FOR THE TRAUMA RESPONSE TEAM (TRT) INCLUDED:

DURING 2015-16 THIS TEAM RESPONDED TO A TOTAL OF 16 VIOLENT INCIDENTS THAT OCCURRED THROUGHOUT THE CITY OF SYRACUSE. THESE INCIDENTS WERE GUN RELATED HOMICIDES ALONG WITH A NUMBER OF VIOLENT ASSAULTS. THERE WERE 846 PEOPLE AT CRIME SCENES THROUGHOUT THE CITY THAT WERE SERVED BY THE TRT. THE TEAM ALSO RESPONDED TO UPSTATE MEDICAL CENTER WHERE 144 PEOPLE WERE SERVED. 488 STUDENTS WERE SERVED THROUGHOUT THE YEAR.

4d Other program services (Describe in Schedule O.) (Expenses \$ 197,869. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,945,390.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 40		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 40		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **BETSY R. FOOTE - (315) 428-2205**  
**P.O. BOX 2129, SYRACUSE, NY 13220**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTINE BOWERS FORMER BOARD MEMBER	1.00	X		X			0.	0.	0.	
(2) KIMBERLY BOYNTON DIRECTOR	1.00	X		X			0.	0.	0.	
(3) JAMES ENNIS ASS'T CHAIR VOLUNTEER RESO	1.00	X		X			0.	0.	0.	
(4) MARION ERVIN EMERITUS DIRECTOR	1.00	X					0.	0.	0.	
(5) CHARLES FENNELLS DIRECTOR	1.00	X					0.	0.	0.	
(6) PAULA FREEDMAN CHAIR HUMAN RESOURCES	1.00	X		X			0.	0.	0.	
(7) RICHARD HOLE CHAIR INVESTMENT COMMITTEE	1.00	X		X			0.	0.	0.	
(8) JOSEPH L. RUFO FORMER BOARD MEMBER	1.00	X					0.	0.	0.	
(9) JOYCE P. GRIFFIN-SOBEL FORMER BOARD MEMBER	1.00	X					0.	0.	0.	
(10) PATRICIA STITH DIRECTOR	1.00	X					0.	0.	0.	
(11) KIMBERLY TOWNSEND FORMER BOARD MEMBER	1.00	X					0.	0.	0.	
(12) DAVID WALL CHAIR VOLUNTEER RESOURCES	1.00	X		X			0.	0.	0.	
(13) MARTHA WINSLOW SECRETARY/ TREASURER	1.00	X		X			0.	0.	0.	
(14) RANDALL WOLKEN CHAIR RESOURCE DEVELOPMENT	1.00	X		X			0.	0.	0.	
(15) SALLY BERRY ASS'T CHAIR COMMUNITY IMPACT	1.00	X		X			0.	0.	0.	
(16) DAVID DUERR ASS'T CHAIR RESOURCE DEVEL	1.00	X		X			0.	0.	0.	
(17) TIMOTHY FOX CHAIR MARKETING & COMMUNIC	1.00	X		X			0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DREW A. JAMES FORMER BOARD MEMBER	1.00	X						0.	0.	0.
(19) MICHAEL F. MELARA FORMER BOARD MEMBER	1.00	X						0.	0.	0.
(20) PEGGY OGDEN ASS'T CHAIR INVESTMENT COMMITTEE	1.00	X		X				0.	0.	0.
(21) LEOLA RODGERS ASS'T CHAIR HUMAN RESOURCES	1.00	X		X				0.	0.	0.
(22) WILLIAM H. BROWER III DIRECTOR	1.00	X						0.	0.	0.
(23) STEPHEN J. GORCZYNSKI CHAIR	1.00	X		X				0.	0.	0.
(24) STEPHANIE A. CROCKETT ASS'T CHAIR MARKETING & CO.	1.00	X		X				0.	0.	0.
(25) ROSA CLARK CHAIR COMMUNITY IMPACT	1.00	X		X				0.	0.	0.
(26) REBECCA BOSTWICK DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								223,137.	0.	33,984.
<b>d Total (add lines 1b and 1c)</b>								223,137.	0.	33,984.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
BERKLEY 518 OFFICE, LLC, 55 OLD NYACK TURNPIKE, SUITE 210, NANUET, NY 10954	RENTAL	135,198.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JAMES D. FREYER CHAIR LEADERSHIP DEVELOPMENT	1.00	X		X				0.	0.	0.
(28) PETER G. MAIER DIRECTOR	1.00	X						0.	0.	0.
(29) VIRGINIA BIESIADA O'NEILL VICE CHAIR	1.00	X		X				0.	0.	0.
(30) MICHAEL HUMPHREY DIRECTOR	1.00	X						0.	0.	0.
(31) JOSEPH E. O' HARA DIRECTOR	1.00	X						0.	0.	0.
(32) DONALD MORGAN DIRECTOR	1.00	X						0.	0.	0.
(33) ANNETTE PETERS DIRECTOR	1.00	X						0.	0.	0.
(34) ANNE MARIE MULLIN DIRECTOR	1.00	X						0.	0.	0.
(35) RUTH CHEN DIRECTOR	1.00	X						0.	0.	0.
(36) PASTOR DAREN C. JAIME DIRECTOR	1.00	X						0.	0.	0.
(37) MICHELLE KENNEDY ASS'T SECRETARY/ TREASURER	1.00	X		X				0.	0.	0.
(38) JEREMY THURSTON ASS'T CHAIR LEADERSHIP DEV	1.00	X		X				0.	0.	0.
(39) STEVE AUSTIN DIRECTOR	1.00	X						0.	0.	0.
(40) EVELYN CARTER DIRECTOR	1.00	X						0.	0.	0.
(41) MARCY ROBINSON DEMBS DIRECTOR	1.00	X						0.	0.	0.
(42) KEVIN HAIR DIRECTOR	1.00	X						0.	0.	0.
(43) DONEEN HOBBS DIRECTOR	1.00	X						0.	0.	0.
(44) DANIEL HURLEY DIRECTOR	1.00	X						0.	0.	0.
(45) PATRICIA LEONE DIRECTOR	1.00	X						0.	0.	0.
(46) ELLEN O'CONNOR DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) FRANCIS J. LAZARSKI PRESIDENT	40.00			X				134,775.	0.	20,638.
(48) BETSY R. FOOTE VICE PRESIDENT OF FINANCE	40.00			X				88,362.	0.	13,346.
Total to Part VII, Section A, line 1c .....								223,137.		33,984.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 34,316.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 299,119.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 7,355,912.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....	31,680.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	7,689,347.				
	<b>Program Service Revenue</b>	<b>2 a</b> SERVICE FEE INCOME .....	<b>Business Code</b> 561000	215,245.	215,245.		
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....		▶	215,245.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶	116,964.			116,964.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶					
	<b>5</b> Royalties .....	▶					
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		2,547,215.					
		<b>b</b> Less: cost or other basis and sales expenses .....	2,688,238.				
		<b>c</b> Gain or (loss) .....	-141,023.				
	<b>d</b> Net gain or (loss) .....	▶	-141,023.			-141,023.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....	▶				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....	▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....	▶					
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER REVENUE- EXCLUDED .....	900099	11,707.	11,707.				
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....	▶	11,707.				
<b>12 Total revenue.</b> See instructions. .....	▶	7,892,240.	226,952.	0.	-24,059.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	5,324,136.	5,324,136.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	254,745.	160,536.	94,209.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	857,714.	311,562.	217,323.	328,829.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,462.	7,592.	8,981.	7,889.
<b>9</b> Other employee benefits	101,169.	34,972.	43,216.	22,981.
<b>10</b> Payroll taxes	82,739.	34,323.	18,184.	30,232.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	688.	165.	220.	303.
<b>c</b> Accounting	30,000.		25,000.	5,000.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	38,632.		38,632.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	34,120.	9,293.	15,370.	9,457.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	33,258.	5,845.	12,856.	14,557.
<b>14</b> Information technology	27,015.	8,395.	8,250.	10,370.
<b>15</b> Royalties				
<b>16</b> Occupancy	154,609.	37,103.	49,483.	68,023.
<b>17</b> Travel	15,727.	3,347.	6,463.	5,917.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	5,705.	315.	5,163.	227.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	78,947.	18,764.	25,999.	34,184.
<b>22</b> Depreciation, depletion, and amortization	6,813.	1,635.	2,180.	2,998.
<b>23</b> Insurance	8,912.	2,128.	2,883.	3,901.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM EXPENSES	1,013,311.	983,783.	502.	29,026.
<b>b</b> PRINTING	102,218.	1,330.	181.	100,707.
<b>c</b> RECOGNITION	2,249.	166.	365.	1,718.
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,197,169.	6,945,390.	575,460.	676,319.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	193,622.	<b>1</b>	227,457.
	<b>2</b> Savings and temporary cash investments .....	1,327,754.	<b>2</b>	984,259.
	<b>3</b> Pledges and grants receivable, net .....	3,313,319.	<b>3</b>	3,225,824.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	19,284.	<b>9</b>	31,239.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 408,639.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 396,799.	16,704.	<b>10c</b> 11,840.
	<b>11</b> Investments - publicly traded securities .....	4,120,291.	<b>11</b>	3,975,945.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	89,816.	<b>15</b>	91,688.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	9,080,790.	<b>16</b>	8,548,252.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	104,298.	<b>17</b>	102,691.
	<b>18</b> Grants payable .....	1,791,406.	<b>18</b>	1,616,858.
	<b>19</b> Deferred revenue .....	400,231.	<b>19</b>	353,614.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	98,375.	<b>23</b>	98,375.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	3,387,376.	<b>25</b>	3,339,730.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	5,781,686.	<b>26</b>	5,511,268.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	14,097.	<b>27</b>	-138,900.
	<b>28</b> Temporarily restricted net assets .....	3,217,899.	<b>28</b>	3,103,902.
	<b>29</b> Permanently restricted net assets .....	67,108.	<b>29</b>	71,982.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	3,299,104.	<b>33</b>	3,036,984.	
<b>34</b> Total liabilities and net assets/fund balances .....	9,080,790.	<b>34</b>	8,548,252.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,892,240.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,197,169.
3	Revenue less expenses. Subtract line 2 from line 1	3	-304,929.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,299,104.
5	Net unrealized gains (losses) on investments	5	42,809.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,036,984.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2015

Open to Public Inspection

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

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC. Employer identification number 15-0532073

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7814136.	7882128.	7625972.	7724075.	7689347.	38735658.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7814136.	7882128.	7625972.	7724075.	7689347.	38735658.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						38735658.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	7814136.	7882128.	7625972.	7724075.	7689347.	38735658.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	59,501.	291,029.	201,887.	72,827.	-24,059.	601,185.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	10,086.	11,921.	10,767.	9,875.	11,707.	54,356.
<b>11 Total support.</b> Add lines 7 through 10						39391199.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,070,082.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.34 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	97.46 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> 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 .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2015.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

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

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

Schedule A (Form 990 or 990-EZ) 2015

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**MISCELLANEOUS**

2011 AMOUNT: \$ 10,086.

2012 AMOUNT: \$ 11,921.

2013 AMOUNT: \$ 10,767.

2014 AMOUNT: \$ 9,875.

2015 AMOUNT: \$ 11,707.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC. Employer identification number 15-0532073

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.



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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	67,108.	68,648.	65,217.	68,685.	62,462.
b Contributions					
c Net investment earnings, gains, and losses	4,874.	-1,540.	3,431.	-3,468.	6,223.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	71,982.	67,108.	68,648.	65,217.	68,685.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		71,163.	68,337.	2,826.
d Equipment		337,476.	328,462.	9,014.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,840.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>UNDESIGNATED ALLOCATIONS PAYABLE</b>	<b>3,339,730.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>3,339,730.</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,960,020.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	42,809.	
b	Donated services and use of facilities	2b	47,929.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	90,738.
3	Subtract line 2e from line 1		3	5,869,282.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,632.	
b	Other (Describe in Part XIII.)	4b	1,984,326.	
c	Add lines 4a and 4b		4c	2,022,958.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	7,892,240.

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

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

1	Total expenses and losses per audited financial statements		1	6,222,140.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	47,929.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	47,929.
3	Subtract line 2e from line 1		3	6,174,211.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,632.	
b	Other (Describe in Part XIII.)	4b	1,984,326.	
c	Add lines 4a and 4b		4c	2,022,958.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	8,197,169.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE ENDOWMENT FUND WAS ESTABLISHED BY A DONOR TO HELP WITH GENERAL OPERATING EXPENSES FOR THE ORGANIZATION. INTEREST AND DIVIDENDS FROM THE FUND ARE USED FOR GENERAL OPERATIONS.

**PART X, LINE 2:**

THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, AND UNDER SIMILAR REQUIREMENTS OF NEW YORK STATE LAW, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE TAXES.

MANAGEMENT IS UNAWARE OF ANY UNRELATED BUSINESS ACTIVITIES THAT MAY BE

**Part XIII** Supplemental Information (continued)

SUBJECT TO UNRELATED BUSINESS INCOME TAX OR ANY ACTIVITIES THAT WOULD  
JEOPARDIZE THE CORPORATION'S EXEMPT STATUS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS PAYABLE TO AGENCIES 1,984,326.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO AGENCIES 1,984,326.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF CENTRAL NEW YORK, INC.** Employer identification number **15-0532073**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> 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
ACR HEALTH 627 WEST GENESEE STREET SYRACUSE, NY 13204	16-1359060		80,050.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
EXCEPTIONAL FAMILY RESOURCES 1820 LEMOYNE AVENUE SYRACUSE, NY 13208	16-1098311		22,700.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ARISE, INC. 635 JAMES STREET SYRACUSE, NY 13203	16-1186293		52,010.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
BOYS AND GIRLS CLUB OF SYRACUSE 2100 EAST FAYETTE STREET SYRACUSE, NY 13224	15-0532240		21,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CATHOLIC CHARITIES OF ONONDAGA COUNTY - 1654 WEST ONONDAGA STREET - SYRACUSE, NY 13204	15-0532085		639,415.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CENTER FOR COMM. ALTERNATIVES 115 EAST JEFFERSON STREET, SUITE 30 SYRACUSE, NY 13202	16-1395992		194,560.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **34.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2015)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONTACT COMMUNITY SERVICES, INC. 6311 COURT STREET EAST SYRACUSE, NY 13057	16-0984299		190,746.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
FOOD BANK OF CNY 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	22-2816988		95,512.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
GIRL SCOUTS OF NY PENN PATHWAYS 8170 THOMPSON ROAD CICERO, NY 13039	16-0844808		20,880.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
INTERFAITH WORKS OF CENTRAL NEW YORK, INC. - 3049 EAST GENESEE STREET - SYRACUSE, NY 13224	16-1064233		78,426.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SAMARITAN CENTER, INC. 215 NORTH STATE STREET SYRACUSE, NY 13203	16-1328786		40,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
LITERACY VOLUNTEERS OF GREATER SYRACUSE - 100 NEW STREET - SYRACUSE, NY 13202	16-1002098		30,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SPANISH ACTION LEAGUE 700 OSWEGO STREET SYRACUSE, NY 13204	16-1023352		34,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SALVATION ARMY OF THE SYRACUSE AREA - 677 SOUTH SALINA STREET - SYRACUSE, NY 13202	16-1057773		892,205.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
VERA HOUSE, INC. 6181 THOMPSON ROAD, SUITE 100 SYRACUSE, NY 13206	51-0201530		232,980.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA SYRACUSE & ONONDAGA COUNTY 120 EAST WASHINGTON STREET, SUITE 4 SYRACUSE, NY 13202	15-0532277		118,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ELMCREST CHILDREN'S CENTER, INC 960 SALT SPRINGS ROAD SYRACUSE, NY 13244	15-0539090		73,880.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
AMERICAN RED CROSS, ONONDAGA-OSWEGO CHAPTER - 344 WEST GENESEE STREET - SYRACUSE, NY 13202	53-0196605		98,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CHILDREN'S CONSORTIUM 2122 ERIE BOULEVARD EAST SYRACUSE, NY 13224	16-1019998		12,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE CHILDREN'S CENTER 1183 MONROE AVENUE ROCHESTER, NY 14620	16-0743039		27,280.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
P.E.A.C.E., INC. 271 SOUTH SALINA STREET, 2ND FLOOR SYRACUSE, NY 13202	16-6095039		152,808.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SYRACUSE NORTHEAST COMMUNITY CENTER - 716 HAWLEY AVENUE - SYRACUSE, NY 13203	16-1116632		44,700.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
AURORA OF CENTRAL NEW YORK, INC. 518 JAMES STREET, SUITE 100 SYRACUSE, NY 13203	15-0543651		107,345.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CHILD CARE SOLUTIONS 6724 THOMPSON ROAD SYRACUSE, NY 13221	16-1057376		85,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANK H. HISCOCK LEGAL AID SOCIETY 351 SOUTH WARREN STREET SYRACUSE, NY 13202	15-0527253		50,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HUNTINGTON FAMILY CENTERS 405 GIFFORD STREET SYRACUSE, NY 13204	15-0532198		316,230.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ON POINT FOR COLLEGE, INC. 1654 WEST ONONDAGA STREET SYRACUSE, NY 13204	16-1569356		79,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SYRACUSE JEWISH FAMILY SERVICES 4101 EAST GENESEE STREET SYRACUSE, NY 13214	15-0539102		23,175.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ACCESS- CNY, INC. 1603 COURT STREET SYRACUSE, NY 13208	15-0532247		38,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE WORK SCHOLARSHIP CONNECTION - 704 SALT SPRINGS ROAD - SYRACUSE, NY 14620	16-1453581		15,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
MCMAHON RYAN CHILD ADVOCACY CENTER 601 EAST GENESEE STREET SYRACUSE, NY 13202	16-1563195		18,130.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WELCH TERRACE HOUSING DEVELOPMENT FUND, INC. - 1047 EAST FAYETTE STREET - SYRACUSE, NY 13210	16-1442502		14,480.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WHOLE ME, INC 1015 STATE FAIR BOULEVARD SYRACUSE, NY 13209	04-3743001		20,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

Schedule I (Form 990)



<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RESCUE MISSION ALLIANCE OF SYRACUSE, NEW YORK - 155 GIFFORD STREET - SYRACUSE, NY 13202	15-0532146		30,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
15/16 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATIONS - 518 JAMES STREET - SYRACUSE, NY 13220	15-0532073		1,375,624.	0.			15/16 DESIGNATIONS AS MADE BY CAMPAIGN DONORS TO NON-UNITED WAY OF CENTRAL NEW YORK AGENCIES

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

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

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

PART I, LINE 2:

THE COMMUNITY PROGRAM FUND OPERATES ON THREE-YEAR FUNDING CYCLE, CURRENTLY JULY 1, 2014 TO JUNE 30, 2017. ALLOCATIONS ARE DETERMINED BY THE BOARD OF DIRECTORS AFTER AN EXTENSIVE REVIEW OF APPLICATIONS BY TEAMS OF SKILLED VOLUNTEERS FROM THE COMMUNITY.

ON-GOING MONITORING OF THE AGENCIES RECEIVING GRANTS INCLUDES THE

SUBMISSION OF THE FOLLOWING DOCUMENTATION IN EACH OF THE THREE YEARS:

MID-YEAR AGENCY REPORT; MID-YEAR PROGRAM REPORT (FOR EACH SEPARATE PROGRAM

**Part IV Supplemental Information**

THAT AN AGENCY IS RECEIVING FUNDING); YEAR-END AGENCY REPORT; YEAR-END PROGRAM REPORT (FOR EACH SEPARATE PROGRAM THAT AN AGENCY IS RECEIVING FUNDING). THE STATUS OF AGREED UPON PROGRAM OUTPUTS AND OUTCOMES AND FINANCIAL DATA ARE INCLUDED. EFFECTIVE SPRING OF 2012, THE COMMUNITY IMPACT DIVISION HAS INITIATED SITE VISITS TO THE FUNDED PROGRAMS.

IN ADDITION, ON AN ANNUAL BASIS EACH FUNDED AGENCY IS REQUIRED TO CONDUCT AN INDEPENDENT AUDIT AND TO SUBMIT TO UNITED WAY A COPY OF THAT AUDIT, MANAGEMENT LETTER IF ISSUED, 990 AND SINGLE AUDIT; IF REQUIRED.

FORM 990, SCHEDULE I, PART II

DETAIL OF 15/16 DESIGNATIONS TO OTHER 501 (C) (3) ORGANIZATION

AGENCY NAME WITH TOTAL DESIGNATION

UPSTATE MEDICAL UNIVERSITY FOUNDATION - \$236,299

UNITED WAY OF CAYUGA COUNTY, INC. - \$159,275

CROUSE HEALTH FOUNDATION - \$28,446

FRANCIS HOUSE - \$27,156

AMERICAN RED CROSS OF CENTRAL NEW YORK - \$26,938

SAY YES TO EDUCATION/SYRACUSE CHAPTER - \$26,423

UNITED WAY OF GREATER OSWEGO COUNTY, INC. - \$26,186

SYRACUSE COMMUNITY HEALTH CENTER FOUNDATION - \$25,800

ST. JOSEPH'S HOSPITAL CENTER FOUNDATION - \$24,557

ANIMAL CHARITIES OF AMERICA - \$23,158

HOSPICE OF CENTRAL NEW YORK - \$21,842

COMMUNITY HEALTH CHARITIES - \$19,931

INTERNATIONAL ASSOCIATION OF LIONS CLUBS SYRACUSE LIONS CLUB CHARITY FUND - \$18,000

**Part IV Supplemental Information**

CENTRAL NEW YORK SPCA - \$17,838

ALZHEIMER'S ASSOCIATION, CNY CHAPTER - \$17,228

GLOBAL IMPACT - \$16,512

PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK, INC. - \$16,116

HERKIMER/MADISON/ONEIDA SEFA - \$15,739

UPSTATE MEDICAL ALUMNI FOUNDATION - \$15,357

SYRACUSE CITY SCHOOL DISTRICT EDUCATION FOUNDATION - \$13,949

MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK - \$13,104

AMERICA'S CHARITIES, INC. - \$11,463

INDEPENDENT CHARITIES OF AMERICA - \$11,400

HEALTH &amp; MEDICAL RESEARCH CHARITIES OF AMERICA - \$10,224

SETON FOOD PANTRY, INC. - \$10,023

MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICA - \$9,440

UNITED WAY FOR CORTLAND COUNTY - \$9,138

JOWONIO SCHOOL - \$8,850

CENTRAL NEW YORK COMMUNITY FOUNDATION - \$8,716

EARTH SHARE CHAPTERS OF NEW YORK, INC. - \$8,269

MERCY WORKS INC. - \$7,797

YMCA OF GREATER SYRACUSE - \$7,735

CHILDREN'S CHARITIES OF AMERICA - \$7,622

WOUNDED WARRIOR PROJECT (WWP) - \$7,596

NEW HOPE FAMILY SERVICES, INC. - \$7,589

SOLVAY GEDDES COMMUNITY YOUTH CENTER, INC. - \$7,387

CHRISTIAN SERVICE CHARITIES - \$7,318

SARAH'S GUEST HOUSE, INC. - \$7,142

MILITARY SUPPORT GROUPS OF AMERICA FEDERATION - \$7,078

GREATER ROCHESTER SEFA - \$6,668

LONGHOUSE COUNCIL BOY SCOUTS OF AMERICA, INC. - \$6,329

**Part IV Supplemental Information**

CANCERCURE OF AMERICA - \$6,153

HOPE FOR BEREAVED - \$5,588

ARISE AT THE FARM - \$5,320

CHRISTIAN CHARITIES USA - \$5,064

VERA HOUSE FOUNDATION - \$5,000

MEDICAL RESEARCH CHARITIES - \$4,930

SUSAN G. KOMEN FOR THE CURE CNY AFFILIATE - \$4,850

UNITED WAY OF THE ADIRONDACK REGION - \$4,347

AMERICAN CANCER SOCIETY - CENTRAL NEW YORK REGION - \$4,309

MULTIPLE SCLEROSIS RESOURCES OF CNY - \$4,203

CHILDREN'S MEDICAL & RESEARCH CHARITIES OF AMERICA - \$4,191

ADVOCATES, INC. - \$4,170

CLEAR PATH FOR VETS - \$4,166

UNITED WAY OF THE VALLEY & GREATER UTICA AREA - \$4,128

M.O.S.T. (MUSEUM OF SCIENCE AND TECHNOLOGY) - \$4,114

CATHOLIC SERVICE ORGANIZATIONS OF AMERICA - \$4,079

AMERICAN DIABETES ASSOCIATION - SYRACUSE - \$3,992

CORTLAND COUNTY SEFA - \$3,962

SPAULDING SUPPORT SERVICES - \$3,950

EARTH SHARE (NATIONAL) - \$3,950

THE KARA FUND, INC. - \$3,915

BROOME/CHENANGO/TIOGA SEFA - \$3,910

AMERICAN HEART ASSOCIATION OF ONONDAGA COUNTY - \$3,723

SKANEATELES EDUCATION FOUNDATION - \$3,531

FATHER CHAMPLIN'S GUARDIAN ANGEL SOCIETY - \$3,415

SULLIVAN FOOD CUPBOARD - \$3,400

FORT DRUM ARMY COMMUNITY SERVICE - \$3,355

YOUNG LIFE SYRACUSE NY24 - \$3,152

**Part IV Supplemental Information**

JEFFERSON/LEWIS SEFA - \$3,113

OPHELIA'S PLACE - \$3,102

JEWISH COMMUNITY CENTER OF SYRACUSE - \$3,057

ARC OF ONONDAGA FOUNDATION - \$3,000

LEADERSHIP GREATER SYRACUSE - \$2,997

NEIGHBOR TO NATION - \$2,951

USO, INC. - \$2,932

JUVENILE DIABETES RESEARCH FOUNDATION, CNY CHAPTER - \$2,928

MARCH OF DIMES FOUNDATION, NY CHAPTER CENTRAL NEW YORK DIVISION -  
\$2,909

CAMP GOOD DAYS &amp; SPECIAL TIMES, INC. - \$2,869

SACRED HEART CHURCH - ANNA'S PANTRY - \$2,855

CHARITIES UNDER 1 PERCENT OVERHEAD - \$2,834

AMERICAN CANCER SOCIETY- EASTERN DIV. - \$2,807

CHADWICK RESIDENCE, INC. - \$2,804

UNITED WAY OF GREATER ONEIDA, INC. - \$2,736

BASCOL - \$2,724

LITERACY COALITION OF ONONDAGA COUNTY - \$2,710

HUMANE ASSOC. OF CENTRAL NEW YORK - \$2,698

UNITED WAY OF SENECA COUNTY, INC. - \$2,634

CHARITY FOR CHILDREN, INC. - \$2,584

THE ALS ASSOCIATION UPSTATE NEW YORK CHAPTER - \$2,564

THE VNA FOUNDATION OF CENTRAL NEW YORK - \$2,496

RONALD MCDONALD HOUSE CHARITIES OF CENTRAL NEW YORK - \$2,449

ARC OF ONONDAGA COUNTY - \$2,444

SYRACUSE OPEN HOUSE, INC. - \$2,365

GREATER CAPITAL REGION SEFA - \$2,325

DUNBAR ASSOCIATION, INC. - \$2,318

**Part IV Supplemental Information**

NYS TROOPERS PBS SIGNAL 30 FUND, INC. - \$2,284

CHILDREN FIRST - AMERICA'S CHARITIES - \$2,237

EDUCATION FOUNDATION FOR SUFFOLK COUNTY EXTENSION, INC. - \$2,236

HOPEPRINT - \$2,231

MADISON COUNTY FEDERATION COMMUNITY CHESTS - \$2,199

UNITED WAY OF GREATER ROCHESTER - \$2,179

FOREVER FUND - \$2,160

CFC UNIVERSAL GIVING LIST - \$2,145

SYRACUSE TEACHERS TRUST FUND C/O SYRACUSE TEACHERS ASSOCIATION - \$2,109

CYSTIC FIBROSIS FOUNDATION - CNY CHAPTER - \$2,100

EAST SYRACUSE MINOA EDUCATION FOUNDATION - \$2,100

FAITH HERITAGE SCHOOL - \$2,028

BRADY FAITH CENTER - \$2,016

LAFAYETTE OUTREACH, INC. - \$2,013

LEARNING DISABILITIES ASSOCIATION OF CENTRAL NEW YORK - \$1,992

UNIQUE & NOTEWORTHY CHARITIES - \$1,930

MUSCULAR DYSTROPHY ASSOCIATION CNY - \$1,878

NATIONAL KIDNEY FOUNDATION OF CNY - \$1,868

LEUKEMIA & LYMPHOMA SOCIETY WESTERN & CENTRAL NEW YORK CHAPTER - \$1,803

FIRE FIGHTER CANCER FOUNDATION OF NEW YORK - \$1,794

MAKE-A-WISH FOUNDATION OF AMERICA - \$1,794

ST. MARGARET'S SCHOOL - \$1,720

SPORTS CHARITIES USA - \$1,717

CONSERVATION & PRESERVATION CHARITIES OF AMERICA - \$1,711

JORDAN ELBRIDGE ECUMENICAL FOOD PANTRY - \$1,688

HELPING HOUNDS DOG RESCUE, INC. - \$1,667

OSWEGO COUNTY HUMANE SOCIETY, INC. - \$1,605

MUSICAL ASSOCIATES OF CENTRAL NEW YORK DBA SYMPORHIA - \$1,600

**Part IV Supplemental Information**

CNY CHINESE SCHOOL - \$1,568

ST. JUDE CHILDREN'S RESEARCH HOSPITAL - \$1,567

WILD ANIMALS WORLDWIDE - \$1,561

COUNTY NORTH CHILDREN'S CENTER - \$1,555

TEAM RED WHITE &amp; BLUE - \$1,550

SYRACUSE MODEL NEIGHBORHOOD FACILITY, INC. - \$1,544

ALL FAITHS FOOD PANTRY, INC. - \$1,534

JOSEPH'S HOUSE FOR WOMEN, INC. - \$1,517

HEALTH FIRST - AMERICA'S CHARITIES - \$1,512

ST. CHARLES &amp; ST. ANN CHURCH - \$1,500

MENTAL HEALTH &amp; ADDICTION NETWORK FEDERATION - \$1,491

DIABETES CHARITIES OF AMERICA - \$1,481

MAUREENS HOPE FOUNDATION INC. - \$1,480

NIAGARA FRONTIER SEFA - \$1,467

HOSPICE OF THE FINGER LAKES - \$1,454

FRIENDS OF DOROTHY ALTERNATIVE EFFORTS CENTER OF CNY, INC. - \$1,404

LIBERTY RESOURCES, INC. - \$1,394

TEEN CHALLENGE SYRACUSE CHAPTER - \$1,394

UNITED WAY OF THE SOUTHERN TIER - \$1,393

FAYETTEVILLE MANLIUS JAMESVILLE DEWITT MEALS ON WHEELS - \$1,360

SYRACUSE BEHAVIORAL HEALTHCARE - \$1,348

POSTAL EMPLOYEES' RELIEF FUND - \$1,339

NORTHERN OSWEGO COUNTY HEALTH SERVICES - \$1,257

ONONDAGA CENTRAL SCHOOL BOOSTER CLUB - \$1,242

MATTHEW HOUSE, INC. - \$1,232

UNITED WAY OF ROME &amp; WESTERN ONEIDA COUNTY, INC. - \$1,231

CAZ CARES - \$1,230

NEW YORK CITY SEFA - \$1,228



**Part IV Supplemental Information**

CHARITY WITHOUT BORDERS FEDERATION - \$1,227

SYRACUSE UNIVERSITY FUNDS UMBRELLA - \$1,204

WOMEN, CHILDREN, AND FAMILY SERVICE CHARITIES OF AMERICA - \$1,200

YOUNG LIFE WEST NY30 - \$1,200

ORENDA SPRINGS - \$1,184

LUPUS ALLIANCE OF UPSTATE NY WESTERN, CNY, AND NE OF NYS - \$1,145

FRIENDS OF OSWEGO COUNTY HOSPICE INC. - \$1,138

ALZHEIMER'S RESEARCH & PREVENTION FOUNDATION - \$1,088

CHARITIES UNDER 5 PERCENT OVERHEAD - \$1,087

TOURETTE SYNDROME ASSOCIATION OF GREATER NEW YORK STATE - \$1,079

HUMAN & CIVIL RIGHTS ORGANIZATIONS OF AMERICA - \$1,074

ADIRONDACK MOUNTAIN CLUB - \$1,067

CHILDREN'S CENTER OF OSWEGO, INC. - \$1,064

WESTHILL CENTRAL SCHOOL DISTRICT EDUCATIONAL FOUNDATION - \$1,064

UNITED WAY OF BROOME COUNTY - \$1,053

CNY ARTS - \$1,052

FAYETTEVILLE-MANLIUS COMMUNITY OUTREACH - \$1,050

UNITED WAY OF NORTHERN NEW YORK - \$1,049

CARE FIRST - \$1,040

H. LEE WHITE MARITIME MUSEUM AT OSWEGO - \$1,040

HONOR FLIGHT SYRACUSE, INC. - \$1,030

THE HUMANE SOCIETY OF THE UNITED STATES - \$1,021

CENTRAL NEW YORK CAT COALITION - \$1,001

CROHN'S & COLITIS FOUNDATION - \$1,000

415 AGENCIES WITH TOTAL DESIGNATIONS <\$999 - \$104,125

TOTAL - \$1,375,624

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2015**

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**UNITED WAY OF CENTRAL NEW YORK, INC.**

Employer identification number

**15-0532073**

**Part I Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) FRANCIS J. LAZARSKI PRESIDENT	(i)	134,775.	0.	0.	4,715.	15,923.	155,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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	(i)							
	(ii)							



**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open To Public Inspection**

Name of the organization **UNITED WAY OF CENTRAL NEW YORK, INC.** Employer identification number **15-0532073**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....						▶ \$						

**Part III Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JAMES D. FREYER	CHAIRMAN AND CEO OF	21,524.	UWCNY USED		X

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JAMES D. FREYER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CHAIRMAN AND CEO OF HAYLOR, FREYER & COON, INC. AND CHAIR- LEADERSHIP DEVELO

(D) DESCRIPTION OF TRANSACTION: UWCNY USED HAYLOR, FREYER, & COON, INC.,

OF WHICH BOARD MEMBER JAMES D. FREYER IS THE CHAIRMAN AND CEO, AS AN

INSURANCE BROKER IN 2016. AMOUNT OF TRANSACTION IS THE TOTAL AMOUNT OF

INSURANCE PREMIUMS PAID TO OR BROKERED BY HAYLOR, FREYER, & COON, INC.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **UNITED WAY OF CENTRAL NEW YORK, INC.** Employer identification number **15-0532073**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	8	31,680.	AVE LOW/ HIGH DAY SO
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

UNITED WAY OF CENTRAL NEW YORK USES AN INVESTMENT FIRM TO MAINTAIN AND/  
OR SELL NON-CASH CONTRIBUTIONS OF SECURITIES.



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

FORM 990, PART III, LINE 1

UNITED WAY ENVISIONS A WORLD WHERE ALL INDIVIDUALS AND FAMILIES ACHIEVE  
THEIR HUMAN POTENTIAL THROUGH EDUCATION, FINANCIAL STABILITY AND  
HEALTHY LIVING. IMAGINE A WORLD THAT FOSTERS HOPE AND OPPORTUNITY FOR  
EVERYONE. A WORLD WHERE...

1. ALL CHILDREN RECEIVE A QUALITY EDUCATION THAT OFFERS A PATHWAY TO A  
BRIGHTER TOMORROW.

2. THE CYCLE OF POVERTY AND FINANCIAL DEPENDENCE ENDS, AND PRODUCTIVE  
LIVELIHOODS BEGIN FOR EVEN THE MOST DISADVANTAGED.

3. EVERYONE HAS AN EQUAL CHANCE TO LEAD HEALTHY LIVES.

4. COMMUNITIES NOT ONLY SET SIGNIFICANT AND MEASURABLE GOALS TO  
ADVANCE THESE FUNDAMENTAL ELEMENTS OF HUMAN DEVELOPMENT, BUT ACHIEVE  
THEM.

FORM 990. PART III, LINE 4A

FOCUS AREA #1 EDUCATION PART 1

EDUCATION: EDUCATING COMMUNITY MEMBERS TO ACHIEVE THEIR FULL POTENTIAL.

CATHOLIC CHARITIES OF ONONDAGA COUNTY

PRE-SCHOOL PROGRAM \$85,000

THE PROGRAM PROVIDES ACCESSIBLE YEAR-ROUND, EARLY CHILDHOOD EDUCATION  
AT NO COST THAT ENHANCES COGNITIVE, EMOTIONAL, SOCIAL, PHYSICAL, AND  
LINGUISTIC DEVELOPMENT SO CHILDREN ARE DEVELOPMENTALLY ON TRACK WHEN

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

ENTERING KINDERGARTEN. THE TARGET POPULATION IS COMPRISED OF VULNERABLE FAMILIES WITH CHILDREN THREE TO FIVE YEARS OLD LIVING IN HIGH-NEED NEIGHBORHOODS OF THE CITY OF SYRACUSE. PARTICIPANTS REPRESENT THE CITY'S GROWING ETHNIC AND LINGUISTIC DIVERSITY WITH MANY CHILDREN BEING ENGLISH LANGUAGE LEARNERS (ELL). THE PROGRAM PROVIDES TRANSPORTATION AND EDUCATIONAL OPPORTUNITIES TO SUPPORT AND ENGAGE PARENTS. OPERATING SINCE 1972, THE PROGRAM NOW PROVIDES UNIVERSAL PRE-K IN PARTNERSHIP WITH THE SYRACUSE CITY SCHOOL DISTRICT. 332 CHILDREN ATTENDED; AN INCREASE OF 4.8% OVER THE PREVIOUS YEAR.

REFUGEE YOUTH AND FAMILY SUPPORT PROGRAM \$50,000

THE CCOC REFUGEE YOUTH AND FAMILY SUPPORT PROGRAM (RYP) IS A COMPREHENSIVE YOUTH DEVELOPMENT PROGRAM SERVING REFUGEE CHILDREN AND TEENS DESIGNED TO HELP THEM ASSIMILATE TO THEIR NEW HOME. THE PROGRAM OFFERS ETHNIC ROLE MODELS, ORIENTATION TO THE AMERICAN SCHOOL SYSTEM, ACADEMIC ENRICHMENT, AND SUPPORT SERVICES. EACH YEAR, APPROXIMATELY 350 REFUGEE CHILDREN FROM AROUND THE WORLD BEGIN NEW LIVES IN THE CITY OF SYRACUSE. THE OBJECTIVES OF THE PROJECT ARE TO PREPARE REFUGEE YOUTH FOR ACADEMIC SUCCESS AND SCHOOL AND COMMUNITY INTEGRATION, AND TO FACILITATE PROGRESS OF REFUGEE YOUTH TOWARD A HIGH SCHOOL DEGREE. THE REFUGEE YOUTH PROGRAM HAS PROVIDED SERVICES FOR 22 YEARS. 433 CHILDREN ENGAGE IN AFTER-SCHOOL AND ACADEMIC SUPPORT ACTIVITIES; AN INCREASE OF 17% OVER THE PREVIOUS YEAR.

CENTER FOR COMMUNITY ALTERNATIVES, INC.

TRANSITION COACH PROGRAM \$60,000

THE TRANSITION COACH PROGRAM PROVIDES COMPREHENSIVE TRANSITIONAL

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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SUPPORT THAT ASSISTS SUSPENDED MIDDLE SCHOOL YOUTH WHO ATTEND THE SYRACUSE CITY SCHOOL DISTRICT'S (SCSD) ALTERNATIVE CLASSROOMS WITH THEIR SUCCESSFUL TRANSITION TO, AND RETENTION IN, MAINSTREAM SCHOOL. THIS ASSISTANCE IS PROVIDED THROUGH THERAPEUTIC CASE MANAGEMENT, SCHOOL BASED ADVOCACY AND FAMILY SUPPORT AND EDUCATION. 93 YOUTH PARTICIPATED IN THIS PROGRAM.

CHILD CARE SOLUTIONS, INC.

COMMUNITY CHILD CARE SCHOLARSHIP PROGRAM \$85,000  
 RELIABLE CHILD CARE IS A NECESSITY FOR PARENTS WHO MUST WORK OUTSIDE THE HOME TO SUPPORT THEIR FAMILIES. CHILDREN'S PHYSICAL, EMOTIONAL AND COGNITIVE DEVELOPMENT IS IMPACTED BY THE QUALITY OF THE CARE THEY RECEIVE, BUT GOOD CHILD CARE IS EXPENSIVE AND OFTEN UNAFFORDABLE FOR MODERATE-INCOME FAMILIES. SINCE 2005, CHILD CARE SOLUTIONS HAS PROVIDED FINANCIAL ASSISTANCE THROUGH THE COMMUNITY CHILD CARE SCHOLARSHIP PROGRAM TO HELP MODERATE-INCOME WORKING PARENTS IN ONONDAGA COUNTY ENROLL THEIR CHILDREN IN NY STATE REGULATED CHILD CARE CENTERS FOR QUALITY CARE AND EARLY LEARNING. 41 CHILDREN RECEIVED CHILD CARE SCHOLARSHIP AWARDS.

CONTACT COMMUNITY SERVICES, INC.

PAVING R WAY TO GRADUATE \$46,000  
 PAVING "R" WAY TO GRADUATE (PRWTG) DELIVERS COMPREHENSIVE YOUTH DEVELOPMENT PROGRAMMING IN SYRACUSE AND NORTH SYRACUSE SCHOOLS FOR UP TO 600 EDUCATIONALLY AND ECONOMICALLY DISADVANTAGED YOUTH IN THIRD TO EIGHTH GRADES. THESE LICENSED SCHOOL-AGED CHILD CARE PROGRAMS PROVIDE

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FREE BEFORE, DURING AND AFTER SCHOOL PROGRAMMING THAT INCLUDES ACADEMIC/TUTORIAL ASSISTANCE, RECREATION, PERFORMING ARTS, REFERRALS TO HEALTH AND MENTAL HEALTH SERVICES, CAREER EXPLORATION AND CASE MANAGEMENT. THESE SERVICES HELP STUDENTS STRENGTHEN ACADEMIC ABILITIES, DEVELOP SOCIAL, EMOTIONAL AND LIFE SKILLS, INCREASE THEIR SELF-AWARENESS, STRENGTHEN AND DEVELOP PROTECTIVE FACTORS, AND EXPERIENCE THE STABILITY OF A CARING COMMUNITY OF PEERS AND ADULTS. 372 STUDENTS PARTICIPATING IN YOUTH DEVELOPMENT ACTIVITIES AND PEER GROUP SESSIONS.

PRIMARY PROJECT \$35,000

PRIMARY PROJECT IS A SCHOOL-BASED PREVENTION AND EARLY INTERVENTION PROGRAM THAT ADDRESSES SCHOOL ADJUSTMENT DIFFICULTIES THROUGH DEVELOPMENTALLY APPROPRIATE CHILD-LED PLAY FOR 650 STUDENTS ENROLLED IN GRADES KINDERGARTEN THROUGH THREE WHO HAVE BEEN IDENTIFIED AS AT RISK FOR SCHOOL MALADJUSTMENT AND/OR FAILURE. CONTACT COMMUNITY SERVICES, INC. (CONTACT) PARTNERS WITH BOTH THE SYRACUSE CITY SCHOOL DISTRICT (SCSD) AND THE EAST SYRACUSE-MINOA CENTRAL SCHOOL DISTRICT (ESM) TO PROVIDE PRIMARY PROJECT SERVICES TO HELP IDENTIFIED STUDENTS BECOME MORE EMOTIONALLY RESILIENT, DEVELOP BETTER SOCIAL SKILLS, AND IMPROVE SCHOOL ADJUSTMENT AND LEARNING. THE PROGRAM IDENTIFIES CHILDREN THROUGH SCREENING TO DETERMINE EARLY SCHOOL ADJUSTMENT DIFFICULTIES THAT INTERFERE WITH LEARNING. OUTCOMES INCLUDE INCREASED TASK ORIENTATION, BEHAVIOR CONTROL, ASSERTIVENESS, AND PEER SOCIAL SKILLS. 7,223 CHILDREN SCREENED FOR PARTICIPATION IN THIS PROJECT.

STEP (SUCCESS THROUGH EARLY PREVENTION) PROGRAM \$26,666

THE SUCCESS THROUGH EARLY PREVENTION (STEP) PROGRAM IMPROVES STUDENT

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BEHAVIOR AND REDUCES DISCIPLINARY REFERRALS AND SUSPENSIONS HELPING KINDERGARTEN - 6TH GRADE STUDENTS IN THE SYRACUSE CITY SCHOOL DISTRICT BECOME MORE SUCCESSFUL IN SCHOOL. STEP SERVICES INCLUDE: 1) SCHOOL-WIDE PROFESSIONAL DEVELOPMENT FOCUSED ON BEHAVIORAL INTERVENTION; 2) CLASSROOM CLIMATE AND MANAGEMENT CONSULTATION FOCUSED ON CLASSROOM BEHAVIOR MANAGEMENT; 3) STUDENT CONSULTATION AND INTERVENTION FOCUSED ON ASSESSING PROBLEM BEHAVIOR, IDENTIFYING TRIGGER SITUATIONS AND WORKING WITH INDIVIDUAL STUDENTS TO MODIFY THEIR BEHAVIOR AND REINFORCE HEALTHIER RESPONSES IN THE CLASSROOM; AND 4) ALTERNATIVE EDUCATION CLASSROOMS FOR 4TH AND 5TH GRADE STUDENTS WHO DEMONSTRATE PERSISTENT BEHAVIOR PROBLEMS THAT INTERFERE WITH CLASSROOM INSTRUCTION AND REQUIRE MORE INTENSIVE ACADEMIC, BEHAVIORAL, SOCIAL AND EMOTIONAL SUPPORT. 55 BEHAVIORAL INTERVENTION PLANS COMPLETED.

HILLSIDE WORK-SCHOLARSHIP CONNECTION

HILLSIDE WORK-SCHOLARSHIP CONNECTION \$15,000

HILLSIDE WORK-SCHOLARSHIP CONNECTION WORKS WITH MIDDLE AND HIGH SCHOOL STUDENTS IN THE SYRACUSE CITY SCHOOL DISTRICT. WE ENGAGE STUDENTS AT-RISK OF DROPPING OUT OF HIGH SCHOOL, PAIR THEM WITH A PROFESSIONAL YOUTH ADVOCATE WHO SERVES AS A MENTOR, AND HELP ENSURE THEIR HIGH SCHOOL GRADUATION. ADDITIONALLY, STUDENTS WHO QUALIFY ACADEMICALLY ARE TRAINED AND PLACED IN AFTER-SCHOOL/SUMMER JOBS. OTHER SERVICES PROVIDED INCLUDE: ACADEMIC ENRICHMENTS, SOCIAL, LIFE SKILL, AND LEADERSHIP DEVELOPMENT, AND POST SECONDARY PREPARATION AND SUPPORT. 1059 YOUTH SERVED.

HUNTINGTON FAMILY CENTERS, INC.

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## FAMILY SUPPORT NETWORK \$40,000

FAMILY SUPPORT NETWORK (FSN) IS A UNIQUE YEAR-ROUND EDUCATION PROGRAM FOR PARENTS OF ALL ABILITIES. FSN PLACES AN EMPHASIS ON LEARNING THROUGH A VARIETY OF GROUP EXPERIENCES AND APPROACHES. THE GOAL OF THIS PROGRAM IS TO IMPROVE FAMILIES FUNCTIONING BY HELPING PARENTS DEVELOP SKILLS, ABILITIES AND INSIGHTS TO CARE FOR THEIR CHILDREN AND THEMSELVES. THE PROGRAM SERVES PREGNANT AND PARENTING PARTICIPANTS, MANY OF WHOM HAVE A DEVELOPMENTAL DISABILITY, HAVE BEEN UNSUCCESSFUL ENGAGING WITH TRADITIONAL SERVICES, AND/OR ARE AT RISK OF BECOMING INVOLVED WITH CHILD PROTECTIVE SERVICES. GROUP SESSIONS PROVIDE PARENT EDUCATION, BASIC LIFE SKILLS, AWARENESS AND ACCESS TO COMMUNITY RESOURCES. 168 PARENTS PARTICIPATED.

## PRESCHOOL PROGRAM \$120,000

THE PRESCHOOL PROGRAM ENGAGES CHILDREN FROM EIGHTEEN MONTHS TO FIVE YEARS OLD IN AN EXCITING, HIGH QUALITY EDUCATIONAL PROGRAM, DESIGNED TO MEET THEIR COGNITIVE, SOCIAL, EMOTIONAL, AND PHYSICAL NEEDS. IT IS A LOW COST PROGRAM SPECIFICALLY DESIGNED TO EQUALIZE AND MAINTAIN EDUCATIONAL RESOURCES FOR THOSE CHILDREN WHO ARE SOCIALLY, ECONOMICALLY, OR DEVELOPMENTALLY DISADVANTAGED. SPECIAL EVENTS, FIELDTRIPS, AND LITERACY ACTIVITIES ARE PREARRANGED TO ENCOURAGE PARENTAL INVOLVEMENT AND FAMILY INTERACTION. 80 CHILDREN MADE PROGRESS TOWARDS AGE-APPROPRIATE PHYSICAL, EMOTIONAL, SOCIAL, AND COGNITIVE SKILLS AT MAJOR DEVELOPMENTAL MILESTONES.

## YOUTH DEVELOPMENT PROGRAM \$68,000

HUNTINGTON FAMILY CENTERS YOUTH DEVELOPMENT PROGRAM OFFERS SAFE,

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STRUCTURED, YEAR ROUND PROGRAMMING FOR YOUTH AGES 5 TO 19. THE YOUTH PROGRAM FOCUSES ON SOCIAL COMPETENCIES, EDUCATIONAL SUPPORT, PHYSICAL ACTIVITY, AND POSITIVE VALUES IN AN ENVIRONMENT WHERE YOUTH CAN FORM HEALTHY RELATIONSHIPS WITH PEERS AND STAFF. ACTIVITIES AND ENRICHMENT EXPERIENCES ARE DEVELOPED TO ENHANCE COGNITIVE, SOCIAL, AND PHYSICAL DEVELOPMENT. SERVICES PROVIDED INCLUDE AFTERSCHOOL PROGRAMS FOR YOUTH AND TEENS, A FREE, FULL-DAY SUMMER PROGRAM, AND OUTREACH, CASE MANAGEMENT, AND MENTORING FOR YOUTH AT HIGH RISK FOR SCHOOL FAILURE, JUVENILE DELINQUENCY, OR INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTEM. 121 UNDUPLICATED YOUTH PARTICIPATED IN THIS PROGRAM.

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FOCUS AREA #1 EDUCATION PART 2

INTERFAITH WORKS OF CNY, INC.

COMMUNITY WIDE DIALOGUE TO END RACISM \$16,101

INTERFAITH WORKS' COMMUNITY-WIDE DIALOGUE PROGRAM TO END RACISM (CWD), ESTABLISHED IN 1997, IS THE LONGEST RUNNING DIALOGUE-ON-RACE PROGRAM IN THE UNITED STATES. THE PROGRAM HAS ENGAGED MORE THAN 10,000 PEOPLE IN THE SYRACUSE, NEW YORK METRO AREA IN DIALOGUE AND STUDY CIRCLES TO HEAL RACIAL TENSIONS; TO MITIGATE CONFLICT AMONG PEOPLE FROM DIFFERENT ETHNIC, RELIGIOUS AND SOCIO-ECONOMIC BACKGROUNDS; AND TO IMPROVE SCHOOL, WORKPLACE, AND COMMUNITY CLIMATE. THE PROGRAM SEEKS TO CREATE A SAFE SPACE FOR STUDENTS TO DIALOGUE ABOUT INSTITUTIONAL AND STRUCTURAL RACISM; TO LEARN CONFLICT RESOLUTION AND LEADERSHIP SKILLS; AND TO BUILD ALLIANCES WITH YOUTH FROM DIFFERENT BACKGROUNDS. MORE THAN 7000 YOUTH AND TEENS FROM 14 CITY SCHOOLS AND SEVEN SUBURBAN DISTRICTS HAVE

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PARTICIPATED SINCE THE PROGRAM'S INCEPTION. 758 YOUTH WERE INVOLVED WITH THE EXCHANGE THROUGHOUT THE YEAR.

LITERACYCNY

ADULT ENGLISH LANGUAGE INSTRUCTION \$30,000

LITERACYCNY WILL ENROLL ADULT REFUGEES AND/OR IMMIGRANTS IN ONONDAGA COUNTY IN SMALL GROUP ENGLISH LANGUAGE INSTRUCTION DURING EACH YEAR OF THE GRANT, TARGETING THOSE WITH THE MOST LIMITED ENGLISH PROFICIENCY. INSTRUCTION WILL BE PROVIDED IN SMALL GROUP CLASSES HELD AT THE SEOC AND SUPPLEMENTED WITH ONE-TO-ONE TUTORING AND ORAL ENGLISH PRACTICE IN CONVERSATION GROUPS. PARTICIPATING ADULTS WILL IMPROVE THEIR ENGLISH LANGUAGE PROFICIENCY, AS DEMONSTRATED BY LEARNING GAINS ON STANDARDIZED ASSESSMENT TESTS AND/OR BY ACHIEVING SELF-IDENTIFIED GOALS, E.G. READING WITH THEIR CHILDREN, OBTAINING OR SUSTAINING EMPLOYMENT, PASSING THE US CITIZENSHIP TEST, SUCCESSFULLY NAVIGATING THE HEALTH CARE SYSTEM, ETC. 75 ADULT LEARNERS WERE SERVED.

ON POINT FOR COLLEGE, INC.

COLLEGE ACCESS & SUCCESS PROGRAM \$52,000

OPFC'S ACCESS AND SUCCESS PROGRAM INFORMS OLDER YOUTH/YOUNG ADULTS THAT COLLEGE IS POSSIBLE; AND THEN ADVISES THEM HOW TO ENROLL IN, PERSIST AT AND COMPLETE COLLEGE. STUDENTS COME FROM LOW-INCOME FAMILIES AND MORE OFTEN ARE THE FIRST GENERATION TO ATTEND COLLEGE. FOR 14 YEARS, THE PROGRAM HAS EMPOWERED STUDENTS TO OVERCOME FINANCIAL, PERSONAL, AND ACADEMIC CHALLENGES TO SUCCEEDING AT COLLEGE. SERVICES INCLUDE OUTREACH AT 15 COMMUNITY CENTERS, ADVISEMENT ABOUT COLLEGE AND FINANCIAL AID



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APPLICATIONS, CAMPUS TOURS, TRANSPORTATION, LAST DOLLAR GRANTS FOR HOUSING DEPOSITS, TEXTBOOKS, AND BASIC NEEDS, COLLEGE ORIENTATIONS AND FOLLOW-UP ADVISEMENT SUCH AS VISITS AT COLLEGE CAMPUSES. 529 YOUTH, COLLEGE STUDENTS, FORMER COLLEGE STUDENTS AND ADULTS WHO WERE ADVISED ABOUT ENROLLING/ RE-ENROLLING INTO AN APPROPRIATE HIGHER EDUCATION INSTITUTION.

PEACE, INC.

BIG BROTHERS BIG SISTERS \$37,233

PEACE, INC.'S BIG BROTHERS BIG SISTERS (BBBS) PROGRAM IS A PARTNERSHIP WITH THE COMMUNITY TO MENTOR YOUTH IN ONONDAGA COUNTY. COMMUNITY MEMBERS ARE THE HEART OF THE PROGRAM - SCHOOL PERSONNEL, HUMAN SERVICES AGENCIES, CHURCHES, BUSINESSES, HIGH SCHOOL STUDENT VOLUNTEER MENTORS, COLLEGE STUDENT VOLUNTEER MENTORS AND ADULT VOLUNTEER MENTORS. PEACE, INC. HAS TWO BBBS MENTORING PROGRAMS: "TRADITIONAL" AND "SCHOOL-BASED." CHILDREN (LITTLES) AGES SIX THROUGH 12 ARE RECRUITED FROM THE COMMUNITY THROUGH OUTREACH EFFORTS AND REFERRALS FROM PARTNER AGENCIES. THE TRADITIONAL PROGRAM RECRUITS MENTORS FROM THE LOCAL COMMUNITY, WHILE THE SCHOOL-BASED PROGRAM OFFERS THE OPPORTUNITY TO MENTOR TO OLDER HIGH SCHOOL AND COLLEGE STUDENTS. MENTORS ARE CALLED BIGS, AND YOUTH ARE CALLED LITTLES. 225 YOUTH HAVE BEEN MENTORED.

THE BOYS & GIRLS CLUBS OF SYRACUSE

CENTRAL VILLAGE YOUTH & TEEN REFUGEE PROGRAM \$21,000

THE BOYS & GIRLS CLUB AT CENTRAL VILLAGE MEMBERS, AGES 6-12 AND TEENS

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AGES 13-19, WHO PARTICIPATE IN AFTER SCHOOL PROGRAMMING (ASP) WILL RECEIVE EDUCATION AND LITERACY INSTRUCTION BY DEDICATED STAFF AND VOLUNTEERS, REINFORCED BY FUN, HIGH YIELD ENRICHMENT ACTIVITIES IN THE 5 CORE AREAS THAT INCLUDE: LEADERSHIP, MENTORING, RECREATION, THE ARTS, AND HEALTH AND FITNESS. WITH OUR CURRENT PROGRAMMING FOCUSING ON THE REFUGEE POPULATION AGES 6-12 IN THE COMMUNITY SURROUNDING CENTRAL VILLAGE, BGCS WILL EXPAND OUR TARGETED POPULATION BY ENGAGING REFUGEE TEENS AGES 13-19 IN THE SYRACUSE HOUSING COMMUNITY. THE TEEN PROGRAM WILL FOCUS ON HELPING TEENS WITH SCHOOL WORK, BUILDING CHARACTER AND STRONG LEADERSHIP SKILLS. 107 CHILDREN PARTICIPATED IN THE VARIOUS PROGRAMS.

THE SALVATION ARMY

DAY CARE SERVICES \$100,000

THE SALVATION ARMY DAY CARE SERVICES PROGRAMS PROVIDE QUALITY CHILDCARE FOR LOW-INCOME FAMILIES AT THREE LICENSED DAY CARE CENTERS LOCATED IN THE DOWNTOWN AREA OF SYRACUSE. THE PROGRAMS OFFER FAMILIES ACCESS TO QUALITY CHILDCARE FOR THEIR CHILDREN, AGES 6 WEEKS TO 12 YEARS AND PROMOTE THE DEVELOPMENT OF CHILDREN IN A SAFE AND NURTURING ENVIRONMENT. THE PROGRAM PROVIDES OPPORTUNITIES FOR ENHANCED ON-SITE PROGRAMMING, INCLUDING HEAD START, UNIVERSAL PRE-K, HOMEWORK HELP AND AN INTEGRATED LEARNING ENVIRONMENT FOR CHILDREN WITH SPECIAL NEEDS. OUR SERVICES HELP PREPARE CHILDREN FOR SCHOOL SUCCESS AND PRO-SOCIAL INTERACTIONS. ADDITIONALLY, THE SALVATION ARMY'S SOUTH WARREN CENTER IS ONE OF THE ONLY LICENSED FULL AND PART-TIME PROGRAMS FOR SCHOOL AGE YOUTH IN THIS COMMUNITY. AFTER SCHOOL CARE IS PROVIDED EACH DAY AND WHEN SCHOOL IS NOT IN SESSION (I.E., HALF-DAYS, SCHOOL HOLIDAYS,

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EMERGENCY CLOSINGS, ETC.) FULL-TIME PROGRAMMING IS PROVIDED

288 CHILDREN HAVE PARTICIPATED.

FAMILY PLACE VISITATION SERVICES \$80,000

FAMILY PLACE PROVIDES A CONTINUUM OF SERVICES TO BIRTH PARENTS AND THEIR CHILDREN WHO ARE IN FOSTER CARE. PROGRAM COMPONENTS INCLUDE COMPREHENSIVE CLINICAL ASSESSMENT, SUPERVISED VISITATION, AND TRANSPORTATION OF CHILDREN FOR VISITS, PARENT COACHING, AND PRE- AND POST-VISIT COUNSELING. ALL SERVICES ARE DESIGNED TO ASSIST PARENTS IN MAKING SIGNIFICANT CHANGES THAT WILL ENABLE FAMILY UNIFICATION WHERE CHILDREN WILL RETURN HOME SAFELY FROM FOSTER CARE. FAMILY PLACE SERVES COMPLEX FAMILIES WHO STRUGGLE WITH CHRONIC POVERTY, MENTAL HEALTH ISSUES, SUBSTANCE ABUSE, DOMESTIC/FAMILY VIOLENCE AND SEXUAL ABUSE. 2,276 VISITATION HOURS WERE HELD FOR 223 PARENTS.

PARTNERSHIP FOR YOUTH AND FAMILY INTERVENTION \$195,000

THE PARTNERSHIP FOR YOUTH AND FAMILY INTERVENTION WILL PROVIDE A COMPREHENSIVE AND INTEGRATED NETWORK OF YOUTH DEVELOPMENT PROGRAMMING AND FAMILY STRENGTHENING SERVICES TO PROMOTE INCREASED PARTICIPATION IN SYRACUSE BOYS AND GIRLS CLUB, (EAST FAYETTE ST. CLUB AND SHONNARD STREET CLUB) AND CATHOLIC CHARITIES VINCENT HOUSE. PROGRAM ACTIVITIES WILL BE PROVIDED TO VULNERABLE AND AT RISK YOUTH, 6-19 YEARS OF AGE, AND THEIR FAMILIES. THE SALVATION ARMY, SYRACUSE AREA SERVICES, AS LEAD AGENCY, IN PARTNERSHIP WITH CATHOLIC CHARITIES OF ONONDAGA COUNTY AND THE BOYS & GIRLS CLUB OF SYRACUSE, WILL ADD TARGETED OUTREACH TO NEW AND UNDERSERVED RESIDENTS OF THE CITY'S NEAR WESTSIDE AND EASTSIDE NEIGHBORHOODS, TO ENCOURAGE THEIR PARTICIPATION IN THE PRO-SOCIAL ACTIVITIES AND THE ENHANCED CASE MANAGEMENT AND FAMILY SUPPORT SERVICES

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OFFERED BY THE PARTNERSHIP IN THESE TWO TARGETED NEIGHBORHOODS. 714

YOUTH PARTICIPATED IN THE SECOND YEAR OF THIS UNIQUE COLLABORATIVE PROGRAM.

WHOLE ME, INC.

WHOLE ME AFTERSCHOOL PROGRAM FOR DEAF/HARD-OF-HEARING CHILDREN \$20,000

WMI PROVIDES BILINGUAL/BICULTURAL AFTERSCHOOL PROGRAMS FOR D/HH CHILDREN, YOUTHS AND YOUNG ADULTS WHO COMMUNICATE USING AMERICAN SIGN LANGUAGE AND/OR SPOKEN ENGLISH. ACTIVITIES FOCUS ON ENHANCING EVERYDAY COMMUNICATION, LITERACY AND DAILY LIVING SKILLS. PROGRAMS AND SERVICES ARE DESIGNED TO ASSIST CHILDREN/YOUTHS WITH TRANSITION FROM SCHOOL TO THE COMMUNITY, SELF-SUFFICIENCY AND EMPLOYABILITY. WMI ALSO OFFERS PROGRAMS FOR FAMILY AND COMMUNITY MEMBERS INTERESTED IN LEARNING ABOUT DEAF CULTURE AND AMERICAN SIGN LANGUAGE. 33 YOUTH PARTICIPATED IN THE SECOND YEAR OF THIS NEW PROGRAM.

YWCA OF SYRACUSE & ONONDAGA COUNTY, INC.

GIRLS INC AT THE YWCA \$40,000

GIRLS INC. AT THE YWCA IS A MULTIFACETED AND PROGRESSIVE PROGRAM THAT PUTS ITS MISSION INTO PRACTICE THROUGH ITS RESEARCH, ADVOCACY, AND PUBLIC EDUCATION WORK. WE EQUIP GIRLS TO NAVIGATE GENDER, ECONOMIC, AND SOCIAL BARRIERS, AND TO GROW INTO HEALTHY, EDUCATED AND INDEPENDENT ADULTS. OUR PROGRAM DELIVERS AFTER SCHOOL/EVENING PROGRAMMING, SUMMER PROGRAMMING AND WEEKEND WORKSHOPS/CONFERENCES FOR GIRLS AGE 5-18 IN OUR COMMUNITY. WE PROVIDE A SAFE OUT-OF-SCHOOL-TIME ENVIRONMENT THAT ENHANCES SOCIAL SKILLS AND HEALTHY CHOICES, AND PROMOTES LEARNING. OUR

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HOLISTIC AND MULTIFACETED PROGRAMMING IS DRIVEN BY RESEARCH-BASED CURRICULA DESIGNED TO DEVELOP AND PROMOTE GIRLS' STRENGTHS THROUGH MOTIVATING, DELIBERATE, AND INTERACTIVE ACTIVITIES. 273 GIRLS, AGES 5 - 18 WERE SERVED.

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FOCUS AREA #2 INCOME

INCOME: PROMOTING FINANCIAL STABILITY AND ECONOMIC INDEPENDENCE

ACCESSNY (FORMERLY TRANSITIONAL LIVING SERVICES OF ONONDAGA COUNTY, INC.)

PROVISIONS \$18,000

PROVISIONS BAKERY AND RESTAURANT IS TRANSITIONAL EMPLOYMENT PLACEMENT WHICH PROVIDES SUPPORTED EMPLOYMENT TO ADULTS WHO HAVE BEEN LABELED WITH A MENTAL HEALTH DIAGNOSIS. PEOPLE LEARN TRANSFERABLE WORK SKILLS IN A VALUED COMMUNITY SETTING WHILE EARNING MINIMUM WAGE. TRAINEES WORK IN AN ATTRACTIVE, COMPETITIVE BUSINESS SETTING WHERE THEY GAIN EXPERIENCE AS COOKS, BAKERS, DISHWASHERS, JANITORS, WAITERS AND COUNTER PEOPLE. THEIR EXPERIENCE ENABLES THEM TO DEVELOP THE WORK SKILLS AND INTERPERSONAL SKILLS THEY NEED IN ORDER TO OBTAIN AND MAINTAIN COMPETITIVE EMPLOYMENT IN THE COMMUNITY. EQUALLY, IF NOT MORE IMPORTANT, WORK AT PROVISIONS BECOMES PART OF EACH TRAINEE'S RECOVERY PROCESS, HELPING EACH INDIVIDUAL TO RECOGNIZE THEIR ABILITIES AND POTENTIAL FOR GROWTH, AND THEREBY RESTORING HOPE DESPITE ANY DIAGNOSIS THEY MAY HAVE. 40 INDIVIDUALS WERE TRAINED AND EMPLOYED IN THIS PROGRAM.

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AURORA OF CNY, INC.

VOCATIONAL AND EMPLOYMENT SERVICES FOR PEOPLE WITH VISION/HEARING LOSS

\$38,000

AURORA'S VOCATIONAL AND EMPLOYMENT SERVICES PROGRAM EQUIPS YOUTH AND ADULTS WITH VISION OR HEARING LOSS OR BOTH WITH THE SKILLS TO SECURE AND MAINTAIN EMPLOYMENT. THIS PROGRAM PROVIDES SPECIALIZED JOB READINESS AND VOCATIONAL SKILL BUILDING THROUGH PRE-VOCATIONAL (SOFT-SKILLS) AND ASSISTIVE TECHNOLOGY TRAINING, PRE-COLLEGE PREPARATION AND EMPLOYMENT PLACEMENT AND RETENTION, IN AN EXPERIENTIAL, COMMUNITY-BASED CONTEXT THAT SPECIFICALLY ADDRESSES THE UNIQUE NEEDS OF WORKERS WITH VISION OR HEARING LOSS. 58 INDIVIDUALS LEARNED JOB READINESS/RETENTION SKILLS.

CATHOLIC CHARITIES OF ONONDAGA COUNTY

CULINARY ARTS FOR SELF-SUFFICIENCY \$50,000

AS A RESULT OF THE CULINARY ARTS FOR SELF-SUFFICIENCY PROGRAM, UNEMPLOYED INDIVIDUALS LACKING TRANSFERABLE JOB SKILLS WILL BE TRAINED AND CERTIFIED TO WORK IN A COMMERCIAL KITCHEN AND FIND EMPLOYMENT. THE ECONOMIC DOWNTURN SEVERELY CONSTRAINS THE ALREADY LIMITED EMPLOYMENT OPTIONS FOR REFUGEES AND OTHER INDIVIDUALS RECEIVING CASH ASSISTANCE THROUGH THE COUNTY SOCIAL SERVICES DEPARTMENT. CULINARY ARTS FOR SELF-SUFFICIENCY (CASS) BEGAN IN 2012 AS A FIVE-WEEK VOCATIONAL TRAINING IN ESSENTIAL SKILLS OF THE FOOD SERVICE INDUSTRY COMBINED WITH JOB DEVELOPMENT/SEARCH ASSISTANCE AND SUPPORT SERVICES. THE PROGRAM CURRENTLY SERVES REFUGEES AND SECONDARY MIGRANTS WHO HAVE ARRIVED IN

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THE PAST TWO YEARS AND HAVE FEW TRANSFERABLE JOB SKILLS AND LOWER LEVELS OF ENGLISH LANGUAGE PROFICIENCY. HOWEVER, THE PROGRAM WILL BE EXPANDED TO NATIVE BORN INDIVIDUALS PROVIDED THERE ARE SUFFICIENT RESOURCES. THE OBJECTIVE IS TO DECREASE THE NUMBER OF UNEMPLOYED INDIVIDUALS BY HELPING THEM TO ACQUIRE JOB SKILLS THAT ARE IN DEMAND IN THE LOCAL COMMUNITY. 65 ADULTS PARTICIPATED IN THE SECOND YEAR OF THIS PROGRAM.

REFUGEE RESETTLEMENT PROGRAM \$46,000

THE CCOC REFUGEE RESETTLEMENT PROGRAM WELCOMES MEN, WOMEN, AND CHILDREN TO THE UNITED STATES WHEN THEY ARE FORCED TO FLEE THEIR OWN COUNTRIES BECAUSE OF WAR, OPPRESSION, OR PERSECUTION. AS A RESULT OF THE CCOC REFUGEE RESETTLEMENT PROGRAM'S EFFORTS, REFUGEES WILL DEVELOP THE SKILLS NECESSARY TO BECOME SELF-SUFFICIENT CONTRIBUTING MEMBERS OF THE SYRACUSE COMMUNITY. IN 2013, THE LARGEST RESETTLEMENT POPULATIONS WERE FROM BURMA, BHUTAN, SOMALIA, AND IRAQ. DESPITE THE HARDSHIPS INHERENT IN THE FORCED MIGRATION EXPERIENCE, REFUGEES ARE EXTREMELY MOTIVATED PEOPLE WHO WANT TO BE SELF-SUPPORTING. FOR THE PAST 35 YEARS, THE CCOC REFUGEE RESETTLEMENT PROGRAM HAS STRIVED TO PROVIDE NEWLY ARRIVING REFUGEES WITH A SAFE PLACE TO START A NEW LIFE, AND WITH THE SKILLS AND SUPPORTS NECESSARY TO ACHIEVE ECONOMIC SELF-SUFFICIENCY THROUGH EMPLOYMENT. 225 INDIVIDUALS PARTICIPATED IN EMPLOYMENT PREPARATION CLASSES AND 166 WERE ABLE TO OBTAIN A JOB; 74% PLACEMENT RATE.

CENTER FOR COMMUNITY ALTERNATIVES, INC.

SELF-DEVELOPMENT: REENTRY \$30,000

THE SELF-DEVELOPMENT: REENTRY PROGRAM PROVIDES COMMUNITY SUPPORT TO

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YOUNG MEN AND WOMEN AGES 18-25 RETURNING TO THE COMMUNITY AFTER A PERIOD OF INCARCERATION AT THE ONONDAGA COUNTY CORRECTIONAL FACILITY (OCCF), SO THAT THEIR COMMUNITY REINTEGRATION CAN BE SUCCESSFUL AND SAFE. THE PROGRAM OBJECTIVES ARE TO DEVELOP EMPLOYMENT READINESS, FACILITATE JOB PLACEMENT AND JOB RETENTION, AND HELP PARTICIPANTS OVERCOME THE FORMAL AND INFORMAL BARRIERS TO SUCCESSFUL REENTRY. 19 INDIVIDUALS SUCCESSFULLY PARTICIPATED IN THIS PROGRAM.

ON POINT FOR COLLEGE, INC.

ON POINT FOR JOBS \$27,000

ON POINT FOR JOBS (OPFJ) IS A PROGRAM THAT TARGETS FIRST GENERATION COLLEGE GRADUATES AND COLLEGE UPPERCLASSMEN AND PROVIDES THEM WITH WORKFORCE PREPARATION SKILLS, LIMITED START-UP RESOURCES, MINI JOB FAIRS AND NETWORKING OPPORTUNITIES, SUMMER INTERNSHIP/JOB AND PERMANENT JOB SEARCH COUNSELING AND JOB DEVELOPMENT. 111 INDIVIDUALS PARTICIPATED IN JOB DEVELOPMENT SESSIONS WITH EMPLOYERS THROUGH THE PROGRAM.

PEACE, INC.

EITC: YOU'VE EARNED IT \$70,000

THE EARNED INCOME TAX CREDIT (EITC) IS ONE OF SEVERAL TAX CREDITS THAT INDIVIDUALS CAN ACCESS THAT MAY INCREASE THEIR AVAILABLE FINANCIAL RESOURCES. EITC: YOU'VE EARNED IT! , PEACE, INC.'S FREE TAX PREPARATION PROGRAM FOR LOWER INCOME ONONDAGA COUNTY RESIDENTS, ENSURES PEOPLE RECEIVE THE HIGHEST POSSIBLE STATE AND FEDERAL INCOME TAX REFUNDS, AND SAVES THEM FROM LOSING FUNDS TO HIGH INTEREST RATES FROM PREDATORY LENDERS AND/OR TAX PREPARATION FEES. THE PROGRAM ALSO OFFERS FINANCIAL



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EDUCATION TO HELP PEOPLE MANAGE THEIR MONEY AND PLAN FOR THE FUTURE.

\$3,091,012 REFUNDED THROUGH FREE TAX PREPARATION SERVICES.

THE SALVATION ARMY

EMERGENCY AND PRACTICAL ASSISTANCE SERVICES (E/PAS) \$43,000

THE EMERGENCY AND PRACTICAL ASSISTANCE SERVICES (E/PAS) PROGRAM HELPS

ECONOMICALLY DISADVANTAGED INDIVIDUALS AND FAMILIES IN CRISIS BY

MEETING BASIC NEEDS SUCH AS OBTAINING FOOD, HOUSING, CLOTHING AND THE

ESSENTIALS OF DAILY LIVING. CRISIS INTERVENTION, INDIVIDUALIZED

ADVOCACY AND SUPPORT, AND LINKAGES TO MAINSTREAM AND COMMUNITY

RESOURCES ARE PROVIDED IN ORDER TO STABILIZE HOUSING AND INCOME. E/PAS

PROVIDES HOUSING LOCATION, HOUSING SUBSIDIES, PRACTICAL ASSISTANCE,

TRANSPORTATION, HOUSEHOLD MANAGEMENT AND OTHER LIFE-SKILL TRAINING FOR

THOSE WHO ARE HOMELESS, UNEMPLOYED, UNDER-EMPLOYED, MENTALLY ILL AND/OR

PRIOR MEMBERS OF THE ARMED FORCES. 12,025 INDIVIDUALS RECEIVED FOOD

ASSISTANCE.

YWCA OF SYRACUSE & ONONDAGA COUNTY, INC.

WOMEN'S RESIDENCE PROGRAM \$78,000

THE YWCA SYRACUSE & ONONDAGA COUNTY'S WOMEN'S RESIDENCE PROGRAM IS A

RESIDENTIAL PROGRAM SERVING UNDERPRIVILEGED WOMEN, AND WOMEN WITH

CHILDREN (SIXTEEN AND UP), FROM VARIOUS BACKGROUNDS (INCLUDING THOSE

WITH, BUT NOT LIMITED TO, DOMESTIC VIOLENCE, MENTAL HEALTH,

HOMELESSNESS, SUBSTANCE ABUSE, POVERTY, LOW EDUCATION, AND TRAUMA

HISTORIES) BY PROVIDING SAFE, STABLE, AND AFFORDABLE HOUSING WITHIN A

STRUCTURED, SUPPORTIVE ENVIRONMENT. THE PROGRAM ASSISTS WOMEN IN

DEVELOPING INDEPENDENT LIVING SKILLS ALLOWING THEM TO OVERCOME

CHALLENGES, FUNCTION AT THEIR HIGHEST DEGREE OF INDEPENDENCE, AND

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BETTER THEIR QUALITY OF LIFE. 120 WOMEN WERE ADMITTED, EVALUATED AND DEVELOPED AN INDIVIDUAL SERVICE PLAN (ISP).

FORM 990, PART III, LINE 4A

FOCUS AREA #3 HEALTH PART 1

HEALTH: IMPROVING PEOPLE'S OVERALL WELL-BEING

ACR HEALTH

ADOLESCENT HEALTH INITIATIVE \$16,330

THE ADOLESCENT HEALTH INITIATIVE IS A TARGETED PREVENTION PROGRAM THAT EQUIPS YOUNG PEOPLE AT RISK FOR UNINTENDED PREGNANCY, SEXUALLY TRANSMITTED DISEASES (STDs), INCLUDING HIV, AND ALCOHOL AND SUBSTANCE USE (AS IT RELATES TO UNINTENDED PREGNANCY AND RISK OF HIV/STD INFECTION), WITH INFORMATION AND SKILLS TO MAKE HEALTHY CHOICES THROUGHOUT THEIR LIVES. THE PROGRAM WORKS WITH YOUTH AGES 12-22 IN SCHOOL-BASED AND COMMUNITY LOCATIONS, PROVIDING EVIDENCE-BASED COMPREHENSIVE SEX EDUCATION THAT HAS BEEN PROVEN EFFECTIVE IN REDUCING THE INCIDENCE OF RISKY BEHAVIORS IN AT RISK YOUTH AND YOUNG ADULTS. PARTICIPANTS IN THE PROGRAM GAIN LIFELONG SKILLS NEEDED TO PRACTICE ALTERNATIVES TO RISKY BEHAVIORS. 132 YOUTH HELPED BY THIS PROGRAM.

SAFETY FIRST HEALTH OUTREACH PROJECT (SFHOP) \$36,440

THE SAFETY FIRST HEALTH OUTREACH PROJECT CONDUCTS STREET AND WEB-BASED OUTREACH TO HIGH RISK TARGET POPULATIONS AND ENGAGES THOSE INDIVIDUALS IN SERVICES BASED ON THE NEEDS THEY PERSONALLY IDENTIFY. SFHOP IS A MOBILE PROGRAM, MEETING THE COMMUNITY AND CONSUMERS WHERE THEY ARE AT,

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AND OFFERS A SPECTRUM OF PREVENTION SERVICES, INCLUDING: INDIVIDUAL RISK REDUCTION COUNSELING, HIV AND VIRAL HEPATITIS C (HCV) RAPID TESTING, STD SCREENING FOR GONORRHEA AND CHLAMYDIA, SYRINGE EXCHANGE SERVICES, ASSESSMENT OF MENTAL HEALTH/SUBSTANCE TREATMENT NEEDS, AND, REFERRALS CONNECTING PEOPLE TO OTHER COMMUNITY RESOURCES (E.G. PRIMARY CARE, FOOD PANTRY, HOUSING, INSURANCE ENROLLMENT, CARE COORDINATION). 232,111 PREVENTION SUPPLIES DISTRIBUTED TO YOUTH AND ADULTS TO HELP PREVENT RISKY BEHAVIOR.

THE Q CENTER \$27,280

THE Q CENTER PROVIDES A VAST ARRAY OF SERVICES FOR LGBTQ YOUTH/YOUNG ADULTS AGES 8-26, THEIR FAMILIES, AND ALLIES WHICH INCLUDE THE FOLLOWING: WEEKLY AND SEMI-MONTHLY SUPPORT GROUPS FOR LGBTQ YOUTH/YOUNG ADULTS, SEMI-MONTHLY SUPPORT GROUPS FOR PARENTS OF LGBTQ YOUTH, MONTHLY MEETINGS FOR LGBTQ PARENTS, AFTER SCHOOL PROGRAMMING, EXPERIENCED TUTORS, A STATE-OF-THE-ART CYBER CENTER, AN LGBTQ INCLUSIVE LIBRARY, CASE MANAGEMENT, MENTAL HEALTH ASSESSMENTS AND REFERRALS, REFERRALS TO LGBTQ AFFIRMING HEALTH AND HUMAN SERVICE PROVIDERS, SCHOOL-BASED GAY-STRAIGHT ALLIANCE SUPPORT, LGBTQ CULTURAL COMPETENCY WORKSHOPS FOR PROVIDERS, SOCIAL EVENTS, FIELD TRIPS, AND LEADERSHIP AND ADVOCACY TRAINING. ALL SERVICES ARE PROVIDED AT NO COST. 167 YOUTH GROUP SUPPORT SESSIONS HELD DURING THE PAST YEAR.

ARISE

CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM (CDPAP) \$16,310

ARISE'S CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM (CDPAP) PROVIDES INDIVIDUALS WITH DISABILITIES IN-HOME PERSONAL CARE ASSISTANCE THAT

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ALLOWS THEM TO CONTINUE LIVING SAFELY IN THE COMMUNITY. CDPAP REDUCES ISOLATION, INCREASES PHYSICAL AND EMOTIONAL HEALTH, AND PREVENTS UNNECESSARY INSTITUTIONALIZATION. CDPAP IS CONSUMER DIRECTED, WHICH ALLOWS CONSUMERS TO ALLOCATE THEIR WEEKLY PERSONAL CARE HOURS ON A FLEXIBLE DAY-TO-DAY BASIS DEPENDING ON THEIR NEEDS. THEY ALSO CONTROL HIRING, TRAINING, SUPERVISING, AND DISMISSING THEIR PERSONAL ASSISTANTS, WHICH RESULTS IN IMPROVED OUTCOMES FOR CONSUMERS. 46 INDIVIDUALS RECEIVING IN HOME CARE SUPPORT.

MENTAL HEALTH SERVICES ENGAGEMENT SPECIALIST \$22,700 SERVICES TO BE PROVIDED BY ARISE'S MENTAL HEALTH SERVICES ENGAGEMENT SPECIALIST ARE AN ENHANCEMENT OF OUR CURRENT OUTPATIENT MENTAL HEALTH CLINIC SERVICES; SERVICES WILL ASSURE THAT THOSE WHO DROP OUT OF SERVICE ARE ENGAGED TO ASSURE SUCCESSFUL OUTCOMES. THE ENGAGEMENT SPECIALIST WILL SERVE INDIVIDUALS WITH CHRONIC OR SERIOUS MENTAL ILLNESS, OR THOSE WHO ARE DIFFICULT TO ENGAGE IN TREATMENT DUE TO SOCIOECONOMIC BARRIERS. THE CLINIC ENGAGEMENT SPECIALIST WILL PROVIDE INDIVIDUALIZED, HANDS-ON CARE COORDINATION TO HELP INDIVIDUALS BUILD A STRONG NATURAL SUPPORT SYSTEM AND ACCESS THE ARRAY OF RESOURCES AND SERVICES THEY NEED TO ENSURE EFFECTIVE COMMUNITY-BASED TREATMENT OF THEIR MENTAL HEALTH NEEDS. 741 INDIVIDUALS PROVIDED WITH ENHANCED MENTAL HEALTH COORDINATION SERVICES; 16.7% INCREASE OVER PREVIOUS YEAR.

AURORA OF CNY, INC.

COMMUNITY LIVING SKILLS FOR PEOPLE WITH VISION/HEARING LOSS \$69,345 AURORA'S COMMUNITY LIVING SKILLS PROGRAM FOR PEOPLE WITH VISION/HEARING LOSS ASSISTS INDIVIDUALS OF ALL AGES WHO ARE BLIND, VISUALLY IMPAIRED,

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DEAF OR HARD OF HEARING TO REMAIN INDEPENDENT, SAFE AND PRODUCTIVE IN THEIR HOMES AND THE COMMUNITY BY PROVIDING SUPPORT, RESOURCES AND SPECIALIZED TRAINING. PROGRAM PARTICIPANTS LEARN SKILLS FOR COPING, ADJUSTMENT TO SENSORY LOSS, SAFE TRAVEL, HOUSEHOLD MANAGEMENT AND ACTIVITIES OF DAILY LIVING TO ACHIEVE THEIR GOALS OF INDEPENDENCE AND OVERALL PERSONAL HEALTH AND WELL-BEING. 895 INDIVIDUALS/FAMILIES INCREASED THEIR SAFETY/WELL-BEING BY LEARNING NEW SKILLS.

FORM 990, PART III, LINE 4A

FOCUS AREA #3 HEALTH PART 2

CATHOLIC CHARITIES OF ONONDAGA COUNTY

BETTER BEGINNINGS \$24,550

THE PROGRAM IS A SPECIALIZED FAMILY-FOCUSED HOME VISITATION PSYCHOTHERAPY PROGRAM THAT SERVES PARENTS WHO HAVE BEEN DIAGNOSED WITH CHRONIC MENTAL HEALTH PROBLEMS AND ARE EXPERIENCING DIFFICULTIES PARENTING THEIR CHILDREN LESS THAN FIVE YEARS OF AGE. THE MAJORITY OF PARENTS HAD PREVIOUSLY NOT SUCCESSFULLY ENGAGED IN ONGOING MENTAL HEALTH TREATMENT. SINCE 1987, THIS PROGRAM HAS PROVIDED EVIDENCE-BASED INDIVIDUAL AND FAMILY THERAPY IN CONJUNCTION WITH CHILD DEVELOPMENT AND PARENT EDUCATION. THE GOALS OF THE SERVICE ARE TO PREVENT A MENTAL HEALTH HOSPITALIZATION AND FOSTER CARE PLACEMENT WHILE FOSTERING IMPROVED DAY-TO-DAY PARENT FUNCTIONING AND MORE CONSISTENT AND EFFECTIVE PARENT/CHILD BONDING. 46 FAMILIES WERE SERVED; A 20% INCREASE OVER PREVIOUS YEAR.

ELDERLY SERVICES \$23,635

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AS A RESULT OF THE CATHOLIC CHARITIES ELDERLY SERVICES PROGRAMS, SENIOR CITIZENS WILL RECEIVE THE SKILLS AND SERVICES NECESSARY TO REMAIN LIVING INDEPENDENTLY IN THE COMMUNITY. THE ELDERLY SERVICES PROGRAMS HAVE ASSISTED OLDER INDIVIDUALS TO BE AS INDEPENDENT AS POSSIBLE AND REMAIN SAFELY IN THE COMMUNITY SINCE 1977. THE PROGRAMS PROVIDE SERVICE TO ONONDAGA COUNTY RESIDENTS, 60 YEARS AND OLDER, AND THEIR CAREGIVERS. ELDERLY SERVICES PROVIDES A CONTINUUM OF INTERVENTIONS BEGINNING WITH INFORMATION AND REFERRAL AND PROGRESSING TO CASE MANAGEMENT WITH PROVISIONS FOR TRANSPORTATION, HOME REPAIRS, AND VOLUNTEER OPPORTUNITIES. TRAINED STAFF MEET WITH SENIORS IN THEIR HOMES OR OTHER CONVENIENT LOCATIONS TO ASSESS THEIR NEEDS AND PROVIDE SERVICES. IN ADDITION, SOCIALIZATION, NUTRITION, AND EXERCISE PROGRAMS ARE PROVIDED AT THE AGENCY'S SENIOR CENTER, THE SALINA CIVIC CENTER, ENCOURAGING SENIORS TO IMPROVE THEIR QUALITY OF LIFE AS WELL AS TAKE ADVANTAGE OF THE OPPORTUNITY TO MEET WITH STAFF FOR INDIVIDUALIZED NEEDS. 222 SENIORS RECEIVED HOME REPAIR SERVICES.

HEALTHY TEENS/HEALTHY BABIES \$23,630

THE OBJECTIVE OF THE HEALTHY TEENS/HEALTHY BABIES PROGRAM IS TO ENSURE YOUNG WOMEN DELIVER HEALTHY BABIES AND RAISE THEIR INFANTS IN A SAFE, HEALTHY, AND NURTURING ENVIRONMENT. THE PROGRAM PROVIDES A CONTINUUM OF EVIDENCE-BASED SERVICES THAT ARE WRAPPED AROUND THE 30 YEAR OLD, AWARD-WINNING LULLABY LEAGUE COURSE. PREGNANT ADOLESCENTS AND YOUNG WOMEN LIVING IN THE CITY OF SYRACUSE PARTICIPATE IN THE LULLABY LEAGUE FOUR-WEEK BIRTHING AND INFANT CARE EDUCATION COURSE, AS WELL AS PREGNANCY CASE MANAGEMENT BEFORE AND AFTER BIRTH. WOMEN WHO PRESENT WITH POSTPARTUM OR MATERNAL DEPRESSION RECEIVE IN-HOME THERAPY. A SUPPORT GROUP AND PARENTING COURSE ARE AVAILABLE TO NEW MOTHERS AND

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THEIR BABIES. 177 PARTICIPANTS.

PARENT EDUCATION \$48,900

THE PROGRAM PROVIDES A CONTINUUM OF HOME VISITING SERVICES (I.E., PARENT AIDE) AND CURRICULUM-BASED INSTRUCTION TO PARENTS WHOSE CHILDREN ARE AT RISK OF OR PLACED IN FOSTER CARE DUE TO ABUSE AND NEGLECT. USING EVIDENCE-BASED CURRICULUM BOTH IN THE HOME AND CLASSROOM, PROGRAM STAFF TEACHES PARENTING AND LIVING SKILLS. PARENTS LEARN ABOUT CHILD DEVELOPMENT, AGE APPROPRIATE EXPECTATIONS, APPROPRIATE DISCIPLINARY PRACTICES, AND HOW TO MAINTAIN A SAFE ENVIRONMENT. THEY ARE ALSO LINKED TO NATURAL COMMUNITY RESOURCES TO REDUCE ISOLATION. THE OBJECTIVE IS TO INCREASE THE PARENTS' MASTERY SO THEY CAN CREATE AN ENVIRONMENT WHERE CHILDREN ARE SAFE, NURTURED, AND ACHIEVE PHYSICAL AND EMOTIONAL WELL-BEING. THE AGENCY HAS BEEN PROVIDING PARENT AIDE SERVICE FOR THE PAST 40 YEARS. 359 FAMILIES WERE SERVED BY THIS PROGRAM.

PSYCHOTHERAPY PROGRAM \$72,980

THE PROGRAM PROVIDES ACCESSIBLE, COMMUNITY-BASED MENTAL HEALTH SERVICES FOR INDIVIDUALS WITH MENTAL HEALTH CHALLENGES RESULTING IN CHAOTIC LIVES, UNPRODUCTIVE BEHAVIORS, AND AN INABILITY TO MANAGE LIFE STRESSES. FOR 38 YEARS, SERVICE HAS BEEN DEVOTED TO INDIVIDUALS AND FAMILIES WITHIN ONONDAGA COUNTY WHO ARE UNABLE TO AFFORD MENTAL HEALTH TREATMENT. RECENTLY, SPECIAL ATTENTION HAS BEEN DEVOTED TO TRAUMA SURVIVORS, REFUGEES, AND THE ELDERLY. MANY ARE UNEMPLOYED OR UNDEREMPLOYED, WITHOUT HEALTH INSURANCE, OR HAVE HIGH DEDUCTIBLES THAT PROHIBIT THE USE OF INSURANCE FOR SERVICE. PROFESSIONAL, EVIDENCE-BASED THERAPEUTIC INTERVENTIONS ARE OFFERED TO INDIVIDUALS AND FAMILIES SEEKING IMPROVED FUNCTIONING AND NEW SKILLS TO ENHANCE DAILY LIFE. 231

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CLIENTS LEARNED TO BETTER COPE WITH SOCIAL OR BEHAVIORAL PROBLEMS.

YOUTH DEVELOPMENT PROGRAM \$54,720

THE PROGRAM PROVIDES YOUTH AGES 6 TO 18 LIVING IN TWO DISADVANTAGED SYRACUSE NEIGHBORHOODS WITH SAFE, SUPERVISED PLACES TO GO AFTER SCHOOL, DURING SCHOOL HOLIDAYS, AND IN THE SUMMER. THE AGENCY HAS PROVIDED THIS NEIGHBORHOOD BASED YOUTH DEVELOPMENT APPROACH SINCE THE FIRST NEIGHBORHOOD CENTER WAS FOUNDED IN 1944. THE PROGRAM OFFERS CHILDREN AND TEENS OPPORTUNITIES TO USE THEIR FREE TIME CONSTRUCTIVELY BY ENGAGING IN HOMEWORK ASSISTANCE, RECREATIONAL AND SOCIALIZATION ACTIVITIES, PRO-SOCIAL SKILL DEVELOPMENT AND POSITIVE ROLE MODELS. THE OBJECTIVE IS TO SUPPORT YOUTH TO BUILD DEVELOPMENTAL ASSETS AND REDUCE RISKY BEHAVIORS SO THAT THEY WILL SUCCESSFULLY TRANSITION INTO ADULTHOOD. 261 TEENS WERE SERVED.

CENTER FOR COMMUNITY ALTERNATIVES, INC.

ALTERNATIVES: A VIOLENCE PREVENTION AND PEER LEADERSHIP PROGRAM \$45,580

THE ALTERNATIVES PROGRAM PROVIDES VIOLENCE PREVENTION TRAINING, PEER LEADERSHIP DEVELOPMENT, AND "WORK" OPPORTUNITIES FOR YOUTH AT RISK OF SCHOOL DROPOUT AND LIKELY FINDING THEMSELVES IN THE "SCHOOL TO PRISON PIPELINE." THE PROGRAM WILL BE PART OF CCA'S ONGOING WORK WITH STUDENTS SUSPENDED FROM MIDDLE SCHOOL, AT SERIOUS RISK OF SUSPENSION DETERMINED AT A SUSPENSION HEARING, OR ENROLLED IN OUR AFTER SCHOOL PROGRAM LOCATED AT FOWLER HIGH SCHOOL. THE PROGRAM PROVIDES PARTICIPANTS WITH OPPORTUNITIES TO UNDERSTAND PERSONAL TRIGGERS THAT LEAD TO VIOLENT BEHAVIOR AND HOW TO CONTROL THOSE TRIGGERS; LEARN COMMUNICATION SKILLS AND PARTICIPATE IN TEAM BUILDING ACTIVITIES; AND TEACH THESE SKILLS TO



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THEIR PEERS AT OTHER YOUTH-SERVING ORGANIZATIONS IN THE COMMUNITY. 123 YOUTH RECEIVED PEER-LED VIOLENCE PREVENTION TRAINING AT PEER-LED TRAINING WORKSHOPS.

ONONDAGA CASA \$46,480

THE ONONDAGA COURT APPOINTED SPECIAL ADVOCATES (CASA) PROGRAM PROTECTS THE COUNTY'S MOST VULNERABLE RESIDENTS-CHILDREN INVOLVED IN ABUSE AND NEGLECT CASES-GUARANTEERING THAT THEIR BEST INTERESTS ARE REPRESENTED IN COURT. CASA RECRUITS, TRAINS, AND SUPERVISES VOLUNTEERS WHO PROVIDE CRITICAL INFORMATION TO JUDGES TO GUARANTEE THAT EACH CHILD'S NEEDS ARE MET WHILE IN FOSTER CARE. CASA REDUCES INSTABILITY IN THESE CHILDREN'S LIVES, INCREASING WELLBEING, LESSENING TIME SPENT IN THE CHILD WELFARE SYSTEM, AND ENSURING THAT CHILDREN FIND SAFE, PERMANENT, NURTURING HOMES. IT IS THE ONLY PROGRAM OF ITS KIND IN ONONDAGA COUNTY AND SERVES 1/3 OF CHILDREN INVOLVED IN NEGLECT AND ABUSE CASES. 860 CONTACT HOURS WITH CHILDREN & PARENTS; 54% INCREASE FROM PREVIOUS YEAR.

SYRACUSE RECOVERY COMMUNITY \$12,500

THE SYRACUSE RECOVERY COMMUNITY (SRC) IS A PEER-LED PROGRAM THAT SUPPORTS MEN AND WOMEN IN LONG-TERM RECOVERY FROM ALCOHOL AND DRUG ABUSE. IT PROVIDES HEALTH AND WELLNESS SERVICES TO PROMOTE IMPROVED QUALITY OF LIFE ACROSS A RANGE OF DOMAINS THAT CONTRIBUTE TO PRODUCTIVE, SELF-SUSTAINING LIVES. SERVICES ARE DEFINED AND DELIVERED BY PEERS AND INCLUDE RECOVERY SUPPORT GROUPS, LIFE SKILLS GROUPS, SOBER SOCIAL AND RECREATIONAL ACTIVITIES, EMPLOYMENT AND HOUSING ASSISTANCE, FINANCIAL LITERACY AND FAMILY SUPPORT. 17 INDIVIDUALS RECEIVING RECOVERY COUNSELING TO IMPROVE FAMILY RELATIONS.

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CHILDREN'S CONSORTIUM

BABY BEGINNINGS \$12,500

BABY BEGINNINGS IS A HOSPITAL-BASED COLLABORATION FOR NEW PARENTS BETWEEN CROUSE HOSPITAL AND THE CONSORTIUM. THE MAIN OBJECTIVES OF THE PROGRAM ARE TO REDUCE THE RISK FOR CHILD ABUSE AND NEGLECT AND HELP PARENTS RAISE CHILDREN TO BECOME RESPONSIBLE AND CAPABLE ADULTS. THIS COMPREHENSIVE CLASS IS DESIGNED TO TEACH NEW PARENTS HOW TO CARE FOR THEIR NEWBORN UP TO 3 YEARS OF AGE. THE GOAL OF THIS CLASS IS TO HELP SHORTEN THE LEARNING CURVE AND EASE THE TRANSITION INTO PARENTING BY PROVIDING RELEVANT INFORMATION SO THAT PARENTS CAN RELAX AND ENJOY THE NEWEST ADDITION TO THEIR FAMILY. 636 HOSPITAL ROOM VISITS WERE CONDUCTED THIS PAST YEAR.

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FOCUS AREA #3 HEALTH PART 3

CONTACT COMMUNITY SERVICES, INC.

CHILDREN 1ST \$12,500

CHILDREN 1ST IS A SIX-HOUR CLASS FOR PARENTS INVOLVED IN DIVORCE, SEPARATION, OR CUSTODY DISPUTES. CERTIFIED, TRAINED PROFESSIONALS COVER TOPICS INCLUDING ADULT EMOTION/PSYCHOLOGY, CHILD EMOTION/PSYCHOLOGY, AND THE LEGAL PROCESS/ALTERNATIVES. THE PRIMARY GOAL IS TO TEACH PARENTS WAYS THEY CAN REDUCE THE STRESS OF FAMILY CHANGES, AND PROTECT THEIR CHILDREN FROM THE NEGATIVE EFFECTS OF ONGOING PARENTAL CONFLICT IN ORDER TO FOSTER AND PROMOTE THEIR CHILDREN'S HEALTHY ADJUSTMENT AND DEVELOPMENT. THE PROGRAM WAS CERTIFIED BY THE NEW YORK STATE PARENT

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EDUCATION AND AWARENESS PROGRAM, QUALIFYING IT AS A COURT MANDATED CLASS. CLASSES ARE OFFERED ONE SATURDAY PER MONTH AND TWO SUNDAYS PER YEAR. 81 CLIENTS LEARNED HOW TO BETTER DEAL WITH SOCIAL OR BEHAVIORAL PROBLEMS.

SUICIDE-SAFER COMMUNITY PROJECT \$13,580

BUILDING A SUICIDE-SAFER COMMUNITY REQUIRES THE ENGAGEMENT, AWARENESS AND VIGILANCE OF SCHOOLS, PUBLIC AND PRIVATE ORGANIZATIONS AND INDIVIDUALS. THE SUICIDE-SAFER COMMUNITY PROJECT PROVIDES EVIDENCE-BASED SUICIDE PREVENTION WORKSHOPS THAT TEACH PARTICIPANTS HOW TO RECOGNIZE WARNING SIGNS, ASK APPROPRIATE QUESTIONS AND MAKE REFERRALS; POST-INTERVENTION TRAINING THAT TEACHES HOW TO PROMOTE HEALING AND REDUCE RISK; A MENTAL HEALTH WORKSHOP THAT HELPS TO INCREASE KNOWLEDGE AND DECREASE STIGMA. THE PROGRAM ALSO INCREASES PUBLIC AWARENESS OF SUICIDE, ITS WARNING SIGNS AND LOCAL RESOURCES THROUGH MEDIA MESSAGES AND EDUCATIONAL MATERIALS AND BRINGS TOGETHER COMMUNITY MEMBERS THROUGH THE ONONDAGA COUNTY SUICIDE PREVENTION COALITION. 788 INDIVIDUALS PARTICIPATED IN SUICIDE PREVENTION WORKSHOPS.

ELMCREST CHILDREN'S CENTER, INC.

FAMILY TRANSITIONS PROGRAM \$73,880

ELMCREST'S FAMILY TRANSITIONS PROGRAM IS A COMMUNITY BASED TREATMENT PROGRAM THAT PROVIDES SPECIALIZED SEXUAL ABUSE SERVICES (SSAS) TO LOCAL YOUTH AND THEIR FAMILIES WHO ARE FACED WITH CHALLENGES RELATED TO SEXUAL ABUSE. USING A FAMILY SYSTEMS APPROACH, THE PROGRAM WORKS WITH CHILDREN/ADOLESCENTS WHO SEXUALLY ACT OUT, WHO ARE SEXUALLY REACTIVE,

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AND CHILDREN WHO HAVE BEEN SEXUALLY VICTIMIZED. ADDITIONALLY, THIS PROGRAM STRIVES TO WORK WITH THE ENTIRE FAMILY SYSTEM INCLUDING SIBLINGS, WHO MAY NOT HAVE BEEN DIRECTLY INVOLVED, BUT WHO ARE INDIRECTLY AFFECTED BY THE ABUSE. THIS PROGRAM SERVES 114 INDIVIDUALS FROM ONONDAGA COUNTY.

EXCEPTIONAL FAMILY RESOURCES

FAMILY RESPITE SERVICES \$22,700

EFR'S FAMILY RESPITE SERVICES PROVIDES RELIABLE, QUALITY CARE FOR INDIVIDUALS WITH A DEVELOPMENTAL DISABILITY AND THEIR SIBLINGS, GIVING THEIR CAREGIVERS A MUCH NEEDED BREAK (RESPITE) FROM THE CHALLENGES AND STRESS OF CARING FOR A FAMILY MEMBER WITH SPECIAL NEEDS. CHILDREN WITH DISABILITIES AND INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES OF ALL AGES ARE PARTICULARLY AT RISK FOR ABUSE, OFTEN BY OVERSTRESSED CAREGIVERS WHO ARE NOT ABLE TO TAKE A BREAK FROM THEIR CONSTANT CAREGIVING RESPONSIBILITIES. UNLIKE MOST RESPITE SERVICES FOR INDIVIDUALS WITH DISABILITIES FUNDED WITHIN NYS, OUR RESPITE SERVICES ARE ABLE TO SUPPORT NOT ONLY THE INDIVIDUAL WITH A DISABILITY BUT THE ENTIRE FAMILY, REDUCING STRESS AND PREVENTING ABUSE FROM TAKING PLACE. OUR FAMILY RESPITE SERVICES ALSO PROVIDE FLEXIBILITY MOST RESPITE SERVICES CANNOT, PARTICULARLY IN RESPONSE TO EMERGENCIES, SUCH AS UNEXPECTED CAREGIVER HOSPITALIZATION OR INCARCERATION, AS HAS OCCURRED IN RECENT YEARS. 10,600 RESPITE HOURS PROVIDED FOR FAMILIES WITH AUTISTIC CHILDREN; 33% INCREASE FROM PREVIOUS YEAR.

GIRL SCOUTS OF NYPENN PATHWAYS, INC.

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CONNECTIONS (FORMERLY KNOWN AS INNER-CONNECTIONS) \$20,880

THE GIRL SCOUT LEADERSHIP EXPERIENCE: CONNECTIONS IS A PROGRAM ESTABLISHED FOR LOW-INCOME, AT-RISK GIRLS IN GRADES K-12, LIVING WITHIN THE CITY OF SYRACUSE. THE PURPOSE OF OUR PROGRAM IS TO PROVIDE THIS TYPICALLY UNDERSERVED SEGMENT OF GIRLS WITH SAFE, SUPPORTIVE SPACES WHERE THEY CAN DISCOVER NEW INTERESTS AND ABILITIES; CONNECT WITH PEERS AND POSITIVE ADULT MENTORS; AND LEARN HOW THEY CAN TAKE ACTION TO BECOME LEADERS FOR CHANGE IN THEIR OWN LIVES AND COMMUNITIES. 471 GIRLS WERE SERVED IN THIS PROGRAM LAST YEAR.

HILLSIDE CHILDREN'S CENTER

FAMILY PRESERVATION INITIATIVE \$27,280

THE FAMILY PRESERVATION INITIATIVE (FPI) PROVIDES INTENSIVE, IN-HOME CLINICAL SERVICES TO SOME OF THE COUNTY'S MOST VULNERABLE CHILDREN AND THEIR FAMILIES TO LOWER THE RISK OF CHILDREN ENTERING FOSTER CARE AND TO RETURN CHILDREN IN CARE TO THEIR FAMILIES SOONER THAN THEY WOULD HAVE RETURNED WITHOUT FPI SERVICES. FPI IS BASED ON THE BELIEF THAT CHILDREN AND FAMILIES THRIVE WHEN FAMILIES HAVE THE KNOWLEDGE, SUPPORT AND RESOURCES THEY NEED. THIS PROGRAM SERVED 95 CHILDREN FROM 37 FAMILIES.

HUNTINGTON FAMILY CENTERS, INC.

CLOVER CORNER \$24,550

CLOVER CORNER IS A MULTI-PURPOSE SENIOR CENTER DESIGNED TO ADDRESS THE OVERALL HEALTH AND WELLBEING OF OLDER ADULTS OF ALL ABILITIES OFFERING DAILY OPPORTUNITIES FOR SOCIALIZATION, INFORMATION, EDUCATION,

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NUTRITION, AND LEISURE TIME ACTIVITIES. YEAR-ROUND PROGRAMMING PROVIDES CONTACT WITH OTHER SENIORS IN THE COMMUNITY, FOSTERING FRIENDSHIPS AND LESSENING FEELINGS OF ISOLATION. STAFF PROVIDES SENIORS WITH FURTHER RESOURCES AND SUPPORTS IN ORDER TO MAINTAIN THEIR INDEPENDENCE IN THE COMMUNITY. SENIORS TAKE PART IN VARIOUS TRIPS THROUGHOUT THE YEAR TO FURTHER ENHANCE INDEPENDENCE AND LESSON FEELINGS OF ISOLATION. IN COLLABORATION WITH P.E.A.C.E. INC., A NUTRITIOUS HOT LUNCH IS PROVIDED TO PARTICIPANTS DAILY. 3,098 NUTRITIOUS MEALS SERVED TO SENIORS DURING THE YEAR.

HOPE (HUNTINGTON OBSERVATION AND PARENT EDUCATION) \$40,680

THE HOPE (HUNTINGTON OBSERVATION AND PARENT EDUCATION) PROGRAM IS A FAMILY REUNIFICATION PROGRAM PROVIDING SUPERVISED VISITATION WITH PRE/POST COUNSELING FOR PARENTS WITH CHILDREN IN FOSTER CARE. HOPE OFFERS STRUCTURED FEEDBACK, CURRICULUM BASED INSTRUCTION, AND ONGOING SUPPORT TO ACHIEVE PERMANENCY. SERVICES ARE PROVIDED TO EXPEDITE REUNIFICATION WHENEVER POSSIBLE AND CAN INCLUDE SHORT TERM AFTERCARE SERVICES FOLLOWING THE CHILD'S DISCHARGE FROM FOSTER CARE. HOPE IS A COMPONENT OF THE INTEGRATED VISITATION SERVICES PARTNERSHIP (FAMILY PLACE) WHICH INCLUDES THE DEPARTMENT OF SOCIAL SERVICES, SALVATION ARMY (CLINICAL AND FAMILY COACH SERVICES), HUNTINGTON FAMILY CENTERS (HOPE PARENT EDUCATION PROGRAM), AND CATHOLIC CHARITIES (PARENT AIDE PROGRAM). 52 UNDUPLICATED PARENTS SERVED.

INTERFAITH WORKS OF CNY, INC.

CENTER FOR NEW AMERICANS MENTAL HEALTH SUPPORT PROGRAM \$18,150

SYRACUSE IS AMONG THE TOP TEN CITIES IN THE UNITED STATES WELCOMING

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REFUGEES WHO ARE SURVIVORS OF TRAUMA AND TORTURE. THEIR SPECIAL NEEDS ARE CHALLENGING AND DIFFICULT TO MEET WITH THE TRADITIONAL LOCAL NETWORK OF CARE. INITIATED IN 2008 AND SUPPORTED BY THE UNITED WAY SINCE 2011, INTERFAITH WORKS' (IFW) CENTER FOR NEW AMERICANS MENTAL HEALTH SUPPORT PROGRAM PROVIDES VULNERABLE REFUGEE INDIVIDUALS WITH CULTURALLY APPROPRIATE MENTAL AND EMOTIONAL HEALTH SUPPORT. SERVICES INCLUDE ASSESSMENT, INDIVIDUAL AND FAMILY COUNSELING, HOME VISITS, AND GUIDED PSYCHIATRIC REFERRALS. TRAINED MENTAL HEALTH INTERPRETERS AND PEER HELPERS ARE PRESENT THROUGHOUT THE TREATMENT PROCESS FOR REFUGEE CLIENTS WITH LIMITED ENGLISH LANGUAGE PROFICIENCY. 127 CLIENTS WERE SERVED.

SENIOR COMPANION PROGRAM \$12,675

THE SENIOR COMPANION PROGRAM OFFERS SENIORS AGE 55 AND OLDER THE OPPORTUNITY TO SERVE ELDERLY INDIVIDUALS IN THEIR COMMUNITY. COMPANIONS SERVE AT-RISK, FRAIL ELDERLY WHO WOULD IN MANY CASES HAVE TO MOVE TO A NURSING HOME IF THEY DID NOT HAVE THIS ONE-TO-ONE SUPPORT. COMPANIONS PRIMARILY PROVIDE FRIENDSHIP AND COMPANIONSHIP TO THEIR OFTEN LONELY AND ISOLATED ELDERLY CLIENTS, BUT ALSO CAN ALERT DOCTORS AND FAMILY MEMBERS TO POTENTIAL PROBLEMS, ASSIST WITH SHOPPING AND MEAL PREPARATION, AND PROVIDE MUCH NEEDED RESPITE TO FAMILY MEMBERS AND CAREGIVERS. MOST COMPANIONS HELP DIRECTLY WITH IN-HOME CLIENTS, WHILE SOME WORK IN SENIOR DAY CARE FACILITIES, ASSISTING THEIR CLIENTS WITH MEALS, ACTIVITIES, AND SOCIALIZATION. A FRAIL, ELDERLY PERSON GENERALLY LIVES LONGER, AND IS IN BETTER HEALTH, WHEN SOCIALIZATION AND SUPPORTIVE FRIENDSHIPS ARE PROVIDED. INSTITUTIONALIZATION IN A SKILLED NURSING FACILITY IS ALSO DELAYED OR AVOIDED BY ADDING AN IN-HOME CAREGIVER TO AN ELDERLY CLIENT WHILE THEY ARE STILL LIVING

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INDEPENDENTLY. 108 HOMEBOUND SENIORS WERE SERVED BY SENIOR COMPANIONS DURING THE YEAR.

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FOCUS AREA #3 HEALTH PART 4

MCMAHON/RYAN CHILD ADVOCACY CENTER

HUMAN TRAFFICKING \$18,130

HUMAN TRAFFICKING, LIKE OTHER GLOBAL ISSUES, IS A CRIME THAT IMPACTS ALL COMMUNITIES. THIS HUMAN TRAFFICKING PROPOSAL PROVIDES SERVICES TARGETING SEXUALLY EXPLOITED YOUTH AGES 12-17. THE PROGRAM WILL OFFER INTENSIVE CASE MANAGEMENT AND ADVOCACY SERVICES, WHICH INCLUDES ASSESSMENT, PLANNING, AND REFERRALS; COORDINATION OF A MULTI-DISCIPLINARY TEAM; AND PROMOTION OF COMMUNITY AWARENESS ABOUT SEXUAL EXPLORATION OF CHILDREN, INCLUDING IDENTIFICATION AND REFERRAL. THE INTEGRATED CONTINUUM OF SERVICE WILL RESPOND TO YOUTH THROUGH CRISIS COUNSELING, STREET OUTREACH, CASE MANAGEMENT PROVISION OF SAFE SHELTER, TRANSITIONAL LIVING SERVICES, LIFE SKILLS TRAINING, DISCHARGE PLANNING, AND AFTERCARE. 50 CHILDREN IDENTIFIED AS CHILD HUMAN SEX TRAFFICKING VICTIMS RECEIVING SERVICES; 72% INCREASE FROM PREVIOUS YEAR.

PEACE, INC.

START HEALTHY, STAY HEALTHY \$45,575

START HEALTHY, STAY HEALTHY IMPROVES THE PHYSICAL AND EMOTIONAL HEALTH OF OUR COMMUNITY'S YOUNGEST AND OLDEST RESIDENTS THROUGH ONE-ON-ONE



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ATTENTION AND SUPPORT FOR CHILDREN WITH SPECIAL NEEDS, MEANINGFUL VOLUNTEER ASSIGNMENTS FOR LOW-INCOME SENIOR CITIZENS, AND WARM, NUTRITIOUS MEALS FOR BOTH POPULATIONS. 4,383 NUTRITIOUS MEALS WERE SERVED IN THE FIRST YEAR OF THIS PROGRAM.

SPANISH ACTION LEAGUE OF ONONDAGA COUNTY, INC.

FAMILY SERVICES \$20,000

FAMILY SERVICES DEPARTMENT OFFERS INDIVIDUALIZED ASSISTANCE TO PATIENTS, FAMILIES, AND CAREGIVERS TO HELP OVERCOME HEALTH CARE SYSTEM BARRIERS AND FACILITATE TIMELY ACCESS TO QUALITY MEDICAL AND PSYCHOSOCIAL CARE. ADDITIONALLY, SPECIALIZED CASE MANAGEMENT IS OFFERED TO PATIENTS OR VICTIMS IDENTIFIED WITH DOMESTIC VIOLENCE, AS WELL AS SUBSTANTIAL OUTREACH AND PUBLIC EDUCATION EFFORTS THROUGHOUT CNY. 105 INDIVIDUALS RECEIVED ACCESS TO SERVICES.

SYRACUSE JEWISH FAMILY SERVICE, INC.

AGEWISE CARE \$23,175

AGEWISE CARE IS AN ACCESSIBLE, COMPREHENSIVE SYSTEM INTEGRATING CARE MANAGEMENT AND EMOTIONAL AND BEHAVIORAL HEALTH SERVICES FOR OLDER ADULTS: SCREENING AND ASSESSMENT; COMPREHENSIVE CARE PLANNING AND COORDINATION; INFORMATION AND REFERRAL; PERSONAL AFFAIRS ASSISTANCE; BENEFITS AND SERVICE COORDINATION; FAMILY LIAISON AND SUPPORT; TRANSPORTATION; HOME-DELIVERED MEALS; AND THERAPEUTIC COUNSELING AND PSYCHO-EDUCATIONAL PROGRAMMING THAT RAISES AWARENESS, ADVOCATES FOR BEHAVIOR CHANGE, BUILDS COPING SKILLS, EDUCATES ABOUT RESOURCES, AND PROVIDES SOCIAL SUPPORT. SERVICES ARE OFFERED IN OFFICE LOCATIONS,

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CLIENT HOMES, AND FAMILIAR COMMUNITY-BASED SITES, BOTH DIRECTLY THROUGH SJFS AND IN PARTNERSHIP WITH AGENCIES WORKING WITH AGING AND/OR EMOTIONAL/BEHAVIORAL ISSUES. 526 UNDUPLICATED CLIENTS SERVED BY THIS PROGRAM; 26% INCREASE FROM PREVIOUS YEAR.

SYRACUSE NORTHEAST COMMUNITY CENTER

SENIOR PROGRAM \$22,700

SNCC PROUDLY PROMOTES HEALTHY AND INDEPENDENT LIFESTYLES WHILE CARING FOR OLDER ADULTS THROUGH OUR CONTEMPORARY SENIOR PROGRAM. FOR 35 YEARS, SNCC HAS ASSISTED SENIORS IN MAINTAINING AUTONOMOUS CONTROL OVER THEIR LIVES BY PROVIDING DIRECT SERVICES AND SOCIAL EXPERIENCES IN AND OUTSIDE OF OUR NEIGHBORHOOD-BASED COMMUNITY CENTER. SENIOR SUPPORT, ONE OF SNCC'S CORE ORGANIZATIONAL VALUES, HELPS OLDER ADULTS STAY ACTIVE AND LIVE INDEPENDENTLY BY PROVIDING NUTRITIOUS MEALS, GROUP EXERCISE, OUTDOOR RECREATION AND COMMUNITY FIELD TRIPS. THIS PROGRAM ALSO PROVIDES FREE POINT-TO-POINT TRANSPORTATION TO THE GROCERY STORE, TO MEDICAL APPOINTMENTS, OR TO OTHER ERRAND LOCATIONS, CASE MANAGEMENT SERVICES, AND OTHER VARIOUS PROGRAMMING OPPORTUNITIES. 6,044 NUTRITIOUS MEALS SERVED; 72% INCREASE FROM PREVIOUS YEAR.

THE SALVATION ARMY

BARNABAS CENTER \$31,870

BARNABAS CENTER PROVIDES RUNAWAY, HOMELESS AND HIGH-RISK YOUTH AND YOUNG ADULTS (AGES 12-24 YEARS OLD) WITH A VARIETY OF NON-RESIDENTIAL SERVICES INCLUDING CASE MANAGEMENT, GANG INTERVENTION, STREET OUTREACH, PREGNANCY PREVENTION, INDEPENDENT LIVING SKILLS, YOUTH LEADERSHIP,

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EDUCATIONAL ASSISTANCE, EMPLOYMENT TRAINING AND RECREATION. BARNABAS CENTER IS A SAFE SUPPORTIVE ENVIRONMENT WHERE HIGH-RISK YOUTH RECEIVE ENCOURAGEMENT THAT PROVIDES THE KNOWLEDGE AND EMPOWERMENT TO TRANSITION FROM CHILDHOOD TO YOUNG ADULTHOOD. AS PART OF THIS PRIMARY FOCUS, YOUTH ARE ENCOURAGED TO CONTINUALLY BUILD AND REFINE THEIR STRENGTH-BASED ASSETS, GAINING THE POISE AND PERSPECTIVE TO ACHIEVE POSITIVE OUTCOMES ASSOCIATED WITH THEIR PERSONAL LIFE GOALS. 451 YOUTH PARTICIPATED IN THE DROP-IN CENTER.

PREVENTIVE SERVICES PROGRAM \$165,150

THE PREVENTIVE SERVICES PROGRAM PROVIDES INTENSIVE SUPPORT SERVICES TO FAMILIES WHOSE CHILDREN ARE AT-RISK OF FOSTER CARE PLACEMENT BECAUSE OF AN INDICATED CHILD ABUSE OR NEGLECT REPORT, OR ARE AT IMMINENT RISK OF ABUSE OR NEGLECT. CLIENTS ARE ECONOMICALLY DISADVANTAGED AND IMPACTED BY ISSUES SUCH AS DOMESTIC VIOLENCE, MENTAL HEALTH, AND SUBSTANCE ABUSE. THE PRIMARY OBJECTIVE IS TO PREVENT FOSTER CARE PLACEMENT BY PROVIDING SUPPORTIVE SERVICES TO FAMILIES WHICH ENABLE THEIR CHILDREN TO REMAIN SAFELY AT HOME. 786 CHILDREN WERE SERVED FROM 361 FAMILIES.

SENIOR SERVICES \$57,465

THE SALVATION ARMY SENIOR SERVICES PROVIDES A CONTINUUM OF COMMUNITY-BASED, NON-RESIDENTIAL SERVICES TO HELP SENIORS MAINTAIN A HIGH DEGREE OF INDEPENDENCE, REDUCE ISOLATION AND TO STAY ACTIVE IN THE COMMUNITY. THE TARGET POPULATION IS WELL AND FRAIL SENIORS, AS WELL AS OLDER ADULTS WITH DEVELOPMENTAL DISABILITIES. THE PROGRAM IS DESIGNED TO MAXIMIZE LEVELS OF PHYSICAL AND EMOTIONAL HEALTH AND WELL-BEING AND OFFERS A FULL RANGE OF PROGRAM ACTIVITIES, CASE MANAGEMENT, SUPPORT AND ADVOCACY SERVICES DESIGNED TO PROVIDE OLDER ADULTS AND THEIR CAREGIVERS

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WITH LINKAGES TO MAINSTREAM AND COMMUNITY RESOURCES. 60 SENIORS RECEIVE SOCIAL DAYS SERVICES DAILY.

TRANSITIONAL APARTMENTS & PARENTING CENTER (TAPC) \$22,720

THE TAPC IS A 24-UNIT APARTMENT AND PARENTING FACILITY PROVIDING LONG-TERM TRANSITIONAL HOUSING AND NON-RESIDENTIAL SERVICES FOR PREGNANT AND PARENTING GIRLS, AGES 16-21 (INCLUDING THEIR DEPENDENT INFANTS AND TODDLERS). FOR ALMOST 25 YEARS, TAPC YOUTH HAVE BENEFITED FROM SUPPORTIVE HOUSING, CASE MANAGEMENT, PARENTING AND LIVING SKILLS CLASSES, PREGNANCY PREVENTION AND ASSISTANCE WITH MAINTAINING ONGOING SCHOOL ENROLLMENT. THE TAPC OFFERS A CARING HOMELIKE ENVIRONMENT WHERE YOUNG GIRLS RECEIVE 24-HOUR SUPERVISION, CRISIS INTERVENTION, ADVOCACY AND COUNSELING, ASSISTANCE WITH MEDICAL APPOINTMENTS, RECREATION, SOCIALIZATION AND LICENSED DAYCARE SERVICES. THE COMBINATION OF THESE DAILY SUPPORTS AND CRITICAL INTERVENTIONS CREATE A COMPREHENSIVE APPROACH THAT BREAKS THE CYCLE OF POVERTY AND HOMELESSNESS FOR THESE YOUNG FAMILIES. 44 CLIENTS DEMONSTRATED INCREASED KNOWLEDGE AND BASIC PARENTING SKILLS REGARDING MATERNAL AND INFANT HEALTH.

VERA HOUSE, INC.

ADULT AND YOUTH COUNSELING PROGRAM \$72,980

THE VERA HOUSE ADULT AND YOUTH COUNSELING PROGRAM PROVIDES SPECIALIZED CLINICAL INTERVENTION AND TREATMENT TO CHILDREN, ADOLESCENTS, ADULTS, AND FAMILIES IMPACTED BY SEXUAL AND/OR DOMESTIC VIOLENCE, ADDRESSING BOTH SHORT-TERM CRISIS NEEDS AND LONG-TERM PERSONAL AND FAMILY EFFECTS OF TRAUMA AT NO CHARGE TO CLIENTS. THIS PROGRAM USES A MULTIDISCIPLINARY APPROACH TO PROVIDE INDIVIDUAL, FAMILY, AND GROUP

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THERAPY BY A TEAM OF MASTER'S LEVEL CLINICIANS SPECIALIZING IN TRAUMA TREATMENT. 7,648 INDIVIDUAL COUNSELING SESSIONS FOR ADULTS WERE HELD DURING THE YEAR.

YOUTH PREVENTION & EDUCATION PROGRAM \$41,000

THE VERA HOUSE YOUTH PREVENTION & EDUCATION PROGRAM IS A PRIMARY PREVENTION PROGRAM WITH THE GOAL OF CHALLENGING YOUNG PEOPLE'S ATTITUDES ABOUT DATING AND SEXUAL VIOLENCE WHILE INCREASING THEIR KNOWLEDGE AND UNDERSTANDING OF STRATEGIES TO PREVENT OR AVOID ABUSE. IT INCLUDES AGE APPROPRIATE AND CULTURALLY RELEVANT CONTENT ABOUT DATING AND DOMESTIC VIOLENCE, SEXUAL ASSAULT, SEXUAL HARASSMENT, FAMILY VIOLENCE, BULLYING, BECOMING AN EMPOWERED BYSTANDER AND HEALTHY RELATIONSHIPS FOR YOUTH AGES 3-21. THE PROGRAM ALSO INCLUDES A PEER LEADERSHIP AND MENTORING COMPONENT FOR HIGH SCHOOL STUDENTS. 7,658 YOUTH REACHED IN ELEMENTARY, MIDDLE AND HIGH SCHOOL THROUGHOUT THE YEAR.

WELCH TERRACE APARTMENTS

SERVICES COORDINATION \$14,480

WELCH TERRACE AS A SUPPORTIVE HOUSING PROGRAM PROVIDES THE WRAP-AROUND CARE OF A SERVICES COORDINATOR/LIFE SKILLS COACH ON-SITE FOR THE RESIDENTS OF A 23 UNIT SINGLE-BEDROOM APARTMENT BUILDING. TO QUALIFY AS A TENANT, PERSONS ARE LOW-INCOME AND HAVE ONE OR MORE HIV-RELATED DISABILITIES. WHILE THE PROGRAM IS INDEPENDENT LIVING, WELCH TERRACE FOSTERS A COMMUNITY OF CARING AMONG RESIDENTS WHO ARE EMPOWERED TO ADDRESS EDUCATION DEFICITS, CHRONIC MENTAL HEALTH NEEDS, SUBSTANCE ABUSE AS WELL AS COMPLEX MEDICAL CONCERNS. HIGH QUALITY STANDARDS ARE

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MET FOR THE PHYSICAL PROPERTY AND PROGRAM TO OFFER A COMFORTABLE AND  
 SECURE ENVIRONMENT FOR PERSONAL SAFETY AND STABILITY. 30 YOUTH / ADULTS  
 WERE SERVED IN THIS PROGRAM.

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FOCUS AREA #4 SAFETY NET PART 1

SAFETY NET: PROVIDING SUPPORT SERVICES TO MEET BASIC COMMUNITY NEEDS.

AMERICAN RED CROSS OF CENTRAL NEW YORK

READY CNY \$86,000

"READY CNY" WILL ENABLE OUR COMMUNITY TO LIMIT THE IMPACT OF DISASTERS

BY (1) EDUCATING CITIZENS AND ORGANIZATIONS TO BE BETTER PREPARED

INDIVIDUALLY; (2) ASSURING RED CROSS, GOVERNMENT AND NON-PROFIT

AGENCIES' READINESS TO RESPOND TO A DISASTER; AND (3) ENGAGING A

COMMUNITY NETWORK TO TAKE AN ACTIVE ROLE IN DISASTER MITIGATION. THIS

COMMUNITY "SAFETY NET" PROVIDES IMMEDIATE EMERGENCY ASSISTANCE TO

PEOPLE AFTER DISASTERS AND WORKS TO HELP PEOPLE PREVENT OR MITIGATE THE

SEVERITY OF THESE EVENTS THROUGH EDUCATION AND MATERIAL RESOURCES.

ASSURING CONSISTENCY OF PROGRAM DELIVERY, WE ARE BUILDING A

COMMUNITY-WIDE MOVEMENT TO PREPARE FOR DISASTERS, ENABLE THE RED CROSS

TO CONTINUE VITAL SERVICES, AND BE A CATALYST FOR COMMUNITY PARTNERS TO

PREPARE FOR RESPOND TO AND RECOVER FROM DISASTERS. 374 INDIVIDUALS WERE

SERVED.

SERVICES TO THE ARMED FORCES \$12,500

AMERICAN RED CROSS SERVICES TO ARMED FORCES (SAF) PROVIDES SUPPORT TO

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OUR MILITARY, VETERANS AND THEIR FAMILIES THROUGH PROGRAMS AND SERVICES THAT BEGIN WITH ENLISTMENT, CONTINUE DURING ACTIVE SERVICE AND THROUGH LIFE AFTER THE MILITARY, PROVIDING EMERGENCY SERVICES, FAMILY SERVICES AND HOSPITAL SUPPORT. THE AMERICAN RED CROSS IS THERE EVERY STEP OF THE WAY THROUGH THIS CONTINUUM OF CARE. 303 INDIVIDUALS AND FAMILIES OF MEN AND WOMEN IN THE ARMED SERVICES WERE ASSISTED WITH VARIOUS SERVICES.

ARISE

CRISIS MANAGEMENT & PREVENTION SERVICE (CMPS) \$13,000

ARISE'S CRISIS MANAGEMENT & PREVENTION SERVICE (CMPS) PROVIDES SUPPORT THAT HELPS INDIVIDUALS WITH LOW INCOME AND WITH DISABILITIES MANAGE AND PREVENT A CRISIS, THEREBY STABILIZING THEIR LIVING SITUATION AND ELIMINATING THE POTENTIAL FOR CHRONIC HOUSING VULNERABILITY, HOMELESSNESS, RISKS TO HEALTH AND SAFETY, AND INSTITUTIONALIZATION. CMPS PROVIDES ONE-ON-ONE SUPPORT THAT HELPS INDIVIDUALS DEVELOP AN INDEPENDENT LIVING PLAN, APPLY FOR AND SECURE BENEFITS AND INCOME SUPPORTS, NAVIGATE THE SOCIAL SECURITY ADMINISTRATION AND DEPARTMENT OF SOCIAL SERVICES, AND ENHANCE THE SKILLS THEY NEED TO PREVENT FUTURE CRISES. THE CMPS PROGRAM SERVES 80 INDIVIDUALS WITH DISABILITIES AND THEIR FAMILIES EACH YEAR. 46 INDIVIDUALS TO HELP WITH CRISIS MANAGEMENT ISSUES.

CATHOLIC CHARITIES OF ONONDAGA COUNTY

COORDINATED SERVICES FOR HOMELESS MEN \$48,500

HOMELESSNESS REMAINS A SERIOUS ISSUE IN THE SYRACUSE COMMUNITY, ESPECIALLY AMONG INDIVIDUALS WITH DISABILITIES AND MENTAL HEALTH

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DIAGNOSES. AS A RESULT OF THE COORDINATED SERVICES FOR HOMELESS MEN PROGRAM, INDIVIDUALS HAVE A SAFE PLACE TO SLEEP AT NIGHT AS WELL AS ACCESS TO THE SERVICES AND SUPPORTS THAT CAN ASSIST THEM IN OBTAINING A PLACE TO CALL HOME. THE PROGRAM SERVES APPROXIMATELY 900 PEOPLE EACH YEAR WHO STRUGGLE WITH POVERTY, SUBSTANCE ABUSE ISSUES, INADEQUATE DAILY LIVING SKILLS, AND EVEN DOMESTIC VIOLENCE. CCOC HAS PROVIDED HOMELESS SERVICES FOR 33 YEARS. 38,905 SHELTER NIGHTS OF SERVICE WERE PROVIDED FOR HOMELESS MEN.

COORDINATED SERVICES FOR HOMELESS WOMEN AND FAMILIES \$63,500

HOMELESSNESS REMAINS A SERIOUS ISSUE IN THE SYRACUSE COMMUNITY, ESPECIALLY AMONG INDIVIDUALS WITH DISABILITIES AND MENTAL HEALTH DIAGNOSES. AS A RESULT OF THE COORDINATED SERVICES FOR HOMELESS WOMEN AND FAMILIES PROGRAM, INDIVIDUALS AND FAMILIES HAVE A SAFE PLACE TO SLEEP AT NIGHT AS WELL AS ACCESS TO THE SERVICES AND SUPPORTS THAT CAN ASSIST THEM IN OBTAINING A PLACE TO CALL HOME. THE PROGRAM SERVES APPROXIMATELY 800 PEOPLE EACH YEAR WHO STRUGGLE WITH POVERTY, SUBSTANCE ABUSE ISSUES, INADEQUATE DAILY LIVING SKILLS, AND DOMESTIC VIOLENCE. CCOC HAS PROVIDED HOMELESS SERVICES FOR 33 YEARS. 9,664 SHELTER NIGHTS OF SERVICE WERE PROVIDED FOR HOMELESS WOMEN AND CHILDREN.

EMERGENCY ASSISTANCE SERVICES \$48,000

AS A RESULT OF THE CATHOLIC CHARITIES EMERGENCY ASSISTANCE SERVICES (CCEAS), THE EMERGENCY NEEDS OF THOSE IN THE COMMUNITY WHO ARE POOR AND VULNERABLE WILL BE MET. CCEAS WAS ESTABLISHED IN THE EARLY 1970S, AND THROUGHOUT ITS FOUR DECADES OF SERVICE, THIS PROGRAM HAS GROWN AND EVOLVED AS THE NEEDS OF THIS TARGET POPULATION HAVE INCREASED OR CHANGED, BUT THE CORE MISSION REMAINS THE SAME: TO PROVIDE FAMILIES AND



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INDIVIDUALS WITH THE MEANS TO ALLEVIATE AN IMMEDIATE CRISIS, AND TO HELP THEM TO DEVELOP THE SKILLS AND RESOURCES TO PREVENT ITS RECURRENCE. 5,180 UNDUPLICATED INDIVIDUALS RECEIVING EMERGENCY ASSISTANCE.

CONTACT COMMUNITY SERVICES, INC.

CRISIS INTERVENTION SERVICES \$57,000

NATIONAL, STATE AND LOCAL DATA INDICATE THAT THERE IS AN INCREASING DEMAND FOR BASIC NEEDS ASSISTANCE, MENTAL HEALTH SERVICES, AND GENERAL SUPPORT FOR PEOPLE FACING A CRISIS. CRISIS INTERVENTIONS SERVICES (CIS) PROVIDES 24-HOUR COUNSELING SUPPORT, CRISIS INTERVENTION, AND INFORMATION AND REFERRAL TO PEOPLE IN CRISIS AND/OR IN NEED OF EMOTIONAL SUPPORT TO WORK TOWARD DEVELOPING A PLAN TO MANAGE AND/OR PREVENT FUTURE CRISIS. WE SERVE THE COMMUNITY THROUGH THE CONTACT HOTLINE, ONONDAGA COUNTY'S HELPLINE, MENTAL HEALTH CONNECTION, NATIONAL SUICIDE PREVENTION LIFELINE (NSPL), CRISIS CHAT, TELECARE AND THE NEONATAL ABSTINENCE SYNDROME (NAS) LINE. CIS ALSO PROVIDES AFTER-HOURS TELEPHONE SUPPORT FOR A NUMBER OF MENTAL HEALTH CLINICS AND HUMAN SERVICES AGENCIES. 71,835 CALLS IN AND OUT REGARDING CRISIS SERVICES.

FOOD BANK OF CENTRAL NEW YORK

RETAIL PARTNERSHIP PROGRAM \$47,000

THE RETAIL PARTNERSHIP PROGRAM (RPP) COLLECTS NUTRITIOUS FOOD FROM RETAIL PARTNERS FOR DISTRIBUTION TO INDIVIDUALS IN NEED IN COLLABORATION WITH COMMUNITY-BASED ORGANIZATIONS. THE PROGRAM SALVAGES FOOD THAT RETAILERS CONSIDER UNSELLABLE AND OFFERS INDIVIDUALS IN NEED

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THE OPPORTUNITY TO RECEIVE NUTRITIOUS FOOD, IN THEIR NEIGHBORHOODS. FOOD BANK CURRENTLY ACQUIRES FOOD FROM 17 RETAIL PARTNERS IN ONONDAGA COUNTY, WHICH IS THEN IMMEDIATELY DISTRIBUTED THROUGH TWO DIFFERENT METHODS: 8 MONTHLY FRESH FOODS DISTRIBUTIONS OR 47 EXCEPTIONAL FAMILY RESPITE SERVICES THROUGHOUT THE COUNTY. THIS DUAL APPROACH ENSURES THAT ONONDAGA COUNTY PROGRAMS ARE ABLE TO RECEIVE NUTRITIOUS PRODUCE, BREAD AND DAIRY DAILY. 69,257 INDIVIDUAL MEALS WERE SERVED EACH MONTH.

FRANK H. HISCOCK LEGAL AID SOCIETY

CIVIL LEGAL ASSISTANCE PROGRAM \$50,000

THE CIVIL LEGAL ASSISTANCE PROGRAM HELPS LOW-INCOME INDIVIDUALS PREVENT AND MANAGE CRISES AND INCREASE INDEPENDENCE, SAFETY AND SECURITY FOR THEIR FAMILIES BY PROVIDING FREE LEGAL ASSISTANCE IN A WIDE RANGE OF LEGAL MATTERS. SERVICES, INCLUDING COMPLETE REPRESENTATION, ADVICE, BRIEF SERVICE AND REFERRAL, ARE PROVIDED IN FAMILY LAW, HOUSING AND UNEMPLOYMENT MATTERS. SPECIALIZED PROJECTS PROVIDE REPRESENTATION TO SPECIAL POPULATIONS INCLUDING VICTIMS OF DOMESTIC VIOLENCE, NON-CUSTODIAL PARENTS, CANCER PATIENTS, IMMIGRANTS AND REFUGEES AND PEOPLE FACING HOMELESSNESS DUE TO EVICTION AND FORECLOSURE. SERVICES ARE PROVIDED PRIMARILY TO ONONDAGA COUNTY RESIDENTS. THE CANCER, IMMIGRATION AND FORECLOSURE PROJECTS SERVE MULTI-COUNTY REGIONS IN CENTRAL NEW YORK. 2,358 CIVIL CASES HANDLED DURING PAST YEAR.

HUNTINGTON FAMILY CENTERS, INC.

EMERGENCY SERVICES \$23,000

HUNTINGTON FAMILY CENTERS, INC. OFFERS EMERGENCY SERVICES TO

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INDIVIDUALS AND FAMILIES IN NEED OF FOOD, CLOTHING, AND LEAD-FREE HOUSING, WHILE HELPING THEM FIND THE RESOURCES TO REDUCE FUTURE CRISIS AND PROMOTE THE HIGHEST DEGREE OF INDEPENDENCE. TO ACCOMPLISH THIS, HUNTINGTON FAMILY CENTERS OPERATES A FOOD PANTRY AND A CLOTHING EXCHANGE ROOM (THE TRADING POST) WHERE INDIVIDUALS AND FAMILIES CAN OBTAIN FREE CLOTHING AND HOUSEHOLD GOODS. HFC PROVIDES FREE INSTRUCTIONS AND CLEANING SUPPLIES TO REDUCE LEAD EXPOSURE TO SMALL CHILDREN LIVING IN HOUSING WITH POTENTIAL LEAD THREATS, AND SERVES AS A FOOD SENSE SITE. 2,635 INDIVIDUALS RECEIVED FOOD ASSISTANCE; 46% INCREASE FROM PREVIOUS YEAR.

INTERFAITH WORKS OF CNY, INC.

COMMUNITY INTEGRATION PROGRAM \$31,500

INTERFAITH WORKS REFUGEE RESETTLEMENT SERVES PEOPLE WHO HAVE FLED THEIR HOME COUNTRY DUE TO WAR, FAMINE, AND POLITICAL REPRESSION. NATIVE FOREIGN LANGUAGE SPEAKERS AND CARING CASEWORKERS ON THE AGENCY'S STAFF GUIDE THE REFUGEES' INITIAL INTEGRATION. THE AGENCY PROVIDES A FURNISHED APARTMENT, FOOD, MEDICAID, EDUCATION AND HEALTH SCREENING, AND SUPPORTS EMPLOYMENT PREPARATION, AS WELL AS AN ORIENTATION TO BASIC LIFE SKILLS LIKE RIDING THE BUS, USING A GROCERY STORE, REGISTERING ONE'S CHILD FOR SCHOOL, AND HANDLING MONEY. MOST REFUGEES HAVE NEVER LIVED IN URBAN ENVIRONMENTS, ARRIVING WITH LITTLE KNOWLEDGE ON HOW TO NAVIGATE SOCIAL SERVICE, EDUCATIONAL, OR MEDICAL SYSTEMS. THROUGH THE COMMUNITY INTEGRATION PROGRAM, REFUGEES HAVE ACCESS TO CASE-SPECIFIC PROBLEM ASSISTANCE FOR UP TO FIVE YEARS AFTER ARRIVAL. 280 REFUGEES PARTICIPATED IN THIS PROGRAM.

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FORM 990, PART III, LINE 4A

FOCUS AREA #4 SAFETY NET PART 2

RESCUE MISSION

FOOD SERVICES \$30,000

THE RESCUE MISSION FOOD SERVICES CENTER IS LOCATED ON THE MAIN CAMPUS IN THE MISSION DISTRICT AT 148 GIFFORD STREET, IN SYRACUSE. THEY PROVIDE THREE MEALS A DAY, 365 DAYS A YEAR TO MEN, WOMEN AND CHILDREN IN NEED. BOXED LUNCHES ARE PROVIDED FOR INDIVIDUALS WHO MAY HAVE MISSED MEAL TIMES DUE TO THEIR WORK SCHEDULE. 8,361 UNIQUE INDIVIDUALS WERE SERVED IN THIS PROGRAM; 13% INCREASE OVER PREVIOUS YEAR.

SAMARITAN CENTER

HOT MEALS PROGRAM \$40,000

SAMARITAN CENTER SERVES HOT, NUTRITIOUS MEALS 365 DAYS A YEAR TO ANYONE IN NEED WITHOUT QUESTIONS, JUDGMENT OR PRECONDITIONS. THE HOT MEALS PROGRAM IS SPECIFICALLY DESIGNED TO COMBAT HUNGER, ALLEVIATE SOCIAL ISOLATION AND PROVIDE A PLATFORM FOR CASE MANAGEMENT, EDUCATION AND INFORMATION/REFERRAL SERVICES WHILE OFFERING OPPORTUNITIES FOR A BROAD BASE OF COMMUNITY VOLUNTEERS. A HOT BREAKFAST MEAL IS OFFERED FIVE DAYS PER WEEK, SERVING ON AVERAGE 140 MEALS PER DAY. OUR DINNER MEAL IS OFFERED SEVEN DAYS A WEEK, SERVING ON AVERAGE 210 MEALS PER DAY. THE SAMARITAN CENTER HAS SEEN A STEADY GROWTH IN THE NUMBER OF GUESTS AND THE NUMBER OF MEALS SERVED EACH DAY. LAST YEAR 119,129 MEAL WERE SERVED.

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SPANISH ACTION LEAGUE OF ONONDAGA COUNTY, INC.

HOUSING SERVICES \$14,000

THE HOUSING PROGRAM PROVIDES SERVICES FOCUSING ON THE LATINO COMMUNITY BUT NOT LIMITED TO IN CNY AS FOLLOWS; FIRST TIME HOMEBUYER CLASSES AND SERVICES, RENTAL SUBSIDY SERVICES, INTENSIVE CASE MANAGEMENT, ADVOCACY, SHORT TERM COUNSELING, HOUSING, FINANCIAL, LEGAL, AND SOCIAL SERVICE NAVIGATION, INTERPRETATION/TRANSLATION, OUTREACH, RELOCATION ASSISTANCE, HOMELESSNESS PREVENTION AND SERVICES, MEDIATIONS, EVICTIONS PREVENTION, RAPID REHOUSING, COURT ACCOMPANIMENT, DONATION ASSISTANCE, AND REFERRALS. 546 INDIVIDUALS RECEIVED RELOCATION SERVICES.

SYRACUSE NORTHEAST COMMUNITY CENTER

BASIC NEEDS PROGRAM \$22,000

SNCC'S BASIC NEEDS ASSISTANCE PROGRAM SERVES FAMILIES AND INDIVIDUALS FROM ALL WALKS OF LIFE WHO ARE FACING HUNGER, ISOLATION, UNSTABLE HOUSING, POOR HEALTH, AND CRIPPLING POVERTY. WE SUPPORT FAMILIES IN CRISIS THROUGH THE OPERATION OF A FOOD PANTRY, PROVISION OF EMERGENCY RENTAL ASSISTANCE, AND COMPREHENSIVE REFERRAL AND CASE MANAGEMENT SERVICES. INDIVIDUALS VISIT OUR FOOD PANTRY BECAUSE THEY ARE FACING A FOOD SHORTAGE, BUT OUR BASIC NEEDS STAFF ALSO WORK WITH THEM TO IDENTIFY THE UNDERLYING ISSUES CONTRIBUTING TO THIS CRISIS. SNCC STAFF THEN PROVIDE THE CONNECTIONS TO THE ONSITE AND COMMUNITY RESOURCES AND SERVICES INDIVIDUALS NEED TO STABILIZE THEIR LIVES. 4,047 INDIVIDUALS RECEIVED FOOD ASSISTANCE.

THE SALVATION ARMY

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BARNABAS RESIDENTIAL \$30,000

BARNABAS RESIDENTIAL PROVIDES EMERGENCY AND TRANSITIONAL HOUSING FOR RUNAWAY AND HOMELESS YOUTH AND YOUNG ADULTS, AGES 16-24 YEARS OLD.

SERVICES FOR YOUTH ARE AVAILABLE 24 HOURS A DAY, 365 DAYS PER YEAR. IN ADDITION TO HOUSING COMPONENTS, BARNABAS RESIDENTIAL OFFERS CASE MANAGEMENT, INDEPENDENT LIVING SKILLS, EMPLOYMENT READINESS ACTIVITIES, LEADERSHIP PREPARATION, COMMUNITY/VOLUNTEER SERVICE AND RECREATION.

BARNABAS RESIDENTIAL IS CERTIFIED BY THE NYS OFFICE OF CHILD AND FAMILY SERVICES (OCFS). BARNABAS HAS TWO LOCATIONS IMMEDIATELY ACROSS THE STREET FROM ONE ANOTHER. BARNABAS RESIDENTIAL PROVIDES HOUSING FOR UP TO 19 YOUTH AT ONE TIME, IN EITHER A GROUP LIVING ENVIRONMENT OR INDIVIDUAL APARTMENTS. 174 YOUTH RECEIVED CASE MANAGEMENT SERVICES.

BOOTH HOUSE \$45,000

BOOTH HOUSE IS AN EMERGENCY SHELTER FOR RUNAWAY, HOMELESS AND HIGH-RISK YOUTH, AGES 12-17 YEARS OLD. THE PROGRAM PROVIDES YOUTH WITH IMMEDIATE HOUSING 24 HOURS A DAY, 365 DAYS PER YEAR. IN ADDITION TO EMERGENCY HOUSING, BOOTH HOUSE OFFERS A VARIETY OF CRISIS SERVICES INCLUDING AN ALTERNATIVE TO JUVENILE JUSTICE DETENTION, PLANNED RESPITE, FAMILY MEDIATION, CASE MANAGEMENT, HOMEBOUND SCHOOLING, LIVING SKILLS AND RECREATION ACTIVITIES. BOOTH HOUSE IS CERTIFIED BY THE NYS OFFICE OF CHILD AND FAMILY SERVICES (OCFS). LOCATED IN THE CITY OF SYRACUSE ON MIDLAND AVENUE, BOOTH HOUSE IS A LARGE, COMFORTABLE 15-BED HOME SITUATED IN A RESIDENTIAL NEIGHBORHOOD. 3,065 DAYS OF CARE WERE PROVIDED.

EMERGENCY FAMILY SHELTER \$80,000

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

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15-0532073

THE SALVATION ARMY EMERGENCY FAMILY SHELTER PROVIDES TEMPORARY EMERGENCY HOUSING FOR HOMELESS FAMILIES OF ANY CONFIGURATION INCLUDING EXTENDED FAMILIES, MEN WITH CHILDREN, OLDER MALE CHILDREN AND SINGLE WOMEN. CRISIS COUNSELING, COMPREHENSIVE SOCIAL WORK SERVICES AND LINKAGES TO MAINSTREAM AND COMMUNITY RESOURCES ARE PROVIDED TO SECURE AND MAINTAIN PERMANENT HOUSING. 25,516 SHELTER CARE DAYS PROVIDED TO HOMELESS INDIVIDUALS / FAMILIES.

SPECIALIZED MENTAL HEALTH CLINIC \$26,000

SPECIALIZED MENTAL HEALTH CLINIC IS A UNIQUE BLEND OF THERAPEUTIC INTERVENTIONS THAT WILL MEET THE NEEDS OF A TARGETED POPULATION OF FAMILIES AND INDIVIDUALS NOT SERVED ELSEWHERE IN THE COMMUNITY. THESE SPECIALIZED CLINICAL SERVICES INCLUDE: PRE- AND POST-ADOPTION COUNSELING FOR CHILDREN AND FAMILIES; FUNCTIONAL FAMILY THERAPY (FFT) FOR FAMILIES WITH ADOLESCENTS WHO ARE STRUGGLING WITH EMOTIONAL AND BEHAVIORAL PROBLEMS, DOMESTIC VIOLENCE COUNSELING AND MENTAL HEALTH COUNSELING FOR TRANSITION AGE YOUTH (16-24 YEARS). IN ADDITION, WE PLAN TO WORK CLOSELY WITH THE REFUGEE COMMUNITY TO DEVELOP SERVICES TO ADDRESS SYMPTOMS OF POST-TRAUMATIC STRESS DISORDER WITH SPECIAL ATTENTION TO CULTURAL AND LANGUAGE BARRIERS. CLIENTS HAVE THE OPTION OF RECEIVING SERVICES IN THEIR HOME OR A CLINIC OFFICE SETTING.

349 INDIVIDUALS WERE SERVED.

WOMEN'S SHELTER \$16,000

THE SALVATION ARMY WOMEN'S SHELTER IS A 15 BED SHELTER FOR MENTALLY ILL, CHRONICALLY HOMELESS WOMEN. THE SHELTER PROVIDES MEALS AND INTENSIVE CASEWORK SERVICES LEADING TO BOTH INDEPENDENT AND SUPPORTIVE PERMANENT HOUSING FOR THE RESIDENTS. RESIDENTS OF THE SHELTER RECEIVE

Name of the organization

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15-0532073

EMERGENCY AND CRISIS INTERVENTION, CASE MANAGEMENT AND OUTREACH, MENTAL HEALTH, HEALTH AND DRUG AND ALCOHOL ASSESSMENTS. REFERRALS AND LINKAGES ARE PROVIDED FOR NEEDED SERVICES. 4,830 SHELTER DAYS PROVIDED TO HOMELESS WOMEN AND THEIR FAMILIES.

ACCESS CNY (FORMERLY TRANSITIONAL LIVING SERVICES OF ONONDAGA COUNTY, INC.)

BRIDGE SERVICES \$20,000

PEOPLE STRUGGLING WITH A SERIOUS MENTAL ILLNESS ARE AT RISK OF CRISIS. THE BRIDGE PROGRAM PROVIDES AN IMMEDIATE RESPONSE THAT CAN AVERT THOSE CRISES. STAFF RESPOND TO ACUTE PROBLEMS THAT DEVELOP REGARDING ISSUES RELATED TO HOUSING, FINANCES, AND PHYSICAL AS WELL AS PSYCHIATRIC HEALTH WHICH IN MANY CASES COULD LEAD TO MEDICAL OR PSYCHIATRIC HOSPITALIZATION OR HOMELESSNESS. 51 INDIVIDUALS INCREASED THEIR KNOWLEDGE AND SKILLS NECESSARY TO MANAGE / PREVENT CRISIS.

VERA HOUSE, INC.

ADVOCACY PROGRAM \$80,000

THE ADVOCACY PROGRAM PROVIDES COMPREHENSIVE SERVICES TO ASSIST VICTIMS OF VIOLENCE (DOMESTIC, SEXUAL, FAMILY, AND ALL OTHER CRIMES). THE SERVICES OF THE PROGRAM INCLUDE SHORT-TERM COUNSELING, INFORMATION AND REFERRALS, SAFETY PLANNING, EDUCATION TO CLIENTS AND THE COMMUNITY, AND ADVOCACY WITH LEGAL, MEDICAL, AND SOCIAL SYSTEMS. ADVOCATES PROVIDE FACE TO FACE CRISIS INTERVENTION AT LOCAL AREA HOSPITALS, LAW ENFORCEMENT OFFICES, SCHOOLS, AND NURSING HOMES, AND ARE STATIONED AT THE DISTRICT ATTORNEY'S OFFICE, THE SPECIALIZED DOMESTIC VIOLENCE



Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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COURTS AND CHILD PROTECTIVE SERVICES. OTHER SERVICES INCLUDE A 24-HOUR  
 CRISIS AND SUPPORT LINE AND THE FAMILY COURT HELP DESK. 1,821  
 INDIVIDUAL CLIENTS WERE HELPED; 15% INCREASE OVER PREVIOUS YEAR.

EMERGENCY SHELTER PROGRAM \$39,000

THE VERA HOUSE EMERGENCY SHELTER PROGRAM PROVIDES COMPREHENSIVE SUPPORT  
 SERVICES AND SHELTER TO VICTIMS OF DOMESTIC, SEXUAL AND FAMILY VIOLENCE  
 - WOMEN, CHILDREN AND MEN - WHO ARE HOMELESS AND IN CRISIS DUE TO THE  
 DOMESTIC VIOLENCE/SEXUAL ASSAULT. THE PROGRAM PROVIDES A SAFE PLACE TO  
 STAY AND ASSISTS RESIDENTS IN SECURING SAFETY AND STABILITY WHEN  
 LEAVING THE SHELTER. SHELTER RESIDENTS RECEIVE CARING, PROMPT  
 ATTENTION, INCLUDING SPECIFIC EDUCATION TO PUT THEIR DOMESTIC/SEXUAL  
 VIOLENCE EXPERIENCES IN CONTEXT. THE PROGRAM ALSO PROVIDES CASE  
 MANAGEMENT AND GROUPS CONTAINING INFORMATION REGARDING RESOURCES AND  
 OPTIONS, WHICH EMPOWERS THE SHELTER RESIDENTS AND PROVIDES HOPE FOR  
 THEIR FUTURE. 10,668 BED NIGHTS WERE PROVIDED TO INDIVIDUALS /  
 FAMILIES.

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

WORK TRAIN INITIATIVE:

AS A KEY FOCUS OF THEIR STRATEGIC PLANNING, THE UNITED WAY OF CENTRAL  
 NEW YORK DECIDED IN JANUARY 2013 TO ESTABLISH A LOCAL COLLABORATIVE OF  
 FUNDERS AND COMMUNITY LEADERS, DEDICATED TO FORMING A WORKFORCE  
 DEVELOPMENT PLATFORM THAT ALIGNS TALENT FROM SYRACUSE'S LOW-INCOME  
 POPULATION WITH EMPLOYER DEMAND IN TARGETED INDUSTRIES. FIRST YEAR  
 RESULTS INCLUDED:

1. DEVELOP A POOL OF LOCAL FINANCIAL RESOURCES, \$300,000 / FOR 3

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

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15-0532073

YEARS, TO INITIATE EFFECTIVE WORKFORCE PROGRAMMING ON A LOCAL LEVEL

2. ESTABLISH A LOCAL NETWORK OF EMPLOYERS, ECONOMIC DEVELOPERS, FUNDERS, EDUCATIONAL AND COMMUNITY LEADERS - ALIGN DISPARATE RESOURCES AND SERVICES TO CREATE A COMPREHENSIVE WORKFORCE SYSTEM

3. LEVERAGE \$100,000, TECHNICAL ASSISTANCE AND PEER SUPPORT FROM THE NATIONAL FUND FOR WORKFORCE SOLUTIONS

- 287 PEOPLE SERVED

- 255 REFERRED TO EMPLOYERS

- 229 HIRED / 90% JOB PLACEMENT RATE

- 76% REDUCTION IN PUBLIC ASSISTANCE CASES AFTER EMPLOYMENT

SUCCESS BY 6:

THIS UNITED WAY INITIATIVE HELPS PREPARE CHILDREN FOR SUCCESS BY: EDUCATING AND INVOLVING PARENTS TO HELP PLAY A MORE ACTIVE ROLE IN THEIR CHILDREN'S SUCCESS, FOCUSING COMMUNITY EFFORTS TO BUILD THE BEST EARLY CHILDHOOD DEVELOPMENT PROGRAMS POSSIBLE, AND ADVOCATING FOR THE BEST PHYSICAL, INTELLECTUAL AND EMOTIONAL CARE FOR ALL YOUNG CHILDREN IN ONONDAGA COUNTY.

REGIONAL VOLUNTEER CENTER:

UNITED WAY OF CENTRAL NEW YORK COORDINATES A COMPREHENSIVE VOLUNTEER CENTER SERVING CAYUGA, CORTLAND, MADISON, ONONDAGA AND OSWEGO COUNTIES. VOLUNTEERS LOGGED A TOTAL OF 196,801 HOURS.

211 CNY: IS AN INFORMATION & REFERRAL SERVICE LAUNCHED IN FEBRUARY 2015 FOR 6 COUNTIES IN CENTRAL NEW YORK: ONONDAGA, OSWEGO, MADISON, JEFFERSON, LEWIS, AND ST. LAWRENCE. IN 2015, 19,452 CALLS WERE RECEIVED INQUIRING ABOUT SERVICES RANGING FROM BASIC NEEDS TO MENTAL HEALTH

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UNITED WAY OF CENTRAL NEW YORK, INC.

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SERVICES. THE WEBSITE HAD OVER 42,000 HITS.

EXPENSES \$ 197,869. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT WAS FILED. ALL DIRECTORS WERE EMAILED THE FORM 990, INVITED TO COMMENT ON IT TO THE PRESIDENT OR VICE PRESIDENT FOR FINANCE & OPERATIONS, AND REVIEWED AT THEIR BOARD OF DIRECTORS' MEETING.

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

THE ORGANIZATION ANNUALLY REMINDS THE BOARD OF DIRECTORS AND STAFF OF THE CODE OF ETHICS, WHICH INCLUDES A SUBSTANTIAL POLICY ON CONFLICTS OF INTEREST, EACH YEAR WHEN THE MEMBERSHIP CERTIFICATION IS REVIEWED FOR UNITED WAY WORLDWIDE. ALSO, DURING TIMES WHEN THE STAFF IS RECOMMENDING, AND THE BOARD OF DIRECTORS ARE APPROVING ORGANIZATIONS FOR FUNDING, ALL DIRECTORS ARE REMINDED TO ABSTAIN FROM VOTING IF THEY HAVE A CONFLICT OF INTEREST.

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

THE CEO'S COMPENSATION IS DETERMINED ANNUALLY BASED IN PART ON THE CEO'S WRITTEN SELF-ASSESSMENT PLUS INPUT FROM THE BOARD CHAIR AND VICE CHAIR AND OTHER MEMBERS OF THE BOARD OF DIRECTORS WISHING TO SUBMIT WRITTEN COMMENTARY. THE BOARD CHAIR AND/OR THE VICE CHAIR REVIEWS THE PERFORMANCE APPRAISAL WITH THE CEO, WITH THE RESULTS BEING INCORPORATED INTO THE EVALUATION OF THE CEO'S COMPENSATION, INCLUSIVE OF ANY MERIT RAISE, OTHER BENEFITS PROVIDED AND MARKET-LEVEL COMPENSATION FOR SIMILAR POSITIONS. THE EXECUTIVE COMMITTEE SETS THE FINAL COMPENSATION FOR THE CEO WITH THE FULL KNOWLEDGE OF THE BOARD.

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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DURING THE ANNUAL BUDGET PROCESS, THE BOARD OF DIRECTORS APPROVES A MAXIMUM PERCENT OF SALARY INCREASE THAT MAY BE GIVEN TO EACH EMPLOYEE. EMPLOYEES OF THE ORGANIZATION RECEIVE AN ANNUAL REVIEW. AT THE TIME OF THIS REVIEW, COMPENSATION IS DISCUSSED AND EMPLOYEES MAY RECEIVE AN INCREASE IN THEIR SALARY UP TO THE MAXIMUM LEVEL APPROVED BY THE BOARD OF DIRECTORS DURING THE ANNUAL BUDGET PROCESS.

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

THE 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE (WWW.UNITEDWAY-CNY.ORG) OR UPON REQUEST TO THE VICE PRESIDENT OF FINANCE. OTHER GOVERNANCE DOCUMENTS, SUCH AS ARTICLES OF INCORPORATION, BY-LAWS, CODE OF ETHICS, AND THE IRS STATUS LETTER, MAY ALSO BE REQUESTED FROM THE UNITED WAY OF CNY, INC. ATTN: VICE PRESIDENT OF FINANCE, PO BOX 2129, SYRACUSE, NY 13220.



# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

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

**2015**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>07/01/2015</b> and Ending (mm/dd/yyyy) <b>06/30/2016</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>UNITED WAY OF CENTRAL NEW YORK, INC.</b>	Employer Identification Number (EIN): <b>15-0532073</b>
	Mailing Address: <b>518 JAMES STREET, PO BOX 2129</b>	NY Registration Number: <b>6455</b>
	City / State / ZIP: <b>SYRACUSE, NY 13220-2129</b>	Telephone: <b>315 428-2205</b>
	Website: <b>WWW.UNITEDWAY-CNY.ORG</b>	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT <span style="float: right;">Confirm your Registration Category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a></span>		

## 2. Certification

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

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

President or Authorized Officer:	<b>FRANCIS J. LAZARSKI</b>		
	Signature	Print Name and Title	Date
		<b>MARTHA WINSLOW</b>	
Chief Financial Officer or Treasurer:		<b>SECRETARY / TREASURER</b>	
	Signature	Print Name and Title	Date

## 3. Annual Reporting Exemption

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

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

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

## 4. Schedules and Attachments

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

## 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>250.</u>	Total fee: \$ <u>275.</u>	Make a single-check or money order payable to: <b>"Department of Law"</b>
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# CHAR500

## Annual Filing Checklist

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

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

### Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

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

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

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

### Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

### Send Your Filing

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

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

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

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

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

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

**DUAL** filers are registered under both 7A and EPTL.

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

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com)

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2015

**Open to Public  
Inspection**

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

### 1. Organization Information

Name of Organization:  UNITED WAY OF CENTRAL NEW YORK, INC.	NY Registration Number:  6455
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### 2. Government Grants

Name of Government Agency	Amount of Grant
1. CITY OF SYRACUSE	1. 265,531.
2. NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY	2. 33,588.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 299,119.