

Form **990**

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

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF CENTRAL NEW YORK, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 980 JAMES STREET City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13203 F Name and address of principal officer: NANCY KERN EATON SAME AS C ABOVE	D Employer identification number 15-0532073 E Telephone number 315.428.2205 G Gross receipts \$ 9,874,620. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAY-CNY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1921		M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY.</u> 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 37 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 37 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 38 6 Total number of volunteers (estimate if necessary) 6 739 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 38 7b 650.		
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 7,970,102. Current Year 7,747,250. 9 Program service revenue (Part VIII, line 2g) 447,389. 276,076. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 154,710. 176,994. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 14,154. 11,292. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 8,586,355. 8,211,612.		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,441,892. 4,249,869. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,964,374. 1,841,660. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 688,420. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,209,800. 2,409,666. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 8,616,066. 8,501,195. 19 Revenue less expenses. Subtract line 18 from line 12 -29,711. -289,583.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 8,257,173. End of Year 9,012,896. 21 Total liabilities (Part X, line 26) 4,747,990. 5,362,334. 22 Net assets or fund balances. Subtract line 21 from line 20 3,509,183. 3,650,562.		

Part II Signature Block

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

Sign Here	Signature of officer NANCY KERN EATON, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name DAVID J. DE SILVA Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P00005255	Firm's name ▶ DERMODY, BURKE & BROWN, CPAS, LLC Firm's EIN ▶ 01-0723685 Firm's address ▶ 443 N FRANKLIN ST, STE 100 SYRACUSE, NY 13204-1441 Phone no. 315.471.9171

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 \$ 4,736,534. including grants of \$ 4,249,869.) (Revenue \$ 276,076.) COMMUNITY PROGRAM FUND:

UNITED WAY'S COMMUNITY PROGRAM FUND CURRENTLY PROVIDES FUNDING TO 87 PROGRAMS AT 33 LOCAL AGENCIES THAT PASSED OUR FISCAL AND MANAGEMENT REVIEW. FUNDS ARE INVESTED IN THE FOLLOWING THREE FOCUS AREAS:

EDUCATION: EDUCATING COMMUNITY MEMBERS TO ACHIEVE THEIR FULL POTENTIAL WITH CHILDREN ENTERING SCHOOL READY TO SUCCEED, READING PROFICIENTLY BY 3RD GRADE, MAKING A SUCCESSFUL TRANSITION TO MIDDLE SCHOOL, AND GRADUATING FROM HIGH SCHOOL ON TIME AND READY FOR SUCCESS IN COLLEGE, WORK, AND LIFE.

4b (Code:) (Expenses \$ 552,478. including grants of \$) (Revenue \$) LITERACY COALITION OF ONONDAGA COUNTY (LCOC):

THIS COALITION CELEBRATED ITS ELEVENTH ANNIVERSARY THIS YEAR. DOLLY PARTON IMAGINATION LIBRARY CONTINUED ITS GROWTH. IT COVERS ALL OF ONONDAGA COUNTY. THERE ARE CURRENTLY CLOSE TO 16,000 CHILDREN BETWEEN BIRTH AND AGE FIVE RECEIVING A FREE BOOK IN THE MAIL EVERY MONTH. LCOC CONTINUES TO OFFER A LARGE SUMMER EVENT, PROGRAM FOR GRADE LEVEL READING, AND IS LOOKING TO ENHANCE LITERACY EFFORTS FOR ADULTS IN THE COMING YEAR.

4c (Code:) (Expenses \$ 435,037. including grants of \$) (Revenue \$) HOUSING & HOMELESS COALITION:

THE HOUSING AND HOMELESS COALITION OF CENTRAL NEW YORK (HHC) ACTS AS THE LOCAL HUD CONTINUUM OF CARE (COC NY-505). THE UNITED WAY OF CENTRAL NEW YORK BECAME THE COLLABORATIVE APPLICANT IN 2017 AND THE STAFF OF HHC BECAME UNITED WAY EMPLOYEES.

HHC IS DEDICATED TO REDUCING, PREVENTING, AND ULTIMATELY ENDING HOMELESSNESS IN OUR COMMUNITY. THE HHC ALLOCATES AND OVERSEES FEDERAL FUNDING TO SERVICE PROVIDERS WHO LAST YEAR ASSISTED 7,902 PERSONS (DUPLICATED), EXPERIENCING HOMELESSNESS OR HOUSING VULNERABILITY. THROUGH THE WORK OF THE HHC, HOMELESSNESS IN THIS REGION HAS BEEN

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,336,001. including grants of \$) (Revenue \$)

4e Total program service expenses 7,060,050.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts 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>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, 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>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, 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>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 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>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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
1a	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.		
	1a 37		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 37		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 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 **LYNNE-MARIE RYAN, CHIEF FINANCIAL OFFICER - (315) 428-2205**
980 JAMES STREET, SYRACUSE, NY 13203

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) JAMES ENNIS EMERITUS DIRECTOR	1.00	X					0.	0.	0.	
(2) MARION ERVIN EMERITUS DIRECTOR	1.00	X					0.	0.	0.	
(3) PAULA FREEDMAN EMERITUS DIRECTOR	1.00	X					0.	0.	0.	
(4) DAVID WALL EMERITUS DIRECTOR	1.00	X					0.	0.	0.	
(5) MARTHA WINSLOW TREASURER	1.00	X		X			0.	0.	0.	
(6) STEPHEN J. GORCZYNSKI FORMER DIRECTOR	1.00	X					0.	0.	0.	
(7) STEPHANIE A. CROCKETT VICE CHAIR/CHAIR RESOURCE DEVELOPMEN	1.00	X		X			0.	0.	0.	
(8) ROSA CLARK EMERITUS DIRECTOR	1.00	X					0.	0.	0.	
(9) REBECCA BOSTWICK FORMER DIRECTOR	1.00	X					0.	0.	0.	
(10) JAMES D. FREYER SECRETARY/CHAIR LEADERSHIP DEVELOPME	1.00	X		X			0.	0.	0.	
(11) PETER G. MAIER FORMER DIRECTOR	1.00	X					0.	0.	0.	
(12) VIRGINIA BIESIADA O'NEILL CHAIR	1.00	X		X			0.	0.	0.	
(13) JOSEPH E. O' HARA FORMER NON VOTING UWCNY FUNDED	1.00	X					0.	0.	0.	
(14) DONALD MORGAN DIRECTOR	1.00	X					0.	0.	0.	
(15) ANNETTE PETERS CHAIR - MARKETING & COMMUNICATIONS	1.00	X		X			0.	0.	0.	
(16) ANNE MARIE MULLIN FORMER DIRECTOR	1.00	X					0.	0.	0.	
(17) RUTH CHEN DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PASTOR DAREN C. JAIME DIRECTOR	1.00	X					0.	0.	0.	
(19) MICHELLE KENNEDY ASST TREASURER	1.00	X		X			0.	0.	0.	
(20) JEREMY THURSTON ASST CHAIR LEADERSHIP DEVELOPMENT	1.00	X		X			0.	0.	0.	
(21) STEVE AUSTIN DIRECTOR	1.00	X					0.	0.	0.	
(22) EVELYN INGRAM ASST CHAIR - RESOUROE DEVELOPMENT	1.00	X		X			0.	0.	0.	
(23) MARCY ROBINSON DEMBS DIRECTOR	1.00	X					0.	0.	0.	
(24) KEVIN HAIR FORMER DIRECTOR	1.00	X					0.	0.	0.	
(25) DONEEN HOBBS DIRECTOR	1.00	X					0.	0.	0.	
(26) PATRICIA LEONE NON VOTING UWCNY FUNDED	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							227,548.	0.	39,901.	
d Total (add lines 1b and 1c)							227,548.	0.	39,901.	

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

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part 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) KEVIN BERNSTEIN DIRECTOR	1.00	X						0.	0.	0.
(28) LISA FASOLO FRISHMAN CHAIR - COMMUNITY IMPACT	1.00	X		X				0.	0.	0.
(29) JAMES CAPPARELLI ASST CHAIR - INVESTMENT CO	1.00	X		X				0.	0.	0.
(30) HONORABLE VANESSA BOGAN FORMER DIRECTOR	1.00	X						0.	0.	0.
(31) WILLIAM SIMMONS DIRECTOR	1.00	X						0.	0.	0.
(32) JULIE SHEEDY ASST CHAIR - MARKETING & COMMUN	1.00	X						0.	0.	0.
(33) ZANETTE HOWE DIRECTOR	1.00	X						0.	0.	0.
(34) DIANA JONES CHAIR - VOLUNTEER RESOURCES	1.00	X		X				0.	0.	0.
(35) CAILEE GARM DIRECTOR	1.00	X						0.	0.	0.
(36) JEFF KNAUSS DIRECTOR	1.00	X						0.	0.	0.
(37) TIMOTHY LALONDE CHAIR - INVESTMENT COMMITTEE	1.00	X		X				0.	0.	0.
(38) DONALD NAPIER DIRECTOR	1.00	X						0.	0.	0.
(39) KERRY TAROLLI DIRECTOR	1.00	X						0.	0.	0.
(40) JUHANNA ROGERS DIRECTOR	1.00	X						0.	0.	0.
(41) ALYSE HOLSTEIN DIRECTOR	1.00	X						0.	0.	0.
(42) MICHAEL LONGO CHAIR - EMERGING LEADERS UNITED	1.00	X		X				0.	0.	0.
(43) MARK MANNING DIRECTOR	1.00	X						0.	0.	0.
(44) ANDREA MASTEN DIRECTOR	1.00	X						0.	0.	0.
(45) TAI SHAW DIRECTOR	1.00	X						0.	0.	0.
(46) LINDSAY WEICHERT DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 192,957.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 1,241,334.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6,312,959.					
	g Noncash contributions included in lines 1a-1f: \$	35,361.					
	h Total. Add lines 1a-1f	▶	7,747,250.				
Program Service Revenue	2 a SERVICE FEE INCOME	Business Code 561000	276,076.	276,076.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶	276,076.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	118,291.			118,291.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		1,721,711.					
		b Less: cost or other basis and sales expenses	1,663,008.				
		c Gain or (loss)	58,703.				
	d Net gain or (loss)	▶	58,703.			58,703.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events	▶				
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a OTHER REVENUE- EXCLUDED	900099	11,292.			11,292.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	▶	11,292.				
12 Total revenue. See instructions	▶	8,211,612.	276,076.	0.	188,286.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,249,869.	4,249,869.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	268,019.	167,689.	100,330.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,270,595.	692,199.	271,018.	307,378.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,005.	8,472.	7,638.	7,895.
9 Other employee benefits	160,020.	80,279.	44,319.	35,422.
10 Payroll taxes	119,021.	64,109.	30,554.	24,358.
11 Fees for services (non-employees):				
a Management				
b Legal	2,063.		2,063.	
c Accounting	23,289.		23,289.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	39,999.		39,999.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	648,184.	562,382.	53,256.	32,546.
12 Advertising and promotion	97,314.	52,832.	2,993.	41,489.
13 Office expenses	247,811.	205,764.	26,629.	15,418.
14 Information technology	94,153.	41,536.	7,887.	44,730.
15 Royalties				
16 Occupancy	199,651.	67,169.	60,469.	72,013.
17 Travel	38,829.	27,473.	5,112.	6,244.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	73,532.	23,856.	6,898.	42,778.
20 Interest	4,391.		4,391.	
21 Payments to affiliates	75,060.	20,851.	24,869.	29,340.
22 Depreciation, depletion, and amortization	6,990.	1,957.	2,307.	2,726.
23 Insurance	20,363.	8,912.	5,251.	6,200.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	761,985.	761,985.		
b RENTAL AND MAINTENANCE	41,071.	16,038.	25,033.	
c PRINTING	29,843.	6,678.	3,282.	19,883.
d MISCELLANEOUS	5,138.		5,138.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,501,195.	7,060,050.	752,725.	688,420.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	125,527.	1	187,870.
	2 Savings and temporary cash investments	871,238.	2	786,479.
	3 Pledges and grants receivable, net	2,465,155.	3	2,600,372.
	4 Accounts receivable, net		4	340,484.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	26,973.	9	75,450.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 336,716.		
	b Less: accumulated depreciation	10b 175,102.		
	11 Investments - publicly traded securities	4,556,213.	11	4,720,394.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	191,722.	15	140,233.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,257,173.	16	9,012,896.	
Liabilities	17 Accounts payable and accrued expenses	95,969.	17	511,154.
	18 Grants payable	1,311,442.	18	1,058,990.
	19 Deferred revenue	431,259.	19	658,389.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	86,375.	23	114,076.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,822,945.	25	3,019,725.
	26 Total liabilities. Add lines 17 through 25	4,747,990.	26	5,362,334.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	143,558.	27	-25,806.
	28 Temporarily restricted net assets	3,297,951.	28	3,676,368.
	29 Permanently restricted net assets	67,674.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,509,183.	33	3,650,562.	
34 Total liabilities and net assets/fund balances	8,257,173.	34	9,012,896.	

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	8,211,612.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,501,195.
3	Revenue less expenses. Subtract line 2 from line 1	3	-289,583.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,509,183.
5	Net unrealized gains (losses) on investments	5	282,167.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	148,795.
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	3,650,562.

Part XII Financial Statements and Reporting

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

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

Form 990 (2018)

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

OMB No. 1545-0047

2018

Open to Public
Inspection

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 12, 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).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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. **You must complete Part IV, Sections A and B.**
 - 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). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7724075.	7689347.	7967585.	7970102.	7747250.	39098359.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	7724075.	7689347.	7967585.	7970102.	7747250.	39098359.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						39098359.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	7724075.	7689347.	7967585.	7970102.	7747250.	39098359.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	72,827.	-24,059.	120,420.	154,710.	176,994.	500,892.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	9,875.	11,707.	11,688.	14,154.	11,292.	58,716.
11 Total support. Add lines 7 through 10						39657967.
12 Gross receipts from related activities, etc. (see instructions)					12	1,106,586.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.59 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	98.52 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

2014 AMOUNT: \$ 9,875.

2015 AMOUNT: \$ 11,707.

2016 AMOUNT: \$ 11,688.

2017 AMOUNT: \$ 14,154.

2018 AMOUNT: \$ 11,292.

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.

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

OMB No. 1545-0047

2018

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.

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2018

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	67,674.	70,624.	71,982.	67,108.	68,648.
b Contributions					
c Net investment earnings, gains, and losses	9,736.	-2,950.	-1,358.	4,874.	-1,540.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	77,410.	67,674.	70,624.	71,982.	67,108.

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:

- (i) unrelated organizations
- (ii) related organizations

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

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		33,730.	303.	33,427.
d Equipment		302,986.	174,799.	128,187.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				161,614.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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) UNDESIGNATED ALLOCATIONS PAYABLE	2,825,022.
(3) FUNDS HELD FOR OTHERS	194,703.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,019,725.

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	7,122,697.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	282,167.	
b	Donated services and use of facilities	2b	115,211.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	397,378.	
3	Subtract line 2e from line 1		3	6,725,319.
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	39,999.	
b	Other (Describe in Part XIII.)	4b	1,446,294.	
c	Add lines 4a and 4b	4c	1,486,293.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	8,211,612.

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	7,130,113.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	115,211.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	115,211.	
3	Subtract line 2e from line 1		3	7,014,902.
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	39,999.	
b	Other (Describe in Part XIII.)	4b	1,446,294.	
c	Add lines 4a and 4b	4c	1,486,293.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	8,501,195.

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 RECOGNIZED AS A PUBLIC CHARITY EXEMPT FROM FEDERAL AND STATE INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR PROVISIONS OF NEW YORK STATE LAW, WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE INTERNAL REVENUE CODE AND SIMILAR PROVISION OF NEW YORK STATE LAW, IS SUBJECT TO INCOME TAX.

MANAGEMENT BELIEVES THAT SUBSTANTIALLY ALL OF THE CORPORATION'S INCOME WAS

Part XIII Supplemental Information (continued)

RELATED TO THE CORPORATION'S EXEMPT PURPOSE FOR THE YEARS ENDED JUNE 30,
2019 AND 2018.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS PAYABLE TO AGENCIES 1,446,294.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO AGENCIES 1,446,294.

**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.

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

OMB No. 1545-0047

2018

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACR HEALTH 627 WEST GENESEE STREET SYRACUSE, NY 13204	16-1359060		97,850.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
EXCEPTIONAL FAMILY RESOURCES 1820 LEMOYNE AVENUE SYRACUSE, NY 13208	16-1098311		19,950.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ARISE, INC. 635 JAMES STREET SYRACUSE, NY 13203	16-1186293		41,800.	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		17,100.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CATHOLIC CHARITIES OF ONONDAGA COUNTY - 1654 WEST ONONDAGA STREET - SYRACUSE, NY 13204	15-0532085		497,117.	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		111,150.	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 ▶ **33.**

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) (2018)

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		130,625.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
FOOD BANK OF CNY 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	22-2816988		104,497.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
INTERFAITH WORKS OF CENTRAL NEW YORK, INC. - 1010 JAMES STREET - SYRACUSE, NY 13203	16-1064233		94,525.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SAMARITAN CENTER, INC. 215 NORTH STATE STREET SYRACUSE, NY 13203	16-1328786		39,900.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
LITERACY CNY 100 NEW STREET SYRACUSE, NY 13202	16-1002098		26,600.	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		812,250.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
VERA HOUSE, INC. 723 JAMES STREET SYRACUSE, NY 13203	51-0201530		199,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
YWCA SYRACUSE & ONONDAGA COUNTY 401 DOUGLAS STREET SYRACUSE, NY 13203	15-0532277		82,650.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ELMCREST CHILDREN'S CENTER, INC 960 SALT SPRINGS ROAD SYRACUSE, NY 13244	15-0539090		93,100.	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
AMERICAN RED CROSS OF CENTRAL NEW YORK - 344 WEST GENESEE STREET - SYRACUSE, NY 13202	53-0196605		80,275.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CHILD CARE SOLUTUONS, INC. 6724 THOMPSON ROAD SYRACUSE, NY 13211	16-1057376		81,900.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE CHILDREN'S CENTER 215 WYOMING STREET SYRACUSE, NY 13204	16-0743039		22,800.	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		77,900.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SYRACUSE NORTHEAST COMMUNITY CENTER - 716 HAWLEY AVENUE - SYRACUSE, NY 13203	16-1116632		43,700.	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		93,100.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
FRANK H. HISCOCK LEGAL AID SOCIETY 351 SOUTH WARREN STREET SYRACUSE, NY 13202	15-0527253		42,750.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HUNTINGTON FAMILY CENTERS 405 GIFFORD STREET SYRACUSE, NY 13204	15-0532198		204,250.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ON POINT FOR COLLEGE, INC. 488 WEST ONONDAGA STREET SYRACUSE, NY 13202	16-1569356		50,350.	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
SYRACUSE JEWISH FAMILY SERVICES 4101 EAST GENESEE STREET SYRACUSE, NY 13214	15-0539102		19,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ACCESS- CNY, INC. 1603 COURT STREET SYRACUSE, NY 13208	15-0532247		45,600.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE WORK SCHOLARSHIP CONNECTION - 704 SALT SPRINGS ROAD - SYRACUSE, NY 14620	16-1453581		28,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
MCMAHON RYAN CHILD ADVOCACY CENTER 601 EAST GENESEE STREET SYRACUSE, NY 13202	16-1563195		17,100.	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		12,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WHOLE ME, INC 1010 JAMES STREET SYRACUSE, NY 13203	04-3743001		20,900.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
RESCUE MISSION ALLIANCE OF SYRACUSE, NEW YORK - 155 GIFFORD STREET - SYRACUSE, NY 13202	15-0532146		29,450.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
LEARNING DISABILITIES ASSOCIATION OF CNY - 212 E MANLIUS ST - SYRACUSE, NY 13057	16-1279753		14,250.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WESTCOTT COMMUNITY CENTER 826 EUCLID AVE SYRACUSE, NY 13210	16-1499834		38,000.	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
18/19 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATIONS - 980 JAMES STREET - SYRACUSE, NY 13203	15-0532073		958,930.	0.			18/19 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 noncash assistance

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

PART I, LINE 2:

THE COMMUNITY PROGRAM FUND OPERATES ON A THREE-YEAR FUNDING CYCLE, CURRENTLY JULY 1, 2017 TO JUNE 30, 2020. 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 FINANCIAL STATEMENT 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 18/19 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATION

AGENCY NAME WITH TOTAL DESIGNATION

UPSTATE MEDICAL UNIVERSITY FOUNDATION - \$224,404

UNITED WAY OF CAYUGA COUNTY, INC. - \$103,543

AMERICA'S BEST CHARITIES - \$36,004

COMMUNITY HEALTH CHARITIES - \$31,640

HOSPICE OF CENTRAL NEW YORK - \$29,231

FRANCIS HOUSE - \$28,963

CROUSE HEALTH FOUNDATION - \$22,968

JEWISH FEDERATION OF CENTRAL NEW YORK - \$20,500

AMERICA'S CHARITIES, INC. - \$15,205

GLOBAL IMPACT - \$13,452

UNITED WAY OF GREATER OSWEGO COUNTY, INC. - \$12,438

LORETTO FOUNDATION - \$12,300

PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK, INC. - \$12,299

ALZHEIMER'S ASSOCIATION, CENTRAL NEW YORK CHAPTER - \$11,878

Part IV Supplemental Information

SARAH'S GUEST HOUSE, INC. - \$11,224

HUMANE ASSOC. OF CENTRAL NEW YORK - \$9,957

UPSTATE MEDICAL ALUMNI FOUNDATION - \$9,614

CENTRAL NEW YORK SPCA - \$9,471

EARTH SHARE CHAPTERS, INC. - \$8,238

HOPE FOR BEREAVED - \$7,122

CENTRAL NEW YORK CAT COALITION - \$7,108

SYRACUSE CITY SCHOOL DISTRICT EDUCATION FOUNDATION - \$7,014

UNITED WAY OF GREATER ONEIDA, INC. - \$6,753

VNA FOUNDATION OF CENTRAL NEW YORK C/O NASCENTIA HEALTH - \$6,220

LONGHOUSE COUNCIL BOY SCOUTS OF AMERICA, INC. - \$5,912

JOWONIO SCHOOL - \$5,900

MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK - \$5,741

COVENANT HOUSE - \$5,500

UNITED WAY OF THE VALLEY & GREATER UTICA AREA - \$5,134

NEIGHBOR TO NATION - \$5,021

STEVENS-SWAN HUMANE SOCIETY - \$4,814

OSWEGO COUNTY HUMANE SOCIETY, INC. - \$4,753

SETON FOOD PANTRY, INC. - \$4,481

JEWISH COMMUNITY CENTER OF SYRACUSE - \$4,231

YOUNG LIFE SYRACUSE EAST - \$4,208

SALT CITY HARVEST FARM, INC. - \$4,200

CHARITY FOR CHILDREN, INC. - \$4,004

MERCY WORKS INC. - \$3,984

NEW HOPE FAMILY SERVICES, INC. - \$3,952

HOPEPRINT - \$3,687

RESCUE MISSION OF UTICA - \$3,655

SULLIVAN FOOD CUPBOARD - \$3,578

Part IV Supplemental Information

SACRED HEART CHURCH - ANNA'S PANTRY - \$3,513

HUMANE SOCIETY OF ROME - \$3,476

ST. JOSEPH'S HEALTH FOUNDATION - \$3,437

CHADWICK RESIDENCE, INC. - \$3,399

UNITED WAY FOR CORTLAND COUNTY - \$3,375

NYS TROOPERS PBS SIGNAL 30 FUND, INC. - \$3,258

FATHER CHAMPLIN'S GUARDIAN ANGEL SOCIETY - \$3,149

THE ALS ASSOCIATION CENTRAL NEW YORK CHAPTER - \$2,917

ELDERCARE FOUNDATION C/O NASCENTIA HEALTH - \$2,897

JDRF, CENTRAL NEW YORK CHAPTER - \$2,853

AMERICAN HEART ASSOCIATION OF SYRACUSE, BINGHAMTON & WATERTOWN REGIONS
- \$2,830

VERA HOUSE FOUNDATION - \$2,826

HELPING HOUNDS DOG RESCUE, INC. - \$2,816

ARISE AT THE FARM - \$2,775

AMERICAN CANCER SOCIETY - CENTRAL NEW YORK REGION - \$2,770

GIRL SCOUTS OF NYPENN PATHWAYS, INC. - \$2,768

THE SALVATION ARMY OF OSWEGO COUNTY - \$2,760

CLEAR PATH FOR VETERANS - \$2,731

WANDERER'S REST HUMANE ASSOCIATION - \$2,709

MULTIPLE SCLEROSIS RESOURCES OF CENTRAL NEW YORK - \$2,664

UNITED WAY OF ROME & WESTERN ONEIDA COUNTY, INC. - \$2,616

SOLVAY GEDDES COMMUNITY YOUTH CENTER, INC. - \$2,522

UNITED WAY OF GREATER PORTLAND - \$2,520

MICHELLE M. ADEY MEMORIAL FUND - \$2,498

SUSAN G. KOMEN FOR THE CURE CNY AFFILIATE - \$2,452

M.O.S.T. (MUSEUM OF SCIENCE AND TECHNOLOGY) - \$2,404

CENTRAL NEW YORK SPAY NEUTER ASSISTANCE PROGRAM - \$2,350

Part IV Supplemental Information

UNITED WAY OF NORTHERN NEW YORK - \$2,295

EDUCATION FOUNDATION FOR SUFFOLK COUNTY EXTENSION, INC. - \$2,288

ALL FAITHS FOOD PANTRY, INC - \$2,272

FRIENDS OF THE ROSAMOND GIFFORD ZOO AT BURNET PARK - \$2,150

RONALD MCDONALD HOUSE CHARITIES OF CENTRAL NEW YORK - \$2,137

AAROYASEVA GLOBAL HEALTH VOLUNTEER ALLIANCE - \$2,100

ST. JUDE CHILDREN'S RESEARCH HOSPITAL - \$2,090

MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES, INC. - \$2,062

INTERNATIONAL ASSOCIATION OF LIONS CLUBS SYRACUSE LIONS CLUB CHARITY
FUND - \$2,000

MUSICAL ASSOCIATES OF CENTRAL NEW YORK DBA SYMPHORIA - \$1,950

ABRAHAM HOUSE - \$1,927

ONONDAGA HISTORICAL ASSOCIATION - \$1,911

MATTHEW HOUSE, INC. - \$1,824

OSWEGO COLLEGE FOUNDATION, INC. - \$1,823

UNITED WAY OF SENECA COUNTY, INC. - \$1,750

EARLY CHILDHOOD ALLIANCE - \$1,670

AMERICAN HEART ASSOCIATION- NYC - \$1,663

SUNY POLYTECHNIC INSTITUTE FOUNDATION - \$1,630

YMCA OF GREATER SYRACUSE - \$1,626

LAFAYETTE OUTREACH, INC. - \$1,616

CORTLAND COUNTY SPCA - \$1,602

ARC OF ONONDAGA FOUNDATION - \$1,550

BRADY FAITH CENTER - \$1,533

CAMP GOOD DAYS & SPECIAL TIMES, INC. - \$1,518

JOSEPH'S HOUSE FOR WOMEN, INC. - \$1,513

MEALS ON WHEELS OF SYRACUSE, NY INC. - \$1,506

WORK TRAIN COLLABORATIVE - \$1,442

Part IV Supplemental Information

FRIENDS OF DOROTHY ALTERNATIVE EFFORTS CENTER OF CNY, INC - \$1,424

LEADERSHIP GREATER SYRACUSE - \$1,414

AMERICAN DIABETES ASSOCIATION - SYRACUSE - \$1,400

THE CHILDREN'S CENTER AT MORRISVILLE - \$1,391

CORPORAL KYLE R SCHNEIDER FOUNDATION - \$1,365

ROME RESCUE MISSION - \$1,361

PETER MAURIN HOUSE, INC. DBA HOPE HOUSE - \$1,307

TOURETTE ASSOCIATION OF GREATER NY STATE - \$1,300

OSWEGO COUNTY OPPORTUNITIES, INC. - \$1,268

IN MY FATHER'S KITCHEN - \$1,258

THE KARA FUND, INC. - \$1,244

BASCOL - \$1,242

TEEN CHALLENGE SYRACUSE CHAPTER - \$1,208

LITERACY COALITION OF ONONDAGA COUNTY - \$1,194

CHILDREN'S CENTER OF OSWEGO, INC. - \$1,172

FRIENDS OF THE NORTH SYRACUSE EARLY EDUCATION PROGRAM - \$1,171

SYRACUSE OPEN HOUSE, INC. - \$1,147

DAVID'S REFUGE - \$1,108

SPECIAL OLYMPICS NEW YORK, INC. - \$1,084

FRIENDS OF OSWEGO COUNTY HOSPICE INC. - \$1,046

CYSTIC FIBROSIS FOUNDATION - CENTRAL NEW YORK CHAPTER - \$1,025

DUNBAR ASSOCIATION, INC. - \$1,004

ROAD TO EMMAUS MINISTRY OF SYRACUSE - \$1,000

350 AGENCIES WITH TOTAL DESIGNATIONS <\$999 - \$63,763

TOTAL - \$958,930

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	17,800.	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 UWCNY BOARD SECRETARY

(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 2019. AMOUNT OF TRANSACTION IS THE TOTAL AMOUNT OF

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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

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	7	35,361.	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 isn't 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 nonstandard 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 didn't 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) 2018

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.

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

OMB No. 1545-0047

2018

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 OF CENTRAL NEW YORK IS AN INNOVATIVE AND COLLABORATIVE
NONPROFIT ORGANIZATION THAT DRIVES SOLUTIONS TO THE MOST PRESSING HUMAN
SERVICE COMMUNITY NEEDS OF CENTRAL NEW YORK. THROUGH OUR ADVOCACY AND
RELEVANT LEADERSHIP, WE PROVIDE OPTIONS FOR IMPACTFUL GIVING AND WE
FUND PROGRAMS AND INITIATIVES THAT HELP CREATE A THRIVING COMMUNITY.
OUR ENGAGED STAFF, BOARD, VOLUNTEERS, DONORS AND PARTNERSHIPS
DISTINGUISH US AS A TRUSTED CHAMPION FOR POSITIVE CHANGE. WE ARE GUIDED
BY OUR VALUES OF COMPASSION, EMPOWERMENT, COLLABORATION, LEADERSHIP AND
INCLUSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH: IMPROVING THE OVERALL HEALTH, SAFETY, AND WELL-BEING OF OUR
COMMUNITY AND ITS PEOPLE.

BASIC NEEDS: PROVIDING SUPPORT SERVICES TO MEET BASIC HUMAN AND
COMMUNITY NEEDS, HELPING INDIVIDUALS TO ATTAIN GREATER FINANCIAL
STABILITY AND INDEPENDENCE THROUGH EMPLOYMENT AND ACCESS TO SAFE,
AFFORDABLE HOUSING, AND ASSISTING INDIVIDUALS AND FAMILIES DURING TIMES
OF CRISIS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

REDUCED; THERE WERE 5,094 INDIVIDUALS SERVED IN EMERGENCY SHELTERS;
THIS REPRESENTS A 4% DECREASE SINCE 2015.

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WORK TRAIN:

WORK TRAIN IS A COMMUNITY WORKFORCE INITIATIVE, FISCALLY SPONSORED BY THE UNITED WAY OF CENTRAL NEW YORK AND STAFFED BY CENTERSTATE CEO. WORK TRAIN IS GUIDED BY A COLLABORATION OF LEADERS FROM PHILANTHROPY, BUSINESS, GOVERNMENT AND THE COMMUNITY. WORK TRAIN IS DEDICATED TO PROVIDING CAREER OPPORTUNITIES FOR INDIVIDUALS WHO ARE UNEMPLOYED AND UNDEREMPLOYED, WHILE HELPING COMPANIES BUILD STRONGER WORKFORCES.

WORK TRAIN ACHIEVES THESE RESULTS NOT AS A TRAINING PROVIDER, COMMUNITY-BASED ORGANIZATION, OR A WORKFORCE AGENCY. RATHER, WORK TRAIN SERVES AS A WORKFORCE INTERMEDIARY AND STRATEGIST - CONVENING BUSINESSES, PUBLIC ORGANIZATIONS, AND NONPROFIT ENTITIES TO FORGE PARTNERSHIPS TO DELIVER EFFECTIVE AND NON-DUPLICATIVE WORKFORCE SOLUTIONS. WORK TRAIN HAS THE FLEXIBILITY TO IDENTIFY WORKFORCE CHALLENGES, USE A DESIGN PROCESS TO DEVELOP INNOVATIVE STRATEGIES, AND ASSEMBLE THE RIGHT TEAMS THAT ARE NECESSARY TO EXECUTE THEM. IN ALL OF THIS WORK, WORK TRAIN STARTS WITH AN "EMPLOYER-FIRST" APPROACH, WORKING WITH BUSINESS LEADERS IN KEY INDUSTRIES. FROM THERE OTHER PARTNERS ARE ENGAGED, DEPENDING ON THE SPECIFIC NEED OR CHALLENGE.

EARLY CHILDHOOD ALLIANCE:

IN 2014, A LOCAL CITIZENS' ORGANIZATION RELEASED THE STUDY "EARLY CHILDHOOD AND SCHOOL READINESS: CREATING A COMMUNITY WHERE ALL CHILDREN THRIVE BY FIVE." THE REPORT FOUND THE EARLY CHILDHOOD SYSTEM IN ONONDAGA COUNTY WAS FRAGMENTED, AND LACKED A COMMON LANGUAGE, GOALS,

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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AND STRATEGIC VISION, AND DID NOT SYSTEMATICALLY USE DATA TO DRIVE DECISION-MAKING. THIS LED TO THE CREATION OF THE EARLY CHILDHOOD ALLIANCE (ECA), A CROSS-SECTOR COALITION LED BY MUNICIPAL, PHILANTHROPIC, BUSINESS, ACADEMIC, AND NONPROFIT LEADERS TO CRITICALLY ASSESS THE CURRENT EARLY CHILDHOOD SYSTEM AND IMPLEMENT RECOMMENDATIONS FOR REDESIGNING THE SYSTEM OF RESOURCES AND SUPPORTS FOR VULNERABLE PREGNANT AND PARENTING FAMILIES WITH CHILDREN UNDER THE AGE OF FIVE.

THE MISSION OF THE ECA IS THAT ALL YOUNG CHILDREN IN ONONDAGA COUNTY ARE HEALTHY AND THRIVING AND ARE SUCCESSFUL IN SCHOOL AND LIFE; ALL FAMILIES OF YOUNG CHILDREN ARE SUPPORTED IN THEIR PARENTING AND HAVE THE KNOWLEDGE, SKILLS, CONFIDENCE, AND RESOURCES THEY NEED TO RAISE THEIR CHILDREN IN HEALTHY AND NURTURING ENVIRONMENTS.

GREATER SYRACUSE HOPE:

UNITED WAY COORDINATES THIS GRANT FROM GOVERNOR CUOMO AS ONE OF THE 16 EMPIRE STATE POVERTY REDUCTION INITIATIVE CITIES. BY WORKING IN A PARTNERSHIP WITH A WIDE ARRAY OF COMMUNITY STAKEHOLDERS, WE OBTAINED COMMUNITY INPUT ON THE ROOT CAUSES OF POVERTY AND HAVE PUT TOGETHER A PROPOSED PLAN THAT INCLUDES SEVERAL SPECIFIC PILOT INITIATIVES. THEY INCLUDE: A DROP-OUT PREVENTION INITIATIVE IN PARTNERSHIP WITH THE SYRACUSE CITY SCHOOL DISTRICT, ONONDAGA COUNTY AND OTHERS; A WORKFORCE DEVELOPMENT INITIATIVE TO CONNECT WITH BOTH WORK TRAIN AND THE CENTRAL AND NORTHERN NY BUILDING AND TRADES COUNCIL; FINANCIAL LITERACY AND EMPOWERMENT TRAINING; TRANSPORTATION TO ASSIST PEOPLE IN GETTING TO WORK, AND OTHERS.

THE GRANT PERIOD HAS BEEN EXTENDED UNTIL MARCH 2021.

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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CA\$H COALITION:

UNITED WAY OF CENTRAL NEW YORK ADMINISTERS THE CA\$H COALITION, CONVENER OF ORGANIZATIONS AND BUSINESSES DEDICATED TO PROMOTING FINANCIAL STABILITY AND ASSET-BUILDING OPPORTUNITIES FOR LOW-TO-MODERATE-INCOME INDIVIDUALS AND FAMILIES IN ONONDAGA COUNTY. THE CA\$H COALITION OVERSEES FREE TAX PREPARATION SERVICES THROUGH THE VITA (VOLUNTEER INCOME TAX ASSISTANCE) PROGRAM, PREPARED 4,055 RETURNS LAST YEAR BRINGING \$6,192,272 IN REFUNDS BACK TO OUR COMMUNITY.

2-1-1:

2-1-1 CNY IS AN INFORMATION AND REFERRAL SERVICE LAUNCHED IN FEBRUARY 2015 THAT SERVES ONONDAGA, OSWEGO, MADISON, JEFFERSON, LEWIS, AND ST. LAWRENCE COUNTIES. IT IS SUPPORTED BY NEW YORK STATE, ONONDAGA COUNTY, AND UNITED WAY.

REGIONAL VOLUNTEER CENTER:

UNITED WAY OF CENTRAL NEW YORK COORDINATES A COMPREHENSIVE VOLUNTEER CENTER SERVING CAYUGA, CORTLAND, MADISON, ONONDAGA AND OSWEGO COUNTIES THAT LOGGED OVER 33,000 VOLUNTEER HOURS. WE HOST VOLUNTEERCNY.ORG, A SITE AVAILABLE TO ALL NON-PROFITS TO LIST OPPORTUNITIES; AS WELL AS COMPANIES AND INDIVIDUALS INTERESTED IN VOLUNTEERING.

TRAUMA RESPONSE TEAM (TRT):

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

UNITED WAY CONTINUED TO SUPPORT THESE EFFORTS AS TRT MOVED TOWARD
 FUNCTIONING AS AN INDEPENDENT NON-PROFIT ORGANIZATION, STREET ADDICTION
 INSTITUTE, INC. THE NUMBER OF PROGRAMS CONTINUED TO GROW AND CONTRACTS
 WITH COUNTY AND CITY GOVERNMENTS, AS WELL AS PRIVATE ENTITIES,
 INCREASED. FOCUS REMAINS ON DEALING WITH PEOPLE EXPERIENCING TRAUMA,
 PREVENTING INCIDENTS OF CONFLICT OR VIOLENCE THROUGH MEDIATION, AND
 COMMUNITY EDUCATION FOR YOUTH AND ADULTS.
 EXPENSES \$ 1,336,001. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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 CHIEF FINANCIAL OFFICER, 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 15A:

THE PRESIDENT'S COMPENSATION IS DETERMINED ANNUALLY BASED IN PART ON THE
 PRESIDENT'S WRITTEN SELF-ASSESSMENT PLUS INPUT FROM THE BOARD CHAIR AND
 VICE CHAIR AND OTHER MEMBERS OF THE BOARD OF DIRECTORS WISHING TO SUBMIT

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

WRITTEN COMMENTARY. THE BOARD CHAIR AND/OR THE VICE CHAIR REVIEWS THE PERFORMANCE APPRAISAL WITH THE PRESIDENT, WITH THE RESULTS BEING INCORPORATED INTO THE EVALUATION OF THE PRESIDENTS'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 PRESIDENT WITH THE FULL KNOWLEDGE OF THE BOARD.

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 CHIEF FINANCIAL OFFICER. 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: CHIEF FINANCIAL OFFICER, 980 JAMES STREET, SYRACUSE, NY 13203.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE WHICH IS RESPONSIBLE FOR THE OVERSIGHT OF THE ANNUAL AUDIT. IN THE PAST THE AUDIT COMMITTEE WAS PART OF THE FINANCE COMMITTEE. IN 2019, THE AUDIT COMMITTEE BECAME ITS OWN SEPARATE COMMITTEE. NO OTHER CHANGES WERE NOTED IN 2019.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input checked="" type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) UNITED WAY OF CENTRAL NEW YORK, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 980 JAMES STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13203</p>	<p>D Employer identification number (Employees' trust, see instructions.) 15-0532073</p> <p>E Unrelated business activity code (See instructions.)</p>
---	------------------------------	--	--

<p>C Book value of all assets at end of year 912,896.</p>	<p>F Group exemption number (See instructions.) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>
--	--

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **DISALLOWED FRINGE**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation.▶

J The books are in care of ▶ **LYNNE-MARIE RYAN, CHIEF FINANCIAL** Telephone number ▶ **(315) 428-2205**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)				
14 Compensation of officers, directors, and trustees (Schedule K)			14	
15 Salaries and wages			15	
16 Repairs and maintenance			16	
17 Bad debts			17	
18 Interest (attach schedule) (see instructions)			18	
19 Taxes and licenses			19	
20 Charitable contributions (See instructions for limitation rules)			20	
21 Depreciation (attach Form 4562)		21		
22 Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23 Depletion			23	
24 Contributions to deferred compensation plans			24	
25 Employee benefit programs			25	
26 Excess exempt expenses (Schedule I)			26	
27 Excess readership costs (Schedule J)			27	
28 Other deductions (attach schedule)			28	
29 Total deductions. Add lines 14 through 28			29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	0.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			31	
32 Unrelated business taxable income. Subtract line 31 from line 30			32	0.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	1,650.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	1,650.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	650.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	137.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	137.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	137.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	137.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	137.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	137.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **PRESIDENT**

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DAVID J. DE SILVA				P00005255
	Firm's name DERMODY, BURKE & BROWN, CPAS, LLC	Firm's EIN 01-0723685			
	Firm's address 443 N FRANKLIN ST, STE 100 SYRACUSE, NY 13204-1441		Phone no. 315.471.9171		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
5	Total. Add lines 1 through 4b	5					

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0. (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A). 0.		Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

<h1 style="margin:0;">CHAR500</h1> <p>NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com</p>	Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005	<h2 style="margin:0;">2018</h2> <p>Open to Public Inspection</p>
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1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) **07/01/2018** and Ending (mm/dd/yyyy) **06/30/2019**

Check if Applicable: <input checked="" type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: UNITED WAY OF CENTRAL NEW YORK, INC.	Employer Identification Number (EIN): 15-0532073
	Mailing Address: 980 JAMES STREET	NY Registration Number: 00-13-93
	City / State / ZIP: SYRACUSE, NY 13203	Telephone: 315 428-2205
	Website: WWW.UNITEDWAY-CNY.ORG	Email:

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

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

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:	NANCY KERN EATON PRESIDENT	Date
Signature	Print Name and Title	Date
Chief Financial Officer or Treasurer:	MARTHA WINSLOW TREASURER	Date
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.
- 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: <u>"Department of Law"</u>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

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 you 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). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. 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 \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- 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
 28 Liberty Street
 New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
 Call: (212) 416-8401
 Email: Charities.Bureau@ag.ny.gov

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

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

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

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

DUAL filers are registered under both 7A and EPTL.

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

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

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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

CHAR500

Schedule 4b: Government Grants
www.CharitiesNYS.com

2018

**Open to Public
Inspection**

If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities.

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: 00-13-93
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2. Government Grants

Name of Government Agency	Amount of Grant
1. CITY OF SYRACUSE	1. 140,166.
2. NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY	2. 108,130.
3. ONONDAGA COUNTY	3. 524,432.
4. DEPARTMENT OF TREASURY	4. 38,168.
5. HOUSING AND URBAN DEVELOPMENT	5. 430,438.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 1,241,334.