

**PUBLIC INSPECTION COPY**

United Way of Central New York, Inc.

Year Ended June 30, 2020

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

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

**A** For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF CENTRAL NEW YORK, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>980 JAMES STREET</b> City or town, state or province, country, and ZIP or foreign postal code <b>SYRACUSE, NY 13203</b> <b>F</b> Name and address of principal officer: <b>NANCY KERN EATON</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>15-0532073</b> <b>E</b> Telephone number <b>315.428.2205</b> <b>G</b> Gross receipts \$ <b>12,493,355.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAY-CNY.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1921</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>36</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>36</b>
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a) .....	<b>5</b>	<b>46</b>
<b>6</b>	Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>717</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39 .....	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>	<b>Current Year</b>
<b>9</b>	Program service revenue (Part VIII, line 2g) .....	<b>7,747,250.</b>	<b>9,260,830.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	<b>276,076.</b>	<b>92,146.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	<b>176,994.</b>	<b>164,667.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	<b>11,292.</b>	<b>12,464.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>8,211,612.</b>	<b>9,530,107.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>4,249,869.</b>	<b>2,638,838.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>0.</b>	<b>0.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>1,841,660.</b>	<b>2,090,102.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>788,129.</b>	<b>0.</b>	<b>0.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>2,409,666.</b>	<b>2,890,753.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>8,501,195.</b>	<b>7,619,693.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 .....	<b>-289,583.</b>	<b>1,910,414.</b>
<b>20</b>	Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>	<b>End of Year</b>
<b>21</b>	Total liabilities (Part X, line 26) .....	<b>9,012,896.</b>	<b>9,852,559.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>5,362,334.</b>	<b>4,182,156.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 .....	<b>3,650,562.</b>	<b>5,670,403.</b>

**Part II Signature Block**

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 3,232,824. including grants of \$ 2,638,838. ) (Revenue \$ 92,146. ) 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 \$ 895,056. including grants of \$ ) (Revenue \$ ) 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 FOCUS ON DEVELOPING PROGRAMS THAT ADDRESS THE ROOT CAUSES OF POVERTY. 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 3/21.

4c (Code: ) (Expenses \$ 632,401. including grants of \$ ) (Revenue \$ ) EARLY CHILDHOOD ALLIANCE:

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

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,569,007. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 6,329,288.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....	<b>3</b>	X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>4</b>	X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	<b>6</b>	X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	<b>10</b> X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>12a</b> X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	<b>14b</b>	X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	<b>15</b>	X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....	<b>17</b>	X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	<b>18</b>	X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>21</b> X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (36); 1b Enter the number of voting members included on line 1a, above, who are independent (36); 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, 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); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe 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); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process 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); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) STEPHANIE A. CROCKETT CHAIR	1.00	X		X			0.	0.	0.	
(7) ROSA CLARK EMERITUS DIRECTOR	1.00	X					0.	0.	0.	
(8) JAMES D. FREYER SECRETARY	1.00	X		X			0.	0.	0.	
(9) VIRGINIA BIESIADA O'NEILL DIRECTOR	1.00	X					0.	0.	0.	
(10) DONALD MORGAN FORMER DIRECTOR	1.00	X					0.	0.	0.	
(11) ANNETTE PETERS CHAIR - MARKETING & COMMUN	1.00	X		X			0.	0.	0.	
(12) RUTH CHEN FORMER DIRECTOR	1.00	X					0.	0.	0.	
(13) PASTOR DAREN C. JAIME DIRECTOR	1.00	X					0.	0.	0.	
(14) MICHELLE KENNEDY FORMER DIRECTOR	1.00	X					0.	0.	0.	
(15) JEREMY THURSTON FORMER DIRECTOR	1.00	X					0.	0.	0.	
(16) STEVE AUSTIN DIRECTOR	1.00	X					0.	0.	0.	
(17) EVELYN INGRAM VICE CHAIR & WOMEN UNITED	1.00	X		X			0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARCY ROBINSON DEMBS DIRECTOR	1.00	X						0.	0.	0.
(19) DONEEN HOBBS DIRECTOR	1.00	X						0.	0.	0.
(20) PATRICIA LEONE NON VOTING UWCNY FUNDED	1.00	X						0.	0.	0.
(21) KEVIN BERNSTEIN DIRECTOR	1.00	X						0.	0.	0.
(22) LISA FASOLO FRISHMAN CHAIR - COMMUNITY IMPACT	1.00	X		X				0.	0.	0.
(23) JAMES CAPPARELLI ASST CHAIR - INVESTMENT CO	1.00	X		X				0.	0.	0.
(24) WILLIAM SIMMONS FORMER DIRECTOR	1.00	X						0.	0.	0.
(25) JULIE SHEEDY ASST CHAIR - MARKETING & C	1.00	X		X				0.	0.	0.
(26) ZANETTE HOWE DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								214,612.	0.	25,473.
<b>d Total (add lines 1b and 1c)</b>								214,612.	0.	25,473.

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 <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	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) DIANA JONES CHAIR - VOLUNTEER RESOURCE	1.00	X		X				0.	0.	0.
(28) CAILEE GARM FORMER DIRECTOR	1.00	X						0.	0.	0.
(29) JEFF KNAUSS DIRECTOR	1.00	X						0.	0.	0.
(30) TIMOTHY LALONDE CHAIR - INVESTMENT COMMITTEE	1.00	X		X				0.	0.	0.
(31) DONALD NAPIER DIRECTOR	1.00	X						0.	0.	0.
(32) KERRY TAROLLI DIRECTOR	1.00	X						0.	0.	0.
(33) JUHANNA ROGERS DIRECTOR	1.00	X						0.	0.	0.
(34) ALYSE HOLSTEIN DIRECTOR	1.00	X						0.	0.	0.
(35) MICHAEL LONGO DIRECTOR	1.00	X						0.	0.	0.
(36) MARK MANNING ASST TREASURER	1.00	X		X				0.	0.	0.
(37) ANDREA MASTEN DIRECTOR	1.00	X						0.	0.	0.
(38) TAI SHAW DIRECTOR	1.00	X						0.	0.	0.
(39) LINDSAY WEICHERT DIRECTOR	1.00	X						0.	0.	0.
(40) MICHAEL COLLINS FORMER DIRECTOR	1.00	X						0.	0.	0.
(41) STEPHEN FOURNIER DIRECTOR	1.00	X						0.	0.	0.
(42) ALAN MARZULLO DIRECTOR	1.00	X						0.	0.	0.
(43) BETTY O'CONNOR DIRECTOR	1.00	X						0.	0.	0.
(44) MIRANDA ASKEW-BROWN DIRECTOR	1.00	X						0.	0.	0.
(45) RYAN BENZ DIRECTOR	1.00	X						0.	0.	0.
(46) MICHAEL BRUNNER 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 211,036.					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b> 2,376,410.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 6,673,384.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 15,618.					
	<b>h Total.</b> Add lines 1a-1f .....		9,260,830.				
<b>Program Service Revenue</b>	<b>2 a</b> SERVICE FEE INCOME	<b>Business Code</b> 561000	92,146.	92,146.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		92,146.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		119,019.			119,019.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	3,008,896.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b> 2,963,248.					
<b>c</b> Gain or (loss) .....	<b>7c</b> 45,648.						
<b>d</b> Net gain or (loss) .....		45,648.			45,648.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER REVENUE- EXCLUDED	<b>Business Code</b> 900099	12,464.			12,464.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....		12,464.				
<b>12 Total revenue.</b> See instructions .....		9,530,107.	92,146.	0.	177,131.		

**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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	2,638,838.	2,638,838.		
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	257,045.	161,383.	95,662.	
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	1,473,763.	917,187.	148,168.	408,408.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,812.	2,954.	3,497.	5,361.
9 Other employee benefits	201,005.	111,763.	46,867.	42,375.
10 Payroll taxes	146,477.	95,273.	18,836.	32,368.
11 Fees for services (nonemployees):				
a Management				
b Legal	246.		246.	
c Accounting	25,000.		20,977.	4,023.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,943.		36,943.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	205,367.	126,770.	38,159.	40,438.
12 Advertising and promotion	93,009.	50,915.	4,420.	37,674.
13 Office expenses	227,674.	166,609.	16,436.	44,629.
14 Information technology	74,212.	39,083.	9,145.	25,984.
15 Royalties				
16 Occupancy	133,995.	55,198.	27,081.	51,716.
17 Travel	20,096.	15,333.	1,211.	3,552.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,209.	64,051.	5,021.	31,137.
20 Interest	3,332.		3,332.	
21 Payments to affiliates	71,916.	27,416.	14,475.	30,025.
22 Depreciation, depletion, and amortization	20,590.	7,879.	4,157.	8,554.
23 Insurance	13,775.	5,962.	2,615.	5,198.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>OTHER COMMUNITY PROGRAM</b>	1,824,990.	1,824,807.		183.
b <b>PRINTING</b>	35,180.	17,626.	1,050.	16,504.
c <b>RENTAL AND MAINTENANCE</b>	4,219.	241.	3,978.	
d				
e All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	7,619,693.	6,329,288.	502,276.	788,129.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	187,870.	<b>1</b>	191,957.
	<b>2</b> Savings and temporary cash investments .....	786,479.	<b>2</b>	892,173.
	<b>3</b> Pledges and grants receivable, net .....	2,600,372.	<b>3</b>	2,241,550.
	<b>4</b> Accounts receivable, net .....	340,484.	<b>4</b>	1,308,750.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	75,450.	<b>9</b>	27,289.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 327,824.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 179,775.		
	<b>11</b> Investments - publicly traded securities .....	161,614.	<b>10c</b>	148,049.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,720,394.	<b>11</b>	4,908,063.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	140,233.	<b>14</b>	134,728.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	9,012,896.	<b>15</b>	9,852,559.	
<b>17</b> Accounts payable and accrued expenses .....	511,154.	<b>16</b>	759,507.	
<b>18</b> Grants payable .....	1,058,990.	<b>17</b>	985,243.	
<b>19</b> Deferred revenue .....	658,389.	<b>18</b>	56,012.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>		
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>		
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	114,076.	<b>22</b>	363,236.	
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	342,900.	
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>24</b>		
<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	3,019,725.	<b>25</b>	1,675,258.	
	5,362,334.	<b>26</b>	4,182,156.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	-25,806.	<b>27</b>	817,252.
	<b>28</b> Net assets with donor restrictions .....	3,676,368.	<b>28</b>	4,853,151.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	3,650,562.	<b>32</b>	5,670,403.
<b>33</b> Total liabilities and net assets/fund balances .....	9,012,896.	<b>33</b>	9,852,559.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	9,530,107.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,619,693.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,910,414.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,650,562.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	109,427.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	5,670,403.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> 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>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		





**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7689347.	7967585.	7970102.	7747250.	9260830.	40635114.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7689347.	7967585.	7970102.	7747250.	9260830.	40635114.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						40635114.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4 .....	7689347.	7967585.	7970102.	7747250.	9260830.	40635114.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	-24,059.	120,420.	154,710.	176,994.	164,667.	592,732.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	11,707.	11,688.	14,154.	11,292.	12,464.	61,305.
<b>11 Total support.</b> Add lines 7 through 10						41289151.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	990,647.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.42 %
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....	<b>15</b>	98.59 %
<b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2019.** 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 - 2018.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2019 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
<b>1</b> Distributable amount for 2019 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
<b>i</b> Carryover from 2014 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2019 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2015			
<b>b</b> Excess from 2016			
<b>c</b> Excess from 2017			
<b>d</b> Excess from 2018			
<b>e</b> Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

**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**

2015 AMOUNT: \$ 11,707.

2016 AMOUNT: \$ 11,688.

2017 AMOUNT: \$ 14,154.

2018 AMOUNT: \$ 11,292.

2019 AMOUNT: \$ 12,464.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2019**

**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 (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included 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? .....

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2019



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - 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	77,410.	67,674.	70,624.	71,982.	67,108.
b Contributions					
c Net investment earnings, gains, and losses	578.	9,736.	-2,950.	-1,358.	4,874.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,168.				
f Administrative expenses					
g End of year balance	74,820.	77,410.	67,674.	70,624.	71,982.

- 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 Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes                      | No                                  |
|--|--------------------------|-------------------------------------|
| (i) Unrelated organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/>            |
- 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		38,630.	3,432.	35,198.
d Equipment		289,194.	176,343.	112,851.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>148,049.</b>

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>UNDESIGNATED ALLOCATIONS PAYABLE</b>	<b>1,372,553.</b>
(3) <b>FUNDS HELD FOR OTHERS</b>	<b>302,705.</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,675,258.</b>

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	8,404,488.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	109,427.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	68,182.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	177,609.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	8,226,879.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	36,943.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,266,285.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,303,228.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	9,530,107.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	6,384,647.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	68,182.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	68,182.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	6,316,465.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	36,943.	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	1,266,285.	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	1,303,228.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	7,619,693.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

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

**PART X, LINE 2:**

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

MANAGEMENT IS UNAWARE OF ANY UNRELATED BUSINESS ACTIVITIES THAT MAY BE

**Part XIII** Supplemental Information (continued)

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS PAYABLE TO AGENCIES 1,266,285.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO AGENCIES 1,266,285.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ACR HEALTH 627 WEST GENESEE STREET SYRACUSE, NY 13204	16-1359060		48,925.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
EXCEPTIONAL FAMILY RESOURCES 1820 LEMOYNE AVENUE SYRACUSE, NY 13208	16-1098311		9,975.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ARISE, INC. 635 JAMES STREET SYRACUSE, NY 13203	16-1186293		20,900.	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		8,550.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CATHOLIC CHARITIES OF ONONDAGA COUNTY - 1654 WEST ONONDAGA STREET - SYRACUSE, NY 13204	15-0532085		263,975.	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		55,575.	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) (2019)

**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		124,313.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
FOOD BANK OF CNY 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	22-2816988		80,433.	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		47,263.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SAMARITAN CENTER, INC. 215 NORTH STATE STREET SYRACUSE, NY 13203	16-1328786		19,950.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
LITERACY CNY 100 NEW STREET SYRACUSE, NY 13202	16-1002098		13,300.	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		406,125.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
VERA HOUSE, INC. 723 JAMES STREET SYRACUSE, NY 13203	51-0201530		99,750.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
YWCA SYRACUSE & ONONDAGA COUNTY 401 DOUGLAS STREET SYRACUSE, NY 13203	15-0532277		41,325.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ELMCREST CHILDREN'S CENTER, INC 960 SALT SPRINGS ROAD SYRACUSE, NY 13244	15-0539090		46,550.	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		40,137.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CHILD CARE SOLUTIONS, INC. 6724 THOMPSON ROAD SYRACUSE, NY 13211	16-1057376		40,950.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE CHILDREN'S CENTER 215 WYOMING STREET SYRACUSE, NY 13204	16-0743039		11,400.	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		38,950.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SYRACUSE NORTHEAST COMMUNITY CENTER - 716 HAWLEY AVENUE - SYRACUSE, NY 13203	16-1116632		21,850.	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		46,550.	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		21,375.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HUNTINGTON FAMILY CENTERS 405 GIFFORD STREET SYRACUSE, NY 13204	15-0532198		102,125.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ON POINT FOR COLLEGE, INC. 488 WEST ONONDAGA STREET SYRACUSE, NY 13202	16-1569356		25,175.	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		9,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ACCESS- CNY, INC. 1603 COURT STREET SYRACUSE, NY 13208	15-0532247		22,800.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE WORK SCHOLARSHIP CONNECTION - 704 SALT SPRINGS ROAD - SYRACUSE, NY 14620	16-1453581		14,250.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
MCMAHON RYAN CHILD ADVOCACY CENTER 601 EAST GENESEE STREET SYRACUSE, NY 13202	16-1563195		8,550.	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		6,250.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WHOLE ME, INC 1010 JAMES STREET SYRACUSE, NY 13203	04-3743001		10,450.	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		14,725.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WESTCOTT COMMUNITY CENTER 826 EUCLID AVE SYRACUSE, NY 13210	16-1499834		12,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
19/20 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATIONS - 980 JAMES STREET - SYRACUSE, NY 13203	15-0532073		897,767.	0.			19/20 DESIGNATIONS AS MADE BY CAMPAIGN DONORS TO NON-UNITED WAY OF CENTRAL NEW YORK AGENCIES

Schedule I (Form 990)





**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. THIS CYCLE WAS EXTENDED TO  
DECEMBER 31, 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:

**Part IV Supplemental Information**

MID-YEAR AGENCY REPORT; MID-YEAR PROGRAM REPORT (FOR EACH SEPARATE PROGRAM 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. THE COMMUNITY IMPACT DIVISION ALSO PERFORMS 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 19/20 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATION

AGENCY NAME WITH TOTAL DESIGNATION

UPSTATE MEDICAL UNIVERSITY FOUNDATION - \$224,407

COVID-19 FUND C/O CNY COMMUNITY FDN - \$51,650

UNITED WAY OF CAYUGA COUNTY, INC. - \$40,179

AMERICA'S BEST CHARITIES - \$39,457

COMMUNITY HEALTH CHARITIES - \$25,656

FRANCIS HOUSE - \$23,390

HOSPICE OF CENTRAL NEW YORK - \$22,135

CROUSE HEALTH FOUNDATION - \$16,874

PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK, INC. - \$14,094

UNITED WAY OF GREATER OSWEGO COUNTY, INC - \$13,113

ALZHEIMER'S ASSOCIATION, CNY CHAPTER - \$13,030

AMERICA'S CHARITIES, INC. - \$11,845

UPSTATE MEDICAL ALUMNI FOUNDATION - \$11,155

**Part IV Supplemental Information**

UNITED WAY OF GREATER ONEIDA, INC. - \$10,563

INTERNATIONAL ASSOCIATION OF LIONS CLUBS SYRACUSE LIONS CLUB CHARITY  
FUND - \$9,000

GLOBAL IMPACT - \$8,870

LORETTO FOUNDATION - \$8,755

UNITED WAY OF THE MOHAWK VALLEY - \$8,241

CENTRAL NEW YORK SPCA - \$8,084

MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK - \$7,078

ST. JOSEPH'S HEALTH FOUNDATION - \$6,845

HUMANE ASSOC. OF CENTRAL NEW YORK - \$6,732

LONGHOUSE COUNCIL BOY SCOUTS OF AMERICA, INC. - \$6,594

NEIGHBOR TO NATION - \$6,423

SYRACUSE CITY SCHOOL DISTRICT EDUCATION FOUNDATION - \$5,961

SOLVAY GEDDES COMMUNITY YOUTH CENTER, INC. - \$5,940

NEW HOPE FAMILY SERVICES, INC. - \$5,821

CLEAR PATH FOR VETERANS - \$5,809

JEWISH COMMUNITY CENTER OF SYRACUSE - \$5,584

EARTH SHARE CHAPTERS, INC. - \$5,289

JOWONIO SCHOOL - \$5,008

HOPE FOR BEREAVED - \$4,829

MERCY WORKS INC. - \$4,414

CHAPEL HOUSE INC - \$4,329

SETON FOOD PANTRY, INC. - \$4,184

SARAH'S GUEST HOUSE, INC. - \$3,830

OSWEGO COUNTY HUMANE SOCIETY, INC. - \$3,766

SULLIVAN FOOD CUPBOARD - \$3,640

HUMANE SOCIETY OF ROME - \$3,631

RONALD MCDONALD HOUSE ROCHESTER - \$3,588

**Part IV Supplemental Information**

CHARITY FOR CHILDREN, INC. - \$3,562

SACRED HEART CHURCH - ANNA'S PANTRY - \$3,548

CENTRAL NEW YORK CAT COALITION - \$3,547

AMERICAN HEART ASSOCIATION OF SYRACUSE, BINGHAMTON & WATERTOWN REGIONS  
- \$3,345

ARC OF ONONDAGA FOUNDATION - \$3,289

FATHER CHAMPLIN'S GUARDIAN ANGEL SOCIETY - \$2,832

HELIO HEALTH - \$2,724

JDRF, CENTRAL NEW YORK CHAPTER - \$2,695

YOUNG LIFE SYRACUSE EAST - \$2,682

MICHELLE M. ADEY MEMORIAL FUND - \$2,671

HOPEPRINT - \$2,662

RESCUE MISSION OF UTICA - \$2,661

M.O.S.T. (MUSEUM OF SCIENCE AND TECHNOLOGY) - \$2,654

STEVENS-SWAN HUMANE SOCIETY - \$2,534

THE ALS ASSOCIATION CENTRAL NEW YORK CHAPTER - \$2,526

UNITED WAY OF GREATER PORTLAND - \$2,520

SALT CITY HARVEST FARM, INC. - \$2,508

RONALD MCDONALD HOUSE CHARITIES OF CENTRAL NEW YORK - \$2,495

ARISE AT THE FARM - \$2,354

FINGER LAKES SPCA OF CENTRAL NEW YORK - \$2,354

EAST SYRACUSE MINOA EDUCATION FOUNDATION - \$2,323

ROME RESCUE MISSION - \$2,229

MULTIPLE SCLEROSIS RESOURCES OF CNY - \$2,190

AMERICA'S BEST LOCAL CHARITIES - \$2,123

MOHAWK VALLEY RESOURCE CENTER FOR REFUGEES, INC. - \$2,085

ABRAHAM HOUSE - \$2,072

CNY SPAY NEUTER ASSISTANCE PROGRAM - \$1,974

**Part IV Supplemental Information**

AMERICAN HEART ASSOCIATION- NYC - \$1,957

ST. JUDE CHILDREN'S RESEARCH HOSPITAL - \$1,793

CATHOLIC CHARITIES - OSWEGO COUNTY - \$1,765

OSWEGO COLLEGE FOUNDATION, INC. - \$1,717

JOSEPH'S HOUSE FOR WOMEN, INC. - \$1,711

NYS TROOPERS PBS SIGNAL 30 FUND, INC. - \$1,673

AMERICAN CANCER SOCIETY - CENTRAL NEW YORK REGION - \$1,559

ADIRONDACK MOUNTAIN CLUB - \$1,541

GARY SINISE FOUNDATION - \$1,500

GIRL SCOUTS OF NYPENN PATHWAYS, INC. - \$1,475

WANDERER'S REST HUMANE ASSOCIATION - \$1,448

AMERICAN DIABETES ASSOCIATION - SYRACUSE - \$1,432

ONONDAGA HISTORICAL ASSOCIATION - \$1,400

YOUNG LIFE - OSWEGO COUNTY - \$1,400

LITERACY COALITION OF ONONDAGA COUNTY - \$1,374

MEALS ON WHEELS OF SYRACUSE, NY INC. - \$1,366

OSWEGO COUNTY OPPORTUNITIES, INC. - \$1,360

BRADY FAITH CENTER - \$1,344

THE CHILDREN'S CENTER AT MORRISVILLE - \$1,339

CPL KYLE R SCHNEIDER FOUNDATION - \$1,300

CAMP GOOD DAYS & SPECIAL TIMES, INC. - \$1,268

CHEMUNG COUNTY HUMANE SOCIETY AND SPCA - \$1,257

CHADWICK RESIDENCE, INC. - \$1,254

UNITED WAY FOR CORTLAND COUNTY - \$1,252

UNITED WAY OF NORTHERN NEW YORK - \$1,251

FAMILIES FOR EFFECTIVE AUTISM TREATMENT FEAT OF CNY - \$1,214

SYRACUSE OPEN HOUSE, INC. - \$1,196

CHILDREN'S CENTER OF OSWEGO, INC. - \$1,181

**Part IV** Supplemental Information

AUTISM SOCIETY OF AMERICA (CENTRAL NEW YORK CHAPTER ASA) - \$1,179

TOURETTE ASSOCIATION OF GREATER NY STATE - \$1,144

CYSTIC FIBROSIS FOUNDATION - CNY CHAPTER - \$1,134

SAY YES TO EDUCATION/SYRACUSE CHAPTER C/O CENTRAL NEW YORK COMMUNITY  
FDN. - \$1,130

ROAD2RECOVERYCNY, INC. AKA R2RCNY, INC. - \$1,118

SPECIAL OLYMPICS NEW YORK, INC. - \$1,116

PAIGE'S BUTTERFLY RUN - \$1,107

ALS THERAPY DEVELOPMENT FOUNDATION - \$1,104

TRINITY ASSEMBLY OF GOD - \$1,101

UNITED WAY OF GREATER ROCHESTER - \$1,092

MAKE-A-WISH FOUNDATION OF NORTHEAST NEW YORK - \$1,080

ALZHEIMER'S ASSOCIATION, NORTHEASTERN NY CHAPTER - \$1,052

13THIRTY CANCER CONNECT - \$1,040

FRIENDS OF THE ROSAMOND GIFFORD ZOO AT BURNET PARK - \$1,034

YMCA OF GREATER SYRACUSE - \$1,023

HUMANITARIAN ORGANIZATION FOR MULTICULTURAL EXPERIENCES, INC. HOME -  
\$1,000

SOUTH WEDGE PLANNING COMMITTEE - \$1,000

351 AGENCIES WITH TOTAL DESIGNATIONS <\$999 - \$98,034

TOTAL - \$897,767





**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	12,377.	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 2020. AMOUNT OF TRANSACTION IS THE TOTAL AMOUNT OF

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

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

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:

THE KNOWLEDGE, SKILLS, CONFIDENCE, AND RESOURCES THEY NEED TO RAISE  
THEIR CHILDREN IN HEALTHY AND NURTURING ENVIRONMENTS.

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

ECA IS CURRENTLY IMPLEMENTING NATIONALLY RECOGNIZED PROGRAMS INCLUDING HELP ME GROW, TALK, READ, SING ONONDAGA, AND MORE. ECA WAS INSTRUMENTAL IN SECURING SUPPORT FROM ONONDAGA COUNTY FOR EXPANDED DAY CARE FUNDING, WHICH IS VITAL TO ENSURING THAT CHILDREN REACH KINDERGARTEN READY TO THRIVE.

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

LITERACY COALITION OF ONONDAGA COUNTY:

THE LITERACY COALITION OF ONONDAGA COUNTY CELEBRATED ITS 12TH ANNIVERSARY THIS YEAR. LCOC WORKS TO ACHIEVE 100% LITERACY ACROSS ALL AGES. LCOC BRINGS TOGETHER STAKEHOLDERS TO MONITOR LITERACY AND SUPPORT PROGRAMS THAT SUPPORT LEARNING FOR CHILDREN AND ADULTS. THE LCOC CONTINUES TO PARTICIPATE IN THE DOLLY PARTON IMAGINATION LIBRARY, WITH OVER 16,000 CHILDREN IN ONONDAGA COUNTY RECEIVING A FREE BOOK IN THE MAIL EVERY MONTH FROM BIRTH TO AGE FIVE. LCOC ALSO FOCUSES ON LITERACY SERVICES FOR ADULTS.

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 7,478

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PERSONS (DUPLICATED), EXPERIENCING HOMELESSNESS OR HOUSING VULNERABILITY. THROUGH THE WORK OF THE HHC, HOMELESSNESS IN THIS REGION HAS BEEN REDUCED; THERE WERE 3466 INDIVIDUALS SERVED IN EMERGENCY SHELTERS; THIS REPRESENTS A 33% DECREASE SINCE 2014.

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 COLLABORATIVE 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.

DURING THE FIRST PHASE OF WORK TRAIN, MORE THAN 575 PEOPLE WERE SERVED; THERE WAS AN 88% JOB PLACEMENT RATE, A JOB RETENTION ACHIEVED OF 80%,

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AND 76% OF THE PEOPLE WHO HAD BEEN ON PUBLIC ASSISTANCE WERE NO LONGER IN NEED OF THAT ASSISTANCE.

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. TOTAL RETURNS WERE 3,204; 28.93% OF OUR TAX FILERS CLAIMED EITC, OR 927 RETURNS. THE AMOUNT FOR THE "CHILD TAX CREDIT" = \$714,993. THE VITA PROGRAM ITSELF GENERATED \$6,022,138 IN REFUNDS TO THOSE WHO FILED WITH THE PROGRAM.

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 NYS, ONONDAGA COUNTY, AND UNITED WAY. IN THE PAST TWELVE MONTHS, THERE WERE MORE THAN 43,329 CALLS AND VISITS TO THE 2-1-1 WEBSITE.

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 38,266 VOLUNTEER HOURS. WE HOST VOLUNTEERCNY.ORG, A

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SITE AVAILABLE TO ALL NON-PROFITS TO LIST OPPORTUNITIES; AS WELL AS COMPANIES AND INDIVIDUALS INTERESTED IN VOLUNTEERING.

EXPENSES \$ 1,569,007. 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 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 PRESIDENT'S COMPENSATION, INCLUSIVE OF ANY MERIT RAISE, OTHER BENEFITS PROVIDED AND MARKET-LEVEL COMPENSATION FOR SIMILAR POSITIONS. THE EXECUTIVE COMMITTEE SETS THE FINAL COMPENSATION

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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.





# 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](http://www.CharitiesNYS.com)  
 Call: (212) 416-8401  
 Email: [Charities.Bureau@ag.ny.gov](mailto: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](http://www.CharitiesNYS.com).

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

NET WORTH for fee purposes is calculated on:

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

# CHAR500

Schedule 4b: Government Grants  
www.CharitiesNYS.com

## 2019

**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:	NY Registration Number:
UNITED WAY OF CENTRAL NEW YORK, INC.	00-13-93

### 2. Government Grants

Name of Government Agency	Amount of Grant
1. CITY OF SYRACUSE	1. 35,000.
2. NEW YORK STATE OFFICE OF TEMPORARY AND DISABILITY	2. 1,026,613.
3. ONONDAGA COUNTY	3. 817,867.
4. DEPARTMENT OF TREASURY	4. 26,682.
5. HOUSING AND URBAN DEVELOPMENT	5. 470,248.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 2,376,410.