

**PUBLIC INSPECTION COPY**

United Way of Central New York, Inc.

Year Ended June 30, 2023

**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.

**2022**

Open to Public Inspection

**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<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>11,510,702.</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>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	<b>39</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	<b>39</b>	
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) .....	<b>5</b>	<b>49</b>	
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	<b>1534</b>	
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 .....	<b>7b</b>	<b>0.</b>	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b> <b>9,029,455.</b>	<b>Current Year</b> <b>8,504,098.</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		<b>196,830.</b>	<b>184,766.</b>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		<b>143,987.</b>	<b>405,293.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		<b>15,451.</b>	<b>-456.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		<b>9,385,723.</b>	<b>9,093,701.</b>	
<b>Expenses</b>		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....	<b>4,276,791.</b>	<b>4,282,080.</b>
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....	<b>2,587,489.</b>	<b>2,925,718.</b>	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....	<b>0.</b>	<b>0.</b>	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>980,123.</b>			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	<b>3,320,912.</b>	<b>2,680,485.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	<b>10,185,192.</b>	<b>9,888,283.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	<b>-799,469.</b>	<b>-794,582.</b>		
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b> <b>9,420,955.</b>	<b>End of Year</b> <b>8,999,113.</b>	
	<b>21</b> Total liabilities (Part X, line 26) .....	<b>4,223,259.</b>	<b>4,370,664.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	<b>5,197,696.</b>	<b>4,628,449.</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>TRAVIS C. SMITH, CPA</b>	Preparer's signature <b>TRAVIS C. SMITH, CPA</b>	Date <b>11/17/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01526350</b>
	Firm's name <b>DERMODY, BURKE &amp; BROWN, CPAS, LLC</b>	Firm's EIN <b>01-0723685</b>	Firm's address <b>443 N FRANKLIN ST, STE 100 SYRACUSE, NY 13204-1441</b>	Phone no. <b>315.471.9171</b>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 5,072,195. including grants of \$ 4,282,080. ) (Revenue \$ 90,917. ) COMMUNITY IMPACT COMMUNITY OUTCOMES:

UNITED WAY'S COMMUNITY PROGRAM FUND CURRENTLY PROVIDES FUNDING TO 71 PROGRAMS AT 31 LOCAL AGENCIES THAT PASSED OUR FISCAL AND MANAGEMENT REVIEW.

CHILDREN ARE BORN HEALTHY AND HAVE THE SOCIAL, EMOTIONAL, AND DEVELOPMENTAL SUPPORTS TO THRIVE. CHILDREN ENTER SCHOOL READY AND ARE READING AT GRADE LEVEL BY THIRD GRADE. YOUTH AGES 13-18 DEVELOP THE ACADEMIC, SOCIAL, AND EMOTIONAL SKILLS FOR SUCCESS IN HIGH SCHOOL AND BEYOND. ADULTS CAN GAIN EMPLOYMENT, MAINTAIN THEIR JOBS, AND ADVANCE IN THEIR CAREERS. INDIVIDUALS WITH TRAUMA, MENTAL ILLNESS, AND SUBSTANCE

4b (Code: ) (Expenses \$ 537,890. including grants of \$ ) (Revenue \$ ) LITERACY COALITION OF ONONDAGA COUNTY:

THE LITERACY COALITION OF ONONDAGA COUNTY CELEBRATED ITS 15TH 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 15,078 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.

4c (Code: ) (Expenses \$ 1,226,087. 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 \$ 1,548,169. including grants of \$ ) (Revenue \$ 93,849.)

4e Total program service expenses 8,384,341.

**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> ? See instructions .....	<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 Rev. Proc. 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> See instructions .....	<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, Description, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 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... 39; 1b Enter the number of voting members included... 39; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... 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 on 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 on 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; 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) NANCY KERN EATON PRESIDENT	40.00			X			140,366.	0.	14,947.	
(2) LYNNE-MARIE RYAN CHIEF FINANCIAL OFFICER	40.00			X			101,025.	0.	16,203.	
(3) JAMES ENNIS EMERITUS DIRECTOR	1.00	X					0.	0.	0.	
(4) MARION ERVIN EMERITUS DIRECTOR	1.00	X					0.	0.	0.	
(5) PAULA FREEDMAN EMERITUS DIRECTOR	1.00	X					0.	0.	0.	
(6) DAVID WALL EMERITUS DIRECTOR	1.00	X					0.	0.	0.	
(7) MARTHA WINSLOW TREASURER	1.00	X		X			0.	0.	0.	
(8) STEPHANIE A. CROCKETT IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(9) ROSA CLARK EMERITUS DIRECTOR	1.00	X					0.	0.	0.	
(10) JAMES D. FREYER SECRETARY	1.00	X		X			0.	0.	0.	
(11) EVELYN INGRAM BOARD CHAIR	1.00	X		X			0.	0.	0.	
(12) KEVIN BERNSTEIN FORMER BOARD MEMBER	1.00	X					0.	0.	0.	
(13) JAMES CAPPARELLI FORMER BOARD MEMBER	1.00	X		X			0.	0.	0.	
(14) DIANA JONES CHAIR - VOLUNTEER RESOURCE	1.00	X		X			0.	0.	0.	
(15) JEFF KNAUSS DIRECTOR	1.00	X					0.	0.	0.	
(16) TIMOTHY LALONDE CHAIR - INVESTMENT COMMITTEE	1.00	X		X			0.	0.	0.	
(17) KERRY TAROLLI BOARD VICE CHAIR	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) ALYSE HOLSTEIN CHAIR - LOCAL BUSINESS DEV	1.00	X		X				0.	0.	0.
(19) MICHAEL LONGO CHAIR EMERGING LEADERS UNI	1.00	X		X				0.	0.	0.
(20) MARK MANNING DIRECTOR	1.00	X						0.	0.	0.
(21) ANDREA MASTEN FORMER BOARD MEMBER	1.00	X						0.	0.	0.
(22) TAI SHAW DIRECTOR	1.00	X						0.	0.	0.
(23) LINDSAY WEICHERT DIRECTOR	1.00	X						0.	0.	0.
(24) STEPHEN FOURNIER DIRECTOR	1.00	X						0.	0.	0.
(25) ALAN MARZULLO DIRECTOR	1.00	X						0.	0.	0.
(26) MIRANDA ASKEW-BROWN DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								241,391.	0.	31,150.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								241,391.	0.	31,150.

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 2

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
980 JAMES STREET LLC, C/O ASSOCIATED CONTRACTORS 301 WOLF ST, SYRACUSE, NY	RENT	129,691.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) RYAN BENZ DIRECTOR	1.00	X						0.	0.	0.
(28) MICHAEL BRUNNER DIRECTOR	1.00	X						0.	0.	0.
(29) MICHAEL DURKIN DIRECTOR	1.00	X						0.	0.	0.
(30) VINCENT LOVE FORMER BOARD MEMBER	1.00	X						0.	0.	0.
(31) JOANNA MASINGILA FORMER BOARD MEMBER	1.00	X						0.	0.	0.
(32) CALVIN CORRIDERS DIRECTOR	1.00	X						0.	0.	0.
(33) SALLY CURRAN NONVOTING UWCNY FUNDED AGE	1.00	X						0.	0.	0.
(34) GEORGE JONES DIRECTOR	1.00	X						0.	0.	0.
(35) MOHAMED KHATER FORMER BOARD MEMBER	1.00	X						0.	0.	0.
(36) SAM ROWSER NON VOTING UWCNY FUNDED AG	1.00	X						0.	0.	0.
(37) MICHAEL SGRO FORMER BOARD MEMBER	1.00	X						0.	0.	0.
(38) BJ ADIGUN DIRECTOR	1.00	X						0.	0.	0.
(39) KATHERINE BEISSNER DIRECTOR	1.00	X						0.	0.	0.
(40) ANDREW DERRENBACHER DIRECTOR	1.00	X						0.	0.	0.
(41) JENNIFER INGERSON DIRECTOR	1.00	X						0.	0.	0.
(42) JOSEPH SERBUN DIRECTOR	1.00	X						0.	0.	0.
(43) KARINDA SHANES NON VOTING UWCNY FUNDED AG	1.00	X						0.	0.	0.
(44) JEREMY THURSTON DIRECTOR	1.00	X						0.	0.	0.
(45) KRISTIN WALKER DIRECTOR	1.00	X						0.	0.	0.
(46) DEB WELCH CHAIR - COMMUNITY IMPACT C	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include Keri Sweet Zavaglia, Brian Butler, Marcelle Haddix, Karina Hernandez, Courtney Merriman, Bill Patrick, Shaun Stimpson, Gwen Sykes, Ashley White, and Patrick O'Neill.

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> 208,300.					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b> 24,277.					
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b> 2,140,601.					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 6,130,920.					
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 16,757.					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....						8,504,098.
<b>Program Service Revenue</b>	<b>2 a</b>	SERVICE FEE INCOME	<b>Business Code</b> 561000	184,766.	184,766.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....			184,766.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		140,129.			140,129.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	(i) Real					
			(ii) Personal					
	<b>b</b>	Less: rental expenses ...	<b>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 .....	(i) Securities					
			(ii) Other					
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b> 2,361,993.					
	<b>c</b>	Gain or (loss) .....	<b>7c</b> 265,164.					
	<b>d</b>	Net gain or (loss) .....			265,164.			265,164.
	<b>8 a</b>	Gross income from fundraising events (not including \$ 24,277. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b> 51,225.					
<b>b</b>	Less: direct expenses .....	<b>8b</b> 55,008.						
<b>c</b>	Net income or (loss) from fundraising events .....			-3,783.			-3,783.	
<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>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	<b>Business Code</b> 900099	3,327.			3,327.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			3,327.			
<b>12</b>	<b>Total revenue.</b> See instructions .....			9,093,701.	184,766.	0.	404,837.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,282,080.	4,282,080.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	292,433.	165,840.	126,593.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,085,396.	1,510,175.	114,338.	460,883.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,534.	55,158.	4,249.	6,127.
<b>9</b> Other employee benefits	266,956.	161,277.	23,724.	81,955.
<b>10</b> Payroll taxes	215,399.	153,300.	20,396.	41,703.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	12,751.	12,751.		
<b>c</b> Accounting	25,500.	4,750.	18,746.	2,004.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	37,656.		37,656.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	199,036.	124,308.	27,781.	46,947.
<b>12</b> Advertising and promotion	349,769.	246,525.	28.	103,216.
<b>13</b> Office expenses	269,710.	216,363.	7,284.	46,063.
<b>14</b> Information technology	152,205.	103,264.	14,254.	34,687.
<b>15</b> Royalties				
<b>16</b> Occupancy	143,619.	63,188.	27,136.	53,295.
<b>17</b> Travel	9,301.	6,539.	116.	2,646.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	97,632.	80,596.	1,122.	15,914.
<b>20</b> Interest	72,544.		72,544.	
<b>21</b> Payments to affiliates	92,025.	33,377.	20,283.	38,365.
<b>22</b> Depreciation, depletion, and amortization	22,431.	7,334.	4,144.	10,953.
<b>23</b> Insurance	21,156.	11,428.	3,328.	6,400.
<b>24</b> 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.)				
<b>a</b> OTHER COMMUNITY PROGRAM	1,129,942.	1,129,942.		
<b>b</b> PRINTING	45,208.	16,146.	97.	28,965.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	9,888,283.	8,384,341.	523,819.	980,123.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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 .....	377,921.	<b>1</b>	331,771.
	<b>2</b> Savings and temporary cash investments .....	1,191,796.	<b>2</b>	512,785.
	<b>3</b> Pledges and grants receivable, net .....	2,288,256.	<b>3</b>	1,812,835.
	<b>4</b> Accounts receivable, net .....	4,205.	<b>4</b>	0.
	<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 .....	28,368.	<b>9</b>	36,462.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 256,419.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 158,088.		
	<b>11</b> Investments - publicly traded securities .....	125,529.	<b>10c</b>	98,331.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,256,612.	<b>11</b>	5,340,270.
	<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 .....	148,268.	<b>14</b>	866,659.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	9,420,955.	<b>15</b>	8,999,113.	
<b>17</b> Accounts payable and accrued expenses .....	617,981.	<b>16</b>	8,999,113.	
<b>18</b> Grants payable .....	697,915.	<b>17</b>	604,928.	
<b>19</b> Deferred revenue .....	99,564.	<b>18</b>	608,713.	
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>	83,676.	
<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 .....	956,891.	<b>22</b>		
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	1,077,704.	
<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 .....	1,850,908.	<b>24</b>	1,995,643.	
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	4,223,259.	<b>25</b>	4,370,664.	
<b>27</b> Net assets without donor restrictions .....		<b>26</b>	4,370,664.	
<b>28</b> Net assets with donor restrictions .....	-260,889.	<b>27</b>	-308,609.	
<b>29</b> Capital stock or trust principal, or current funds .....	5,458,585.	<b>28</b>	4,937,058.	
<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>29</b>		
<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>30</b>		
<b>32</b> Total net assets or fund balances .....	5,197,696.	<b>31</b>	4,628,449.	
<b>33</b> Total liabilities and net assets/fund balances .....	9,420,955.	<b>32</b>	8,999,113.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,093,701.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,888,283.
3	Revenue less expenses. Subtract line 2 from line 1	3	-794,582.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,197,696.
5	Net unrealized gains (losses) on investments	5	225,335.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,628,449.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- 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 .....

	Yes	No
1		
2a		X
b	X	
c	X	
3a		X
3b		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> UNITED WAY OF CENTRAL NEW YORK, INC.	<b>Employer identification number</b> 15-0532073
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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



**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7747250.	9260830.	8425817.	9029455.	8504098.	42967450.
<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 .....	7747250.	9260830.	8425817.	9029455.	8504098.	42967450.
<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.						42967450.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	7747250.	9260830.	8425817.	9029455.	8504098.	42967450.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	176,994.	164,667.	119,113.	126,393.	140,129.	727,296.
<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.) .....	11,292.	12,464.	6,473.	15,451.	3,327.	49,007.
<b>11 Total support.</b> Add lines 7 through 10						43743753.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	789,573.
<b>13 First 5 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 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.23	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	98.15	%
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 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 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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 line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No	
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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

2018 AMOUNT: \$ 11,292.

2019 AMOUNT: \$ 12,464.

2020 AMOUNT: \$ 6,473.

2021 AMOUNT: \$ 15,451.

2022 AMOUNT: \$ 3,327.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d, and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.



**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	374,681.	96,467.	74,820.	77,410.	67,674.
b Contributions	134,584.	308,074.			
c Net investment earnings, gains, and losses	35,874.	-26,515.	24,875.	578.	9,736.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,568.	3,345.	3,228.	3,168.	
f Administrative expenses					
g End of year balance	541,571.	374,681.	96,467.	74,820.	77,410.

- 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 93.0100 %
  - c Term endowment 6.9900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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.	15,053.	23,577.
d Equipment		217,789.	143,035.	74,754.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				98,331.

**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) <b>BENEFICIAL INTEREST IN TRUST</b>	136,578.
(2) <b>RIGHT OF USE ASSET - OPERATING LEASES</b>	730,081.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	866,659.

**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>	1,022,073.
(3) <b>FUNDS HELD FOR OTHERS</b>	207,284.
(4) <b>OPERATING LEASE LIABILITIES</b>	766,286.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,995,643.

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.

1	Total revenue, gains, and other support per audited financial statements		1	7,591,506.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	225,335.	
b	Donated services and use of facilities	2b	270,356.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	55,008.	
e	Add lines 2a through 2d	2e		550,699.
3	Subtract line 2e from line 1		3	7,040,807.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,656.	
b	Other (Describe in Part XIII.)	4b	2,015,238.	
c	Add lines 4a and 4b	4c		2,052,894.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	9,093,701.

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

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

1	Total expenses and losses per audited financial statements		1	8,160,753.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	270,356.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	55,008.	
e	Add lines 2a through 2d	2e		325,364.
3	Subtract line 2e from line 1		3	7,835,389.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	37,656.	
b	Other (Describe in Part XIII.)	4b	2,015,238.	
c	Add lines 4a and 4b	4c		2,052,894.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	9,888,283.

**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 WEISBURG ENDOWMENT FUND WAS ESTABLISHED BY A DONOR TO HELP WITH GENERAL OPERATING EXPENSES FOR THE ORGANIZATION. IN 2022, THE NEXT CENTURY ENDOWMENT FUND WAS ALSO CREATED BY DONORS TO HELP WITH GENERAL OPERATING EXPENSES FOR THE ORGANIZATION.

**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.

**Part XIII** Supplemental Information (continued)

MANAGEMENT IS UNAWARE OF ANY UNRELATED BUSINESS ACTIVITIES THAT MAY BE  
SUBJECTED TO UNRELATED BUSINESS INCOME TAX OR ANY ACTIVITIES THAT WOULD  
JEOPARDIZE THE CORPORATION'S EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 55,008.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS PAYABLE TO AGENCIES 935,353.

NON-OPERATING EXPENSES - EARLY CHILDHOOD ALLIANCE TRANSFER 1,079,885.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 2,015,238.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 55,008.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO AGENCIES 935,353.

NON-OPERATING EXPENSES - EARLY CHILDHOOD ALLIANCE TRANSFER 1,079,885.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 2,015,238.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public  
Inspection**

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

Name of the organization  
**UNITED WAY OF CENTRAL NEW YORK, INC.**

Employer identification number  
**15-0532073**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b> .....						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	75,502.		75,502.
	2	Less: Contributions	24,277.		24,277.
	3	Gross income (line 1 minus line 2)	51,225.		51,225.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	10,058.		10,058.
	7	Food and beverages	37,830.		37,830.
	8	Entertainment	2,249.		2,249.
	9	Other direct expenses	4,871.		4,871.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			55,008.
11	Net income summary. Subtract line 10 from line 3, column (d)			-3,783.	

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

\_\_\_\_\_

Director/officer     Employee     Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**Part IV** Supplemental Information *(continued)*

Lined area for supplemental information.



**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

**2022**

**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 noncash 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
ARISE, INC. 635 JAMES STREET SYRACUSE, NY 13203	16-1186293		25,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CATHOLIC CHARITIES OF ONONDAGA COUNTY - 1654 WEST ONONDAGA STREET - SYRACUSE, NY 13204	15-0532085		493,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CENTER FOR COMMUNITY ALTERNATIVES, INC. - 115 EAST JEFFERSON STREET, SUITE 300 - SYRACUSE, NY 13202	16-1395992		131,200.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CONTACT COMMUNITY SERVICES, INC. 6311 COURT STREET EAST SYRACUSE, NY 13057	16-0984299		129,150.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
FOOD BANK OF CENTRAL NEW YORK 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	22-2816988		94,709.	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		108,150.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 37.
- 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) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN CENTER, INC. 215 NORTH STATE STREET SYRACUSE, NY 13203	16-1328786		39,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SALVATION ARMY OF THE SYRACUSE AREA - 677 SOUTH SALINA STREET - SYRACUSE, NY 13202	13-5562351		390,985.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
VERA HOUSE, INC. 723 JAMES STREET SYRACUSE, NY 13203	51-0201530		87,125.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
YWCA SYRACUSE & ONONDAGA COUNTY 401 DOUGLAS STREET SYRACUSE, NY 13203	15-0532277		20,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ELMCREST CHILDREN'S CENTER, INC. 960 SALT SPRINGS ROAD SYRACUSE, NY 13244	15-0539090		68,200.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CHILD CARE SOLUTIONS, INC. 6724 THOMPSON ROAD SYRACUSE, NY 13211	16-1057376		30,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE CHILDREN'S CENTER 215 WYOMING STREET SYRACUSE, NY 13224	16-0743039		11,200.	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		112,750.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SYRACUSE NORTHEAST COMMUNITY CENTER - 716 HAWLEY AVENUE - SYRACUSE, NY 13203	16-1116632		32,300.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA OF CENTRAL NEW YORK, INC. 518 JAMES STREET, SUITE 100 SYRACUSE, NY 13203	15-0543651		45,000.	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		45,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HUNTINGTON FAMILY CENTERS 405 GIFFORD STREET SYRACUSE, NY 13204	15-0532198		167,600.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ON POINT FOR COLLEGE, INC. 488 WEST ONONDAGA STREET SYRACUSE, NY 13202	16-1569356		52,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE WORK SCHOLARSHIP CONNECTION - 704 SALT SPRINGS ROAD - SYRACUSE, NY 13224	16-1453581		40,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
MCMAHON RYAN CHILD ADVOCACY CENTER 601 EAST GENESEE STREET SYRACUSE, NY 13202	16-1563195		10,929.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WELCH TERRACE HOUSING DEVELOPMENT FUND, INC. - 1047 EAST FAYETTE STREET - SYRACUSE, NY 13210	16-1442502		14,625.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WHOLE ME, INC 1010 JAMES STREET SYRACUSE, NY 13203	04-3743001		25,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WESTCOTT COMMUNITY CENTER 826 EUCLID AVE SYRACUSE, NY 13210	16-1499834		37,400.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
22/23 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATIONS - 980 JAMES STREET - SYRACUSE, NY 13203	15-0532073		638,972.	0.			22/23 DESIGNATIONS AS MADE BY CAMPAIGN DONORS TO NON-UNITED WAY OF CENTRAL NEW YORK AGENCIES
CHADWICK RESIDENCE, INC. 335 VALLEY DRIVE SYRACUSE, NY 13207	22-2805597		53,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ACR HEALTH 627 WEST GENESEE STREET SYRACUSE, NY 13204	16-1359060		102,900.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
AMERICAN RED CROSS OF CENTRAL NEW YORK - 334 WEST GENESEE STREET - SYRACUSE, NY 13202	53-0196605		36,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
VOLUNTEER LAWYERS PROJECT OF CNY, INC. - 221 SOUTH WARREN STREET, NO. 200 - SYRACUSE, NY 13202	46-1593349		50,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
EARLY CHILDHOOD ALLIANCE ONONDAGA 484 S SALINA ST SUITE 202 SYRACUSE, NY 13202	92-1852021		1,079,885.	0.			ECA WAS AN INITIATIVE OF THE UWCNY. IN 2023 IT BECAME ITS OWN NOT-FOR-PROFIT
BUILDING MEN PROGRAM, INC 103 MANN DRIVE SYRACUSE, NY 13209	47-3788818		7,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
PARTNERS IN LEARNING, INC. 2363 JAMES STREET SUITE 105 SYRACUSE, NY 13206	16-1352060		12,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
FRANCISCAN NORTHSIDE MINISTRIES 804 NORTH SALINA STREET SYRACUSE, NY 13208	15-0532104		18,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEAF NEW AMERICANS ADVOCACY, INC. P.O. BOX 778 LIVERPOOL, NY 13088	87-4483827		12,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
A TINY HOME FOR GOOD 1220-22 SOUTH AVE SYRACUSE, NY 13207	47-1629588		19,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
NATIONAL HERITAGE TRUST 625 BROADWAY ALBANY, NY 12207	16-1019635		15,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
GOOD LIFE FOUNDATION INC. 484 SOUTH SALINA STREET SUITE 202 SYRACUSE, NY 13202	26-1123420		15,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. - 431 EAST FAYETTE STREET SUITE 100 - SYRACUSE, NY 13202	15-0626910		10,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

**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:

DUE TO THE UNCERTAINTIES CREATED BY THE PANDEMIC, THE BOARD OF DIRECTORS VOTED TO FOLLOW A RECOMMENDATION FROM THE COMMUNITY IMPACT COMMITTEE TO DO A ONE-YEAR CYCLE FOR THE CALENDAR YEAR 2023. AS HAS BEEN THE PRACTICE, ALLOCATIONS FOR THIS SPECIAL ONE-YEAR CYCLE WERE 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 FOR THE SPECIAL

Part IV Supplemental Information

ONE-YEAR CYCLE INCLUDES THE SUBMISSION OF THE QUARTERLY PROGRAM REPORTS (FOR EACH INDIVIDUAL PROGRAM FOR WHICH AN AGENCY RECEIVES FUNDING) AND A YEAR END REPORT. THE STATUS OF AGREED UPON PROGRAM OUTPUTS AND OUTCOMES AND FINANCIAL DATA ARE INCLUDED.

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: EARLY CHILDHOOD ALLIANCE ONONDAGA

(H) PURPOSE OF GRANT OR ASSISTANCE: ECA WAS AN INITIATIVE OF THE UWCNY.

IN 2023 IT BECAME ITS OWN NOT-FOR-PROFIT ORGANIZATION AND UWCNY TRANSFERRED THE UNSPENT REVENUES TO THE NEW ORGANIZATION.

FORM 990, SCHEDULE I, PART II

DETAIL OF 22/23 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATION

UPSTATE MEDICAL UNIVERSITY FOUNDATION-\$214,489

CENTRAL NEW YORK COMMUNITY FOUNDATION-\$37,500

HOSPICE OF CENTRAL NEW YORK AND HOSPICE OF THE FINGER LAKES-\$22,198

FRANCIS HOUSE-\$15,245

PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK, INC.-\$14,409

UNITED WAY OF GREATER OSWEGO COUNTY, INC-\$12,474

ALZHEIMER'S ASSOCIATION - CENTRAL NEW YORK CHAPTER-\$10,949

ST. JUDE CHILDREN'S HOSPITAL - SERVING UPSTATE NEW YORK-\$9,643

LORETTO FOUNDATION-\$9,463

RESCUE MISSION ALLIANCE OF SYRACUSE-\$8,377

HUMANECNY-\$7,176

**Part IV** Supplemental Information

ACCESSNY, INC.-\$6,855

CLEAR PATH FOR VETERANS-\$6,745

ANIMAL PLACE - FARM ANIMAL RESCUE ADOPTION &amp; SANCTUARY-\$5,819

CENTRAL NEW YORK CAT COALITION-\$5,326

SUSAN G. KOMEN BREAST CANCER FOUNDATION UPSTATE NEW YORK

AFFILIATE-\$5,130

UNITED WAY OF GREATER LAFAYETTE-\$5,042

GUSTAVE DAVIS PATHOLOGY FELLOWSHIP C/O DR. DEWAN-\$5,000

ROAD TO EMMAUS MINISTRY OF SYRACUSE-\$5,000

NEW HOPE FAMILY SERVICES, INC.-\$4,555

SULLIVAN FOOD CUPBOARD-\$4,056

BOYS &amp; GIRLS CLUB OF SYRACUSE, INC.-\$3,947

EARLY CHILDHOOD ALLIANCE-\$3,690

UNITED WAY OF SOUTHERN MAINE-\$3,600

WANDERER'S REST HUMANE ASSOCIATION-\$3,516

MEDICAL ALUMNI ASSOCIATION GENERAL SCHOLARSHIP FUND C/O UMAF-\$3,355

THE ALS ASSOCIATION UPSTATE NEW YORK CHAPTER-\$3,315

SARAH'S GUEST HOUSE, INC.-\$3,065

HOPE FOR BEREAVED-\$3,051

MERCY WORKS INC.-\$2,950

LEADERSHIP GREATER SYRACUSE-\$2,933

SYRACUSE CITY SCHOOL DISTRICT EDUCATION FOUNDATION-\$2,844

SETON FOOD PANTRY, INC.-\$2,645

DUNBAR ASSOCIATION, INC.-\$2,520

COMMUNITY FOUNDATION OF HERKIMER &amp; ONEIDA COUNTIES-\$2,500

DISCOVERY CENTER OF SCIENCE &amp; TECHNOLOGY (M.O.S.T.)-\$2,500

AMERICAN HEART ASSOCIATION, NEW YORK, EASTERN STATE AFFILIATE,

SYRACUSE-\$2,468



**Part IV Supplemental Information**

AMERICAN CANCER SOCIETY- EASTERN DIV.-\$2,414

RONALD MCDONALD HOUSE CHARITIES OF CENTRAL NEW YORK-\$2,327

UNITED WAY OF THE NATIONAL CAPITAL AREA-\$2,288

UNITED WAY OF THE MOHAWK VALLEY-\$2,212

HEART OF FLORIDA UNITED WAY, INC.-\$2,145

SARAH LOGUEN FRASER MD FUND C/O UMAF-\$2,130

LONGHOUSE COUNCIL, BSA-\$2,100

TRUST FOR FATHER CHAMPLIN'S GUARDIAN ANGEL SOCIETY-\$2,067

AMERICAN FOUNDATION FOR SUICIDE PREVENTION-\$2,051

WOUNDED WARRIOR PROJECT (WWP)-\$2,046

UNITED WAY OF BROOME COUNTY-\$1,976

UNITED WAY OF CAYUGA COUNTY, INC.-\$1,961

HELIO HEALTH-\$1,916

CENTRAL NEW YORK SPCA-\$1,892

MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK-\$1,862

RONALD MCDONALD HOUSE CHARITIES, INC.-\$1,862

UNITED UKRAINIAN AMERICAN RELIEF COMMITTEE, INC.-\$1,790

RESCUE MISSION OF UTICA-\$1,717

PAWS ACROSS OSWEGO COUNTY-\$1,707

HUMANE SOCIETY OF ROME-\$1,623

ADIRONDACK LAND TRUST-\$1,620

THEA BOWMAN HOUSE, INC.-\$1,614

LEUKEMIA &amp; LYMPHOMA SOCIETY - WESTERN &amp; CENTRAL NEW YORK-\$1,559

NYS TROOPERS PBS SIGNAL 30 FUND, INC.-\$1,555

JOSEPH'S HOUSE FOR WOMEN, INC.-\$1,546

PEACEFUL REMEDIES, INC.-\$1,506

FEED OUR VETS-\$1,448

UNITED WAY OF TOMPKINS COUNTY-\$1,400

**Part IV** Supplemental Information

AMERICAN CIVIL LIBERTIES UNION FOUNDATION-\$1,370

CNY SPAY NEUTER ASSISTANCE PROGRAM AKA CNY SNAP-\$1,358

SYRACUSE JEWISH FAMILY SERVICES AT MENORAH PARK CAMPUS-\$1,350

OSWEGO COUNTY OPPORTUNITIES, INC.-\$1,269

PAIGE'S BUTTERFLY RUN-\$1,250

PUPPIES BEHIND BARS, INC.-\$1,246

TRINITY ASSEMBLY OF GOD-\$1,222

HOSPICE CARE &amp; PALLIATIVE CARE - ROME &amp; WESTERN ONEIDA COUNTY-\$1,213

MEALS ON WHEELS OF SYRACUSE, NY INC.-\$1,204

OSWEGO COUNTY HUMANE SOCIETY, INC.-\$1,201

MULTIPLE SCLEROSIS RESOURCES OF CNY-\$1,197

E. JOHN GAVRAS CENTER-\$1,168

CRACKER BOX PALACE - FARM ANIMAL SHELTER-\$1,166

SOLVAY GEDDES COMMUNITY YOUTH CENTER, INC.-\$1,166

SACRED HEART CHURCH - ANNA'S PANTRY-\$1,116

JOWONIO SCHOOL, INC.-\$1,116

CHILDRENS CENTER OF OSWEGO, INC.-\$1,107

ACR HEALTH-\$1,084

MERCY HOUSE OF THE SOUTHERN TIER-\$1,060

MUSICAL ASSOCIATES OF CENTRAL NEW YORK DBA SYMPHORIA-\$1,050

TRIES, DR. OSCAR &amp; MRS. LUBA MEMORIAL SCHOLARSHIP FUND-\$1,050

ADVOCATES, INC.-\$1,046

THE HOUSE OF THE GOOD SHEPHERD-\$1,014

BRADY FAITH CENTER-\$1,000

PKD FOUNDATION-\$1,000

SILVER FOX SENIOR SOCIAL CLUB, INC.-\$1,000

WOMEN'S COLLEGE SCHOLARSHIP CLUB OF SARANAC LAKE, NY-\$1,000

**Part IV** Supplemental Information

349 AGENCIES WITH TOTAL DESIGNATIONS <\$999 - \$91,266

TOTAL - \$638,972

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
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

**2022**

Open to Public  
Inspection

Name of the organization

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

Employer identification number

**15-0532073**

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NANCY KERN EATON PRESIDENT	(i)	140,366.	0.	0.	5,032.	9,915.	155,313.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Ruled area for providing supplemental information, consisting of multiple horizontal lines.

**SCHEDULE L**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

**Open To Public  
Inspection**

Name of the organization <b>UNITED WAY OF CENTRAL NEW YORK, INC.</b>	Employer identification number <b>15-0532073</b>
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

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

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JAMES D. FREYER	CHAIRMAN AND CEO OF	26,540.	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 2023. AMOUNT OF TRANSACTION IS THE TOTAL AMOUNT OF

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



**SCHEDULE O  
(Form 990)**

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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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 3, CHANGES IN PROGRAM SERVICES:

IN JANUARY 2023, THE INITIATIVE KNOWN AS EARLY CHILDHOOD ALLIANCE  
BECAME ITS OWN NOT-FOR-PROFIT ORGANIZATION, EARLY CHILDHOOD ALLIANCE  
ONONDAGA, INC. (ECA). THE CORPORATION HAS NO OWNERSHIP OR CONTROL OVER  
THE NEW NOT-FOR-PROFIT. FROM JANUARY 2023 THROUGH JUNE 2023, THE  
CORPORATION WORKED TO TRANSFER GRANTS AND CONTRACTS TO ECA. DURING THE  
YEAR ENDED JUNE 30, 2023, THE CORPORATION TRANSFERRED \$4,767 OF NET  
ASSETS WITHOUT DONOR RESTRICTIONS AND \$1,075,118 OF NET ASSETS WITH  
DONOR RESTRICTIONS TO ECA.

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

ABUSE DISEASES RECEIVE SUPPORT, TREATMENT, AND PREVENTION. OLDER ADULTS  
ARE SAFE, HEALTHY, AND ABLE TO MAINTAIN THE HIGHEST POSSIBLE QUALITY.  
FAMILIES AND INDIVIDUALS BECOME SELF-SUFFICIENT; SECURING AND

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

Schedule O (Form 990) 2022

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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MAINTAINING EDUCATION AND INCOME TO SUPPORT THEIR BASIC NEEDS AND BUILD WEALTH OF LIFE.

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.

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.

AFTER EIGHT YEARS OF GROWTH, A DECISION WAS MADE THAT THE EARLY CHILDHOOD ALLIANCE SHOULD BECOME AN INDEPENDENT NOT-FOR-PROFIT ORGANIZATION

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

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 5,606

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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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 4,952 INDIVIDUALS SERVED IN EMERGENCY SHELTERS AND 7,151 INDIVIDUALS WHO WERE EXPERINCING HOMELESSNESS OR HOUSING VULNERABILITY THAT WERE ASSISTED THROUGH THESE FUNDED PROGRAMS.

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.

WORK TRAIN HAS SEVERAL COMPONENTS, INCLUDING PATHWAYS TO

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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APPRENTICESHIP, SYRACUSE BUILD, AND SUPPORTS SYSTEMS THAT PROVIDE TRAINING IN HEALTH CARE, MANUFACTURING, CONSTRUCTION, AND CODING. WORK TRAIN IS CREATING REAL OPPORTUNITIES FOR INNER-CITY RESIDENTS, MAINLY PEOPLE OF COLOR, TO ACCESS MEANINGFUL CAREERS.

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 2,998; 20.2% OF OUR TAX FILERS CLAIMED EITC, OR 606 RETURNS. THE AMOUNT FOR THE CHILD TAX CREDIT (CONVENTIONAL FILERS, PRE-EXPANSION) = \$607,318. THE VITA PROGRAM ITSELF GENERATED \$ 3,848,526 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 24,545 CALLS TO 2-1-1.

REGIONAL VOLUNTEER CENTER:

UNITED WAY OF CENTRAL NEW YORK COORDINATES A COMPREHENSIVE VOLUNTEER

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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CENTER SERVING CAYUGA, CORTLAND, MADISON, ONONDAGA AND OSWEGO COUNTIES.  
 WE CONNECTED 1,090 VOLUNTEERS WITH OPPORTUNITIES WITHIN THE COMMUNITY  
 AND PROMOTED VOLUNTEER NEEDS TO COMMUNITY USING VOLUNTEERCNY.ORG  
 WEBSITE AND THROUGH SOCIAL MEDIA, INCLUDING THE ONGOING NEED FOR BLOOD  
 DONORS.

SYRACUSE FINANCIAL EMPOWERMENT CENTER:

UNITED WAY OF CENTRAL NEW YORK IS THE NON-PROFIT PARTNER IN THIS PROVEN  
 PROGRAM THAT OFFERS ONE-TO-ONE CERTIFIED COUNSELING SESSIONS TO ACHIEVE  
 THREE GOALS: REDUCE DEBT, ESTABLISH OR INCREASE SAVINGS, IMPROVE CREDIT  
 SCORE. SYRACUSE WAS DESIGNATED BY THE CITIES FOR FINANCIAL EMPOWERMENT  
 IN 2019 AND UNITED WAY AGREED TO SERVE AS THE NON-PROFIT PARTNER. IN  
 ADDITION TO FUNDING FROM THE CITIES FOR FINANCIAL EMPOWERMENT, FUNDS  
 HAVE BEEN PROVIDED BY LOCAL FOUNDATIONS.

YOUTH COMMUNITY:

OUR WORK TO PROMOTE COLLABORATIONS EXPANDED IN A MORE STRUCTURED WAY  
 WITH A NEW EFFORT WITH THE ALLYN FAMILY FOUNDATION. WE BROUGHT ON A NEW  
 STAFF PERSON TO CONDUCT AN ENVIRONMENTAL SCAN OF YOUTH-SERVING  
 PROGRAMS. WE ALSO SUPPORTED YOUTH EMPLOYMENT PROGRAMS AT SEVERAL LOCAL  
 ORGANIZATIONS DURING THE SUMMER.

BOOK BUDDIES:

A TUTORING PROGRAM, IN PARTNERSHIP WITH THE SYRACUSE CITY SCHOOL  
 DISTRICT, THAT TRAINS AND PLACES VOLUNTEERS IN ELEMENTARY SCHOOLS TO

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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WORK WITH CHILDREN IN GRADES K-3.

EXPENSES \$ 1,548,169. INCLUDING GRANTS OF \$ 0. REVENUE \$ 93,849.

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. ALL DIRECTORS ARE REMINDED TO ABSTAIN FROM VOTING ON BOARD MOTIONS IF THEY HAVE A CONFLICT OF INTEREST.

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

THE PRESIDENT'S COMPENSATION IS DETERMINED ANNUALLY BASED ON THE PRESIDENT'S WRITTEN SELF-ASSESSMENT, INPUT FROM THE BOARD CHAIR, VICE CHAIR AND OTHER MEMBERS OF THE EXECUTIVE COMMITTEE WISHING TO SUBMIT WRITTEN COMMENTARY. THIS YEAR, THE C-LEVEL STAFF COMPLETED A 360 EVALUATION OF THE PRESIDENT, WITH THE RESULTS BEING INCORPORATED INTO THE PERFORMANCE APPRAISAL. THE BOARD CHAIR AND/OR VICE CHAIR REVIEWS THE PERFORMANCE APPRAISAL WITH THE PRESIDENT, INCLUDING COMPENSATION, INCLUSIVE OF ANY MERIT INCREASE AND OTHER BENEFITS PROVIDED. THE EXECUTIVE COMMITTEE SET THE FINAL COMPENSATION FOR THE PRESIDENT WITH THE FULL KNOWLEDGE OF THE BOARD.

DURING THE ANNUAL BUDGET PROCESS, THE BOARD OF DIRECTORS APPROVED A MAXIMUM

Name of the organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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PERCENT OF SALARY INCREASE THAT MAY BE GIVEN TO EACH EMPLOYEE. EMPLOYEES OF THE ORGANIZATION RECEIVE AN ANNUAL REVIEW. EMPLOYEES RECEIVE AN INCREASE IN THEIR SALARY AT THE TIME OF THEIR ANNUAL REVIEW. THEY MAY RECEIVE 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 CENTRAL NEW YORK, 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.