

PUBLIC INSPECTION COPY

United Way of Central New York, Inc.

Year Ended June 30, 2024

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2023 calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

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	C Name of organization UNITED WAY OF CENTRAL NEW YORK, INC.		D Employer identification number 15-0532073
	Doing business as		E Telephone number 315.428.2205
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	980 JAMES STREET		G Gross receipts \$ 9,339,466.
	City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13203		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: NANCY KERN EATON SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
J Website: WWW.UNITEDWAY-CNY.ORG		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1921	M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY.
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 42
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 42
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 62
	6 Total number of volunteers (estimate if necessary) 6 2584
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h) 8,504,098. Prior Year 7,690,340. Current Year
	9 Program service revenue (Part VIII, line 2g) 184,766. 177,525.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 405,293. 222,379.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -456. -11,432.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 9,093,701. 8,078,812.
	Expenses
14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,925,718. 2,539,184.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.	
b Total fundraising expenses (Part IX, column (D), line 25) 952,908.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,680,485. 2,691,687.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 9,888,283. 8,596,168.	
19 Revenue less expenses. Subtract line 18 from line 12 -794,582. -517,356.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 8,999,113. Beginning of Current Year 10,140,303. End of Year
	21 Total liabilities (Part X, line 26) 4,370,664. 5,544,231.
	22 Net assets or fund balances. Subtract line 21 from line 20 4,628,449. 4,596,072.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	NANCY KERN EATON, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	TRAVIS C. SMITH, CPA	TRAVIS C. SMITH, CPA	01/22/25		P01526350
Preparer Use Only	Firm's name	Firm's EIN			
	DERMODY, BURKE & BROWN, CPAS, LLC	01-0723685			
Firm's address			Phone no.		
443 N FRANKLIN ST, STE 100 SYRACUSE, NY 13204-1441			315.471.9171		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 4,451,424. including grants of \$ 3,365,297.) (Revenue \$ 177,525.) COMMUNITY IMPACT:

UNITED WAY'S COMMUNITY PROGRAM FUND CURRENTLY PROVIDES FUNDING TO 74 PROGRAMS AT 33 LOCAL AGENCIES THAT PASSED OUR FISCAL AND MANAGEMENT REVIEW. OUR EIGHT OUTCOME AREAS ARE: CHILDREN ARE BORN HEALTHY AND HAVE THE SOCIAL, EMOTIONAL, AND DEVELOPMENTAL SUPPORTS TO THRIVE. PEOPLE CAN MEET THEIR BASIC NEEDS. 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 ABUSE DISEASES RECEIVE SUPPORT, TREATMENT, AND PREVENTION. OLDER ADULTS

4b (Code:) (Expenses \$ 595,947. including grants of \$) (Revenue \$) LITERACY COALITION OF ONONDAGA COUNTY:

THE LITERACY COALITION OF ONONDAGA COUNTY BEGAN IN 2007-2008. 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 AND IS THE OLDEST AND LARGEST PROGRAM IN NYS. MORE THAN 1.6M CHILDREN IN ONONDAGA COUNTY HAVE RECEIVED A FREE BOOK IN THE MAIL EVERY MONTH FROM BIRTH TO AGE FIVE. LCOC ALSO FOCUSES ON LITERACY SERVICES FOR ADULTS.

4c (Code:) (Expenses \$ 785,926. including grants of \$) (Revenue \$) HOUSING & HOMELESS COALITION:

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

HHC IS DEDICATED TO REDUCING, PREVENTING, AND ULTIMATELY ENDING HOMELESSNESS IN OUR COMMUNITY. THE HHC ALLOCATES AND OVERSEES FEDERAL FUNDING TO SERVICE PROVIDERS IN THE THREE-COUNTY REGION: ONONDAGA, OSWEGO, AND CAYUGA. PRIOR TO THE PANDEMIC, THROUGH THE WORK OF THE HHC, HOMELESSNESS IN THIS REGION HAD BEEN REDUCED. SINCE 2021, HOMELESSNESS

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,380,001. including grants of \$) (Revenue \$)

4e Total program service expenses 7,213,298.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

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, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 17 with various tax compliance questions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (42); 1b Enter the number of voting members included on line 1a, above, who are independent (42); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe 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); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
LYNNE-MARIE RYAN, CHIEF FINANCIAL OFFICER - (315) 428-2205
980 JAMES STREET, SYRACUSE, NY 13203

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See 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			144,127.	0.	18,363.	
(2) LYNNE-MARIE RYAN CHIEF FINANCIAL OFFICER	40.00			X			106,694.	0.	18,039.	
(3) MARTHA WINSLOW TREASURER	1.00	X		X			0.	0.	0.	
(4) STEPHANIE A. CROCKETT FORMER DIRECTOR	1.00	X					0.	0.	0.	
(5) JAMES D. FREYER SECRETARY	1.00	X		X			0.	0.	0.	
(6) EVELYN INGRAM IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(7) DIANA JONES CHAIR - VOLUNTEER RESOURCE	1.00	X		X			0.	0.	0.	
(8) JEFF KNAUSS FORMER DIRECTOR	1.00	X					0.	0.	0.	
(9) TIMOTHY LALONDE CHAIR - INVESTMENT COMMITTEE	1.00	X		X			0.	0.	0.	
(10) KERRY TAROLLI BOARD CHAIR	1.00	X		X			0.	0.	0.	
(11) ALYSE HOLSTEIN FORMER DIRECTOR	1.00	X					0.	0.	0.	
(12) MICHAEL LONGO DIRECTOR	1.00	X					0.	0.	0.	
(13) MARK MANNING DIRECTOR	1.00	X					0.	0.	0.	
(14) TAI SHAW DIRECTOR	1.00	X					0.	0.	0.	
(15) LINDSAY WEICHERT DIRECTOR	1.00	X					0.	0.	0.	
(16) STEPHEN FOURNIER DIRECTOR	1.00	X					0.	0.	0.	
(17) ALAN MARZULLO DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) MIRANDA ASKEW-BROWN DIRECTOR	1.00	X						0.	0.	0.
(19) RYAN BENZ VICE CHAIR	1.00	X		X				0.	0.	0.
(20) MICHAEL BRUNNER DIRECTOR	1.00	X						0.	0.	0.
(21) MICHAEL DURKIN DIRECTOR	1.00	X						0.	0.	0.
(22) CALVIN CORRIDERS FORMER DIRECTOR	1.00	X						0.	0.	0.
(23) GEORGE JONES DIRECTOR	1.00	X						0.	0.	0.
(24) BJ ADIGUN CHAIR MARKETING AND COMMUNICATION	1.00	X		X				0.	0.	0.
(25) KATHERINE BEISSNER DIRECTOR	1.00	X						0.	0.	0.
(26) ANDREW DERRENBACHER DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								250,821.	0.	36,402.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								250,821.	0.	36,402.

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 former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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) JENNIFER INGERSON DIRECTOR	1.00	X						0.	0.	0.
(28) JOSEPH SERBUN DIRECTOR	1.00	X						0.	0.	0.
(29) JEREMY THURSTON DIRECTOR	1.00	X						0.	0.	0.
(30) KRISTIN WALKER DIRECTOR	1.00	X						0.	0.	0.
(31) DEB WELCH CHAIR - COMMUNITY IMPACT C	1.00	X		X				0.	0.	0.
(32) KERI SWEET ZAVAGLIA FORMER BOARD MEMBER	1.00	X						0.	0.	0.
(33) BRIAN BUTLER DIRECTOR	1.00	X						0.	0.	0.
(34) MARCELLE HADDIX DIRECTOR	1.00	X						0.	0.	0.
(35) KARINA HERNANDEZ FORMER BOARD MEMBER	1.00	X						0.	0.	0.
(36) COURTNEY MERRIMAN DIRECTOR	1.00	X						0.	0.	0.
(37) BILL PATRICK DIRECTOR	1.00	X						0.	0.	0.
(38) SHAUN STIMPSON DIRECTOR	1.00	X						0.	0.	0.
(39) GWENDOLYN SYKES DIRECTOR	1.00	X						0.	0.	0.
(40) ASHLEY WHITE DIRECTOR	1.00	X						0.	0.	0.
(41) C. PATRICK O'NEILL DIRECTOR	1.00	X						0.	0.	0.
(42) MATTHEW CAPOGRECO CHAIR - EMERGING LEADERS UNITED	1.00	X						0.	0.	0.
(43) JAMES CAPPARELLI DIRECTOR	1.00	X						0.	0.	0.
(44) JAMES D'AGOSTINO DIRECTOR	1.00	X						0.	0.	0.
(45) TIMOTHY GRAHAM DIRECTOR	1.00	X						0.	0.	0.
(46) TAYLOR HODGE DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	94,584.				
	b	Membership dues	1b					
	c	Fundraising events	1c	76,305.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	2,155,962.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	5,363,489.				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 15,015.				
	h	Total. Add lines 1a-1f			7,690,340.			
Program Service Revenue	2 a	SERVICE FEE INCOME	Business Code	561000	177,525.	177,525.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			177,525.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			165,228.		165,228.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
					1,265,195.			
	b	Less: cost or other basis and sales expenses	7b	1,208,044.				
	c	Gain or (loss)	7c	57,151.				
d	Net gain or (loss)			57,151.		57,151.		
8 a	Gross income from fundraising events (not including \$ 76,305. of contributions reported on line 1c). See Part IV, line 18	8a	33,625.					
b	Less: direct expenses	8b	52,610.					
c	Net income or (loss) from fundraising events			-18,985.		-18,985.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
b	Less: direct expenses	9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
b	Less: cost of goods sold	10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code	900099	7,553.		7,553.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			7,553.			
12	Total revenue. See instructions			8,078,812.	177,525.	0.	210,947.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,365,297.	3,365,297.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	313,208.	177,830.	84,903.	50,475.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,742,840.	1,288,908.	63,386.	390,546.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	59,575.	43,466.	1,621.	14,488.
9 Other employee benefits	234,755.	149,605.	16,235.	68,915.
10 Payroll taxes	188,806.	136,648.	12,782.	39,376.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,879.	644.	3,453.	782.
c Accounting	29,184.	6,588.	17,481.	5,115.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	36,509.		36,509.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	246,321.	153,725.	38,612.	53,984.
12 Advertising and promotion	199,994.	110,044.	1,292.	88,658.
13 Office expenses	248,048.	189,513.	6,637.	51,898.
14 Information technology	156,545.	112,701.	13,027.	30,817.
15 Royalties				
16 Occupancy	131,702.	68,781.	19,592.	43,329.
17 Travel	5,365.	2,131.	52.	3,182.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	137,285.	112,642.	1,179.	23,464.
20 Interest	89,812.		89,812.	
21 Payments to affiliates	100,953.	48,425.	16,480.	36,048.
22 Depreciation, depletion, and amortization	18,623.	5,485.	3,456.	9,682.
23 Insurance	24,252.	14,454.	3,190.	6,608.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a OTHER COMMUNITY PROGRAM	1,175,740.	1,175,740.		
b PRINTING	86,475.	50,671.	263.	35,541.
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	8,596,168.	7,213,298.	429,962.	952,908.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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
Assets	1 Cash - non-interest-bearing	331,771.	1	408,439.
	2 Savings and temporary cash investments	512,785.	2	466,782.
	3 Pledges and grants receivable, net	1,812,835.	3	2,523,464.
	4 Accounts receivable, net		4	
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	36,462.	9	28,067.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 260,196.		
	b Less: accumulated depreciation	10b 176,711.		
	11 Investments - publicly traded securities	98,331.	10c	83,485.
	12 Investments - other securities. See Part IV, line 11	5,340,270.	11	5,858,477.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	866,659.	14	771,589.
16 Total assets. Add lines 1 through 15 (must equal line 33)	8,999,113.	15	10,140,303.	
17 Accounts payable and accrued expenses	604,928.	16	1,148,640.	
18 Grants payable	1,022,073.	17	1,083,717.	
19 Deferred revenue	83,017.	18	23,952.	
20 Tax-exempt bond liabilities		19		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		20		
22 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		21		
23 Secured mortgages and notes payable to unrelated third parties	1,077,704.	22	1,507,436.	
24 Unsecured notes and loans payable to unrelated third parties		23		
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,582,942.	24	1,780,486.	
26 Total liabilities. Add lines 17 through 25	4,370,664.	25	5,544,231.	
27 Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		26		
27 Net assets without donor restrictions	-308,609.	27	-1,005,011.	
28 Net assets with donor restrictions	4,937,058.	28	5,601,083.	
29 Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds		29		
30 Paid-in or capital surplus, or land, building, or equipment fund		30		
31 Retained earnings, endowment, accumulated income, or other funds		31		
32 Total net assets or fund balances	4,628,449.	32	4,596,072.	
33 Total liabilities and net assets/fund balances	8,999,113.	33	10,140,303.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,078,812.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,596,168.
3	Revenue less expenses. Subtract line 2 from line 1	3	-517,356.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,628,449.
5	Net unrealized gains (losses) on investments	5	484,979.
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	4,596,072.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
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? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9260830.	8425817.	9029455.	8504098.	7690340.	42910540.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9260830.	8425817.	9029455.	8504098.	7690340.	42910540.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						42910540.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	9260830.	8425817.	9029455.	8504098.	7690340.	42910540.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	164,667.	119,113.	126,393.	140,129.	165,228.	715,530.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	12,464.	6,473.	15,451.	3,327.	7,553.	45,268.
11 Total support. Add lines 7 through 10						43671338.
12 Gross receipts from related activities, etc. (see instructions)					12	788,714.
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	98.26	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	98.23	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. 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 - 2022. 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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined 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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
3b			

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 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	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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	Total annual distributions. 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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

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

2019 AMOUNT: \$ 12,464.

2020 AMOUNT: \$ 6,473.

2021 AMOUNT: \$ 15,451.

2022 AMOUNT: \$ 3,327.

2023 AMOUNT: \$ 7,553.

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

2023

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 Yes/No questions regarding 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, total number and acreage, number of easements on historic structures, and monitoring expenses. Includes a sub-table for 'Held at the End of the Tax Year' with rows 2a-2d.

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, and amounts required to be reported under FASB ASC 958.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 in 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	541,751.	374,861.	96,467.	74,820.	77,410.
b Contributions	82,500.	134,584.	308,074.		
c Net investment earnings, gains, and losses	54,823.	35,874.	-26,335.	24,875.	578.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,841.	3,568.	3,345.	3,228.	3,168.
f Administrative expenses					
g End of year balance	675,233.	541,751.	374,861.	96,467.	74,820.

- 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 87.0000%
 - c Term endowment 13.0000%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		38,630.	18,926.	19,704.
d Equipment		221,566.	157,785.	63,781.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				83,485.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

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) BENEFICIAL INTEREST IN TRUST	150,044.
(2) RIGHT OF USE ASSET - OPERATING LEASES	621,545.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	771,589.

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) DONOR DESIGNATIONS PAYABLE	1,008,736.
(3) FUNDS HELD FOR OTHERS	119,716.
(4) OPERATING LEASE LIABILITIES	652,034.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,780,486.

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	7,514,002.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	484,979.	
b	Donated services and use of facilities	2b	92,057.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	52,610.	
e	Add lines 2a through 2d	2e		629,646.
3	Subtract line 2e from line 1	3		6,884,356.
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	36,509.	
b	Other (Describe in Part XIII.)	4b	1,157,947.	
c	Add lines 4a and 4b	4c		1,194,456.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		8,078,812.

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

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

1	Total expenses and losses per audited financial statements		1	7,546,379.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	92,057.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	52,610.	
e	Add lines 2a through 2d	2e		144,667.
3	Subtract line 2e from line 1	3		7,401,712.
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	36,509.	
b	Other (Describe in Part XIII.)	4b	1,157,947.	
c	Add lines 4a and 4b	4c		1,194,456.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		8,596,168.

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 52,610.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO AGENCIES 1,157,947.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 52,610.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO AGENCIES 1,157,947.

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	109,930.		109,930.
	2	Less: Contributions	76,305.		76,305.
	3	Gross income (line 1 minus line 2)	33,625.		33,625.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	44,876.		44,876.
	8	Entertainment			
	9	Other direct expenses	7,734.		7,734.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			52,610.
11	Net income summary. Subtract line 10 from line 3, column (d)			-18,985.	

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))
		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: _____

Part IV Supplemental Information *(continued)*

Multiple horizontal lines 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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number
15-0532073

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ARISE, INC. 635 JAMES STREET SYRACUSE, NY 13203	16-1186293		32,750.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CATHOLIC CHARITIES OF ONONDAGA COUNTY - 1654 WEST ONONDAGA STREET - SYRACUSE, NY 13204	15-0532085		498,500.	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		133,600.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CONTACT COMMUNITY SERVICES, INC. 6311 COURT STREET EAST SYRACUSE, NY 13057	16-0984299		112,150.	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		90,000.	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		113,150.	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 **38.**

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2023**

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 non-cash 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		374,550.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
YWCA SYRACUSE & ONONDAGA COUNTY 401 DOUGLAS STREET SYRACUSE, NY 13203	15-0532277		38,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ELMCREST CHILDREN'S CENTER, INC. 960 SALT SPRINGS ROAD SYRACUSE, NY 13244	15-0539090		29,000.	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		112,800.	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
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

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANK H. HISCOCK LEGAL AID SOCIETY 351 SOUTH WARREN STREET SYRACUSE, NY 13202	15-0527253		49,500.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HUNTINGTON FAMILY CENTERS 405 GIFFORD STREET SYRACUSE, NY 13204	15-0532198		168,300.	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 CHILDS ADVOCACY CENTER 601 EAST GENESEE STREET SYRACUSE, NY 13202	16-1563195		6,800.	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		14,650.	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
23/24 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATIONS - 980 JAMES STREET - SYRACUSE, NY 13203	15-0532073		903,491.	0.			22/23 DESIGNATIONS AS MADE BY CAMPAIGN DONORS TO NON-UNITED WAY OF CENTRAL NEW YORK AGENCIES

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHADWICK RESIDENCE, INC. 335 VALLEY DRIVE SYRACUSE, NY 13207	22-2805597		55,068.	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
ONONDAGA EARTH CORPS, INC 490 WEST ONONDAGA STREET SYRACUSE, NY 13202	46-0593831		6,800.	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		15,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
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
HOPE FOR BEREAVED, INC. 4500 ONONDAGA BLVD SYRACUSE, NY 13219	16-1370553		10,400.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF CENTRAL NEW YORK 340 MONTGOMERY STREET SYRACUSE, NY 13202	13-1624228		15,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SALT CITY HARVEST FARM, INC. PO BOX 110 MINOA, NY 13116	81-1639071		17,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HOUSE OF PSALMS 23 1539 EAST GENESEE STREET SYRACUSE, NY 13210	92-0868917		18,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
REFUGEE & IMMIGRANT SELF-EMPOWERMENT, INC. - 302 BURT STREET - SYRACUSE, NY 13202	20-2873332		5,300.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. - 431 E. FAYETTE STREET SUITE 100 - SYRACUSE, NY 13202	15-0626910		10,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

Schedule I (Form 990)

Part III

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

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

Part IV

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

PART I, LINE 2:

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.

FORM 990, SCHEDULE I, PART II

DETAIL OF 23/24 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATION

UPSTATE MEDICAL UNIVERSITY FOUNDATION - \$241,344

CENTRAL NEW YORK COMMUNITY FOUNDATION - \$67,500

HOSPICE OF CENTRAL NEW YORK AND HOSPICE OF THE FINGER LAKES - \$21,470

ST. JUDE CHILDREN'S HOSPITAL - SERVING UPSTATE NEW YORK - \$13,784

FRANCIS HOUSE - \$13,754

FOODLINK - \$11,938

RESCUE MISSION ALLIANCE OF SYRACUSE - \$10,908

SYRACUSE HEALTH SCIENCE CENTER MEDICAL ALUMNI FOUNDATION, INC. -

\$10,028

ALZHEIMER'S ASSOCIATION - CENTRAL NEW YORK CHAPTER - \$9,431

HUMANE SOCIETY AT LOLLYPOP FARM - \$9,414

PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK, INC. - \$8,880

ACCESSCNY, INC. - \$8,772

CLEAR PATH FOR VETERANS - \$8,433

FRANCIS HOUSE - \$7,829

HUMANE CNY - \$7,747

AMERICAN RED CROSS OF CENTRAL & NORTHERN NEW YORK - \$7,111

Part IV Supplemental Information

ASPCA: AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS -

\$6,960

CENTRAL NEW YORK CAT COALITION - \$6,530

VERA HOUSE, INC. - \$6,138

PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK, INC - \$5,978

VERA HOUSE, INC - \$5,879

ROAD TO EMMAUS MINISTRY OF SYRACUSE - \$5,400

RESCUE MISSION ALLIANCE OF SYRACUSE - \$5,359

SUSAN G. KOMEN BREAST CANCER FOUNDATION UPSTATE NEW YORK AFFILIATE -

\$5,232

WANDERER'S REST HUMANE ASSOCIATION - \$4,888

UNITED WAY OF GREATER ROCHESTER AND THE FINGER LAKES - \$4,858

RONALD MCDONALD HOUSE ROCHESTER - \$4,531

THE ALS ASSOCIATION UPSTATE NEW YORK CHAPTER - \$4,238

SULLIVAN FOOD CUPBOARD - \$4,134

TERESA HOUSE - \$4,094

UNITED WAY FOR CORTLAND COUNTY - \$3,650

NEW HOPE FAMILY SERVICES, INC. - \$3,646

UNITED WAY OF SOUTHERN MAINE - \$3,600

DOCTORS WITHOUT BOARDERS USA MEDICINS SAN FRONTIRES - \$3,127

THE FRIENDS OF ROCHESTER PSYCHIATRIC CENTER - \$3,056

SARAH'S GUEST HOUSE, INC. - \$3,030

CAMP GOOD DAYS & SPECIAL TIMES, INC. - \$3,016

MERCY FLIGHT OF WESTERN NEW YORK - \$2,946

SYRACUSE CITY SCHOOL DISTRICT EDUCATION FOUNDATION - \$2,937

YWCA OF CORTLAND - \$2,764

COMMUNITY FOUNDATION OF HERKIMER & ONEIDA COUNTIES - \$2,750

BOYS & GIRLS CLUB OF SYRACUSE, INC. - \$2,722

Part IV Supplemental Information

SYRACUSE JEWISH FAMILY SERVICES AT MENORAH PARK CAMPUS - \$2,689

CNY SPAY NEUTER ASSISTANCE PROGRAM AKA CNY SNAP - \$2,683

DAVID'S REFUGE - \$2,627

DAYSTAR KIDS - \$2,620

GREATER ROCHESTER SEFA - \$2,600

MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK - \$2,553

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

CENTRAL NEW YORK SEFA - \$2,448

CATHOLIC CHARITIES OF STEUBEN LIVINGSTON - \$2,388

UNITED WAY OF GREATER OSWEGO COUNTY, INC. - \$2,382

SETON FOOD PANTRY, INC - \$2,378

VERA HOUSE FOUNDATION - \$2,304

TRUST FOR FATHER CHAMPLIN'S GUARDIAN ANGEL SOCIETY - \$2,295

WOUNDED WARRIOR PROJECT (WWP) - \$2,229

PLANNED PARENTHOOD FEDERATION OF AMERICA - \$2,176

ADIRONDACK LAND TRUST - \$2,159

HOPE FOR BEREAVED - \$2,153

UNITED WAY OF CAYUGA COUNTY, INC. - \$2,032

LIVINGSTON COUNTY CARES, INC. - \$2,016

RIP MEDICAL DEBT - \$2,015

HUMANE SOCIETY OF ROME - \$2,014

NYS TROOPERS PBS SIGNAL 30 FUND, INC - \$2,008

JOWONIO SCHOOL, INC. - \$1,970

BADEN STREET SETTLEMENMT OF ROCHESTER - \$1,964

PUPPIES BEHIND BARS, INC - \$1,893

RONALD MCDONALD HOUSE CHARITIES, INC - \$1,872

CATHOLIC CHARITIES, CORTLAND COUNTY - \$1,866

HOSPICE CARE & PALLIATIVE CARE-ROME & WESTERN ONEIDA COUNTY - \$1,834

Part IV Supplemental Information

SAMARITAN'S PURSE - \$1,757

UNITED WAY OF THE SOUTHERN TIER - \$1,645

#32336-AMERICAN RED CROSS OF GREATER ROCHESTER - \$1,627

WILLOW DOMESTIC VIOLENCE CENTER - \$1,626

LONGHOUSE COUNCIL, BSA - \$1,602

LITERACY COALITION OF ONONDAGA COUNTY - \$1,587

CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER (CHEMUNG/SCHUYLER) -
\$1,564

CATHOLIC CHARITIES OF BUFFALO NY - \$1,550

HOPE FOR BEREAVED - \$1,546

HABITAT FOR HUMANITY NYS, INC - \$1,540

BOOK BUDDIES - \$1,519

PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS/PETA - \$1,507

GENESEE VALLEY CONSERVANCY, INC. - \$1,481

CHEMUNG COUNTY HUMANE SOCIETY AND SPCA - \$1,467

BREAST CANCER COALITION OF ROCHESTER - \$1,453

LIME HOLLOW CENTER FOR ENVIRONMENTAL AND CULTURE - \$1,449

SARAH'S GUEST HOUSE, INC. - \$1,432

CENTRAL NEW YORK SPCA - \$1,418

RESCUE MISSION OF UTICA - \$1,413

EQUICENTER, INC. - \$1,402

PAWS ACROSS OSWEGO COUNTY - \$1,377

OSWEGO COLLEGE FOUNDATION, INC - \$1,358

MEALS ON WHEELS OF SYRACUSE, NY INC. - \$1,352

ALZHEIMER'S RESEARCH & PREVENTION FOUNDATION - \$1,347

RONALD MCDONALD HOUSE CHARITIES OF CENTRAL NEW YORK - \$1,338

GREATER NIAGARA FRONTIER COUNCIL, BSA - \$1,310

UNITED WAY OF WESTERN ORLEANS COUNTY - \$1,310

Part IV Supplemental Information

TRINITY ASSEMBLY OF GOD - \$1,300

AMERICAN CANCER SOCIETY-EASTERN DIV. - \$1,299

THEA BOWMAN HOUSE, INC - \$1,297

WORLD WILDLIFE FUND - \$1,297

HELPING HOUNDS DOG RESCUE, INC. - \$1,287

INTERNATIONAL RESCUE COMMITTEE, INC - \$1,283

AUTISM SOCIETY OF AMERICA (CENTRAL NEW YORK CHAPTER ASA) - \$1,280

SACRED HEART CHURCH - ANNA'S PANTRY - \$1,248

ALL FAITH FOOD PANTRY, INC - \$1,225

HOPEPRINT - \$1,210

NEW HOPE FAMILY SERVICES, INC - \$1,206

ABUSED CHILDREN'S FUND - \$1,205

ALLEY CAT ALLIES - \$1,205

SUNY CORTLAND CHILD CARE CENTER - \$1,201

CAYUGA COUNSELING SERVICES - \$1,200

THE GENESEO FOUNDATION, INC. - \$1,191

EARTHSHARE, INC. - \$1,188

ADVOCATES, INC - \$1,178

SOLVAY GEDDES COMMUNITY YOUTH CENTER, INC. - \$1,162

SAFE HARBORS OF THE FINGER LAKES - \$1,159

CROSSROADS HOUSE - \$1,100

FOCUS ON THE FAMILY - \$1,098

FINGER LAKES LAND TRUST - \$1,091

BREWERTON VOLUNTEER FIRE DEPARTMENT - \$1,080

FEED OUR VETS - \$1,058

MICHAEL J FOX FOUNDATION FOR PARKINSON'S RESEARCH - \$1,047

AUTISMUP, INC - \$1,046

CATHOLIC CHARITIES - OSWEGO COUNTY - \$1,040

Part IV Supplemental Information

FARM ANIMAL REFORM MOVEMENT (FARM) - \$1,031

MARCH OF DIMES- GREATER NEW YORK - \$1,026

JOSEPH'S HOUSE FOR WOMEN, INC. - \$1,026

AMERICAN CANCER SOCIETY- EASTERN DIV. - \$1,012

MUSICAL ASSOCIATES OF CENTRAL NEW YORK DBA SYMPHORIA - \$1,008

JEWISH COMMUNITY CENTER OF BINGHAMTON - \$1,005

BRADY FAITH CENTER - \$1,000

PAIGE'S BUTTERFLY RUN - \$1,000

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

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

681 AGENCIES WITH TOTAL DESIGNATIONS <\$999 - \$187,751

TOTAL - \$903,491

Multiple horizontal lines for additional entries.

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

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
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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.

2023

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

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

Table with 5 main columns: (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). Row 1: JAMES D. FREYER, CHAIRMAN AND CEO OF, 29,267, UWCNY USED, No.

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 2024. 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 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

FORM 990, PART III, LINE 1

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

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

ARE SAFE, HEALTHY, AND ABLE TO MAINTAIN THE HIGHEST POSSIBLE QUALITY.
FAMILIES AND INDIVIDUALS BECOME SELF-SUFFICIENT; SECURING AND
MAINTAINING EDUCATION AND INCOME TO SUPPORT THEIR BASIC NEEDS AND BUILD
WEALTH OF LIFE.

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

HAS INCREASED DRAMATICALLY AND THE HHC HAS BEEN INSTRUMENTAL IN
BRINGING TOGETHER PEOPLE TO ADDRESS THE NEW CHALLENGES THAT HAVE
ARISEN. HHC HAS ALSO BROUGHT IN NEW GRANTS DURING THE YEAR AND HAS
ADDED STAFF.

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

CASH COALITION:

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

UNITED WAY OF CENTRAL NEW YORK ADMINISTERS THE CA\$H COALITION, CONVENER OF ORGANIZATIONS AND BUSINESSES DEDICATED TO PROMOTING FINANCIAL STABILITY AND ASSET-BUILDING OPPORTUNITIES FOR LOW-TO-MODERATE-INCOME INDIVIDUALS AND FAMILIES IN ONONDAGA COUNTY. THE CA\$H COALITION OVERSEES FREE TAX PREPARATION SERVICES THROUGH THE VITA (VOLUNTEER INCOME TAX ASSISTANCE) PROGRAM. TOTAL RETURNS WERE 3,222 GENERATING RETURNS OF \$4.1M.

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, THE TOTAL NUMBER OF CALLS/TEXTS TO 211 CNY BETWEEN 7/1/23 AND 6/30/24 IS 36,680.

REGIONAL VOLUNTEER CENTER:

UNITED WAY OF CENTRAL NEW YORK COORDINATES A COMPREHENSIVE VOLUNTEER CENTER SERVING CAYUGA, CORTLAND, MADISON, ONONDAGA AND OSWEGO COUNTIES. OUR VOLUNTEER CENTER WAS ACTIVELY INVOLVED IN PANDEMIC RELIEF EFFORTS. WE CONNECTED 1,109 REFERRALS FOR OPPORTUNITIES WITHIN THE COMMUNITY.

THE DAY OF CARING IN 2023 MOBILIZED 1,215 VOLUNTEERS LOGGED A TOTAL OF OVER 3,645 HOURS ON OUR DAY OF CARING, COMPLETING 100+ PROJECTS AT LOCAL NONPROFITS AND COMMUNITY ORGANIZATIONS. THE VALUE OF THAT TIME CAN BE CALCULATED AT OVER \$115K!

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

OUR DRIVES WERE AS FOLLOWS:

2023 CARE PACKAGE: 850 CARE PACKAGES

2023 BOOK DRIVE: 6,000+ BOOKS

2024 UNITED FOR MOMS: 200 BAGS

LEADSAFE CNY COALITION:

IN MARCH OF 2024, UNITED WAY OF CNY BECAME THE HOME OF THE LEADSAFE CNY COALITION AND HIRED A DIRECTOR. THE COALITION IS FOCUSED ON ERADICATING LEAD POISONING AND ASSISTING/EDUCATING AFFECTED FAMILIES.

BOOK BUDDIES:

THE UNITED WAY OF CNY'S BOOK BUDDIES PROGRAM IS AN IN-PERSON TUTORING PROGRAM THAT UTILIZES COMMUNITY VOLUNTEERS TO WORK ONE-ON-ONE WITH STUDENTS IN KINDERGARTEN THROUGH THIRD GRADE TO PROVIDE THEM WITH A POSITIVE ENVIRONMENT FOR READING PRACTICE, HELPING THEM TO BECOME STRONGER READERS. TWICE A WEEK, FOR 30 MINUTES, STUDENTS PRACTICE THEIR READING SKILLS WITH A SUPPORTIVE ADULT. VOLUNTEERS COMMIT TO AT LEAST ONE HOUR A WEEK AND WORK WITH TWO STUDENTS DURING THE HOUR.

THE SYRACUSE CITY SCHOOL DISTRICT CONTRACTED THIS YEAR WITH THE UNITED WAY OF CNY TO DELIVER BOOK BUDDIES AT FIVE SCHOOLS, SEYMOUR DUAL LANGUAGE ACADEMY, ROBERTS PREK-8 SCHOOL, BELLEVUE ELEMENTARY, DR. WEEKS AND DR. KING. WE SERVED CLOSE TO 500 STUDENTS DURING THE SCHOOL YEAR AND EXTERNAL EVALUATORS DETERMINED THAT CHILDREN INVOLVED IN BOOK BUDDIES MADE GREATER PROGRESS IN READING SKILLS THAN THEIR PEERS.

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

EXPENSES \$ 1,380,001. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

A COPY OF THE FORM 990 WAS PROVIDED TO THE AUDIT COMMITTEE AND 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. 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 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.

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

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 AND THE ANNUAL 990.