

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025**

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. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 980 JAMES STREET City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13203 F Name and address of principal officer: NANCY KERN EATON SAME AS C ABOVE	D Employer identification number 15-0532073 E Telephone number 315.428.2205 G Gross receipts \$ 14,019,874. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.UNITEDWAY-CNY.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1921 M State of legal domicile: NY

Part I Summary

	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.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	43
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	54
	6 Total number of volunteers (estimate if necessary)	6	8163
	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)	Prior Year 7,690,340.
9 Program service revenue (Part VIII, line 2g)		177,525.	270,712.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		222,379.	311,179.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,432.	-32,572.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,078,812.	9,070,921.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,365,297.
	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)	2,539,184.	3,100,210.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 914,147.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,691,687.	2,519,546.
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,596,168.	8,970,861.
	19 Revenue less expenses. Subtract line 18 from line 12	-517,356.	100,060.
	20 Total assets (Part X, line 16)	Beginning of Current Year 10,140,303.	End of Year 10,114,663.
	21 Total liabilities (Part X, line 26)	5,544,231.	5,125,554.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,596,072.	4,989,109.

Part II Signature Block

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

Sign Here	Signature of officer NANCY KERN EATON, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Preparer's name TRAVIS C. SMITH, CPA	Preparer's signature TRAVIS C. SMITH, CPA
	Firm's name DERMODY, BURKE & BROWN, CPAS, LLC	Date 12/19/25
	Firm's address 443 N FRANKLIN ST, STE 100 SYRACUSE, NY 13204-1441	Check if self-employed <input type="checkbox"/> PTIN P01526350
		Firm's EIN 01-0723685 Phone no. 315.471.9171

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 4,465,134. including grants of \$ 3,351,105.) (Revenue \$ 270,712.)

COMMUNITY IMPACT AND ENGAGEMENT:

EVERYTHING WE DO IS DEDICATED TO ENSURING THAT EVERY PERSON IN OUR COMMUNITY CAN LIVE, LEARN, GROW, WORK, PLAY, AND THRIVE. OUR THRIVING UNITED WAY FRAMEWORK FOCUSES ON FOUR KEY PILLARS: HEALTHY COMMUNITY, YOUTH OPPORTUNITY, FINANCIAL SECURITY, AND COMMUNITY RESILIENCY. WE CONVENE COMMUNITY STAKEHOLDERS AROUND THESE PILLARS, WE LEAD COALITIONS, WE FUND PROGRAMS THAT ADDRESS TARGETED OUTCOMES, AND WE RUN PROGRAMS THAT ADDRESS YOUTH LITERACY, FINANCIAL EMPOWERMENT, WORKFORCE DEVELOPMENT, AND ACCESSING RESOURCES.

4b (Code:) (Expenses \$ 664,745. including grants of \$) (Revenue \$)

LITERACY COALITION OF ONONDAGA COUNTY:

THE LITERACY COALITION OF ONONDAGA COUNTY (LCOC) 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. 1,822,073 BOOKS HAVE BEEN DISTRIBUTED SINCE THE INCEPTION OF THE PROGRAM. A FREE BOOK IS SENT IN THE MAIL EVERY MONTH TO CHILDREN IN ONONDAGA COUNTY FROM BIRTH TO AGE FIVE. LCOC ALSO FOCUSES ON LITERACY SERVICES FOR ADULTS.

4c (Code:) (Expenses \$ 1,031,646. 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 \$ 1,466,574. including grants of \$) (Revenue \$)

4e Total program service expenses 7,628,099.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational reporting requirements.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 3 main columns: Question/Description, Yes, No. Rows include 2a (54 employees), 2b (X), 3a (X), 3b, 4a (X), 4b, 5a (X), 5b (X), 5c, 6a (X), 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a (X), 7b (X), 7c (X), 7d, 7e (X), 7f (X), 7g, 7h, 8 (Sponsoring organizations maintaining donor advised funds), 9 (Sponsoring organizations maintaining donor advised funds), 9a, 9b, 10 (Section 501(c)(7) organizations), 10a, 10b, 11 (Section 501(c)(12) organizations), 11a, 11b, 12a (Section 4947(a)(1) non-exempt charitable trusts), 12b, 13 (Section 501(c)(29) qualified nonprofit health insurance issuers), 13a, 13b, 13c, 14a (X), 14b, 15 (X), 16 (X), 17 (Section 501(c)(21) organizations).

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... 43; 1b Enter the number of voting members included... 43; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) NANCY KERN EATON PRESIDENT	40.00			X			149,939.	0.	18,756.	
(2) LYNNE-MARIE RYAN CHIEF FINANCIAL OFFICER	40.00			X			118,295.	0.	21,229.	
(3) MARTHA WINSLOW FORMER DIRECTOR	1.00	X					0.	0.	0.	
(4) JAMES D. FREYER FORMER DIRECTOR	1.00	X					0.	0.	0.	
(5) EVELYN INGRAM IMMEDIATE PAST CHAIR	1.00	X		X			0.	0.	0.	
(6) DIANA JONES FORMER DIRECTOR	1.00	X					0.	0.	0.	
(7) TIMOTHY LALONDE CHAIR - INVESTMENT COMMITT	1.00	X		X			0.	0.	0.	
(8) KERRY TAROLLI BOARD CHAIR	1.00	X		X			0.	0.	0.	
(9) MICHAEL LONGO FORMER DIRECTOR	1.00	X					0.	0.	0.	
(10) MARK MANNING FORMER DIRECTOR	1.00	X					0.	0.	0.	
(11) TAI SHAW FORMER DIRECTOR	1.00	X					0.	0.	0.	
(12) LINDSAY WEICHERT DIRECTOR	1.00	X					0.	0.	0.	
(13) STEPHEN FOURNIER CHAIR AUDIT COMMITTEE	1.00	X		X			0.	0.	0.	
(14) ALAN MARZULLO DIRECTOR	1.00	X					0.	0.	0.	
(15) MIRANDA ASKEW-BROWN FORMER DIRECTOR	1.00	X					0.	0.	0.	
(16) RYAN BENZ VICE CHAIR	1.00	X		X			0.	0.	0.	
(17) MICHAEL BRUNNER 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) MICHAEL DURKIN CHAIR LOCAL BUS DEVP COMMITTEE	1.00	X		X				0.	0.	0.
(19) GEORGE JONES DIRECTOR	1.00	X						0.	0.	0.
(20) BJ ADIGUN CHAIR MARKETING AND COMMUNICATION	1.00	X		X				0.	0.	0.
(21) KATHERINE BEISSNER FORMER DIRECTOR	1.00	X						0.	0.	0.
(22) ANDREW DERRENBACHER DIRECTOR	1.00	X						0.	0.	0.
(23) JENNIFER INGERSON DIRECTOR	1.00	X						0.	0.	0.
(24) JOSEPH SERBUN FORMER DIRECTOR	1.00	X						0.	0.	0.
(25) JEREMY THURSTON FORMER DIRECTOR	1.00	X						0.	0.	0.
(26) KRISTIN WALKER DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								268,234.	0.	39,985.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								268,234.	0.	39,985.

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? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) DEBORAH WELCH CHAIR - COMMUNITY IMPACT	1.00	X		X				0.	0.	0.
(28) BRIAN BUTLER SECRETARY	1.00	X		X				0.	0.	0.
(29) MARCELLE HADDIX FORMER DIRECTOR	1.00	X						0.	0.	0.
(30) COURTNEY MERRIMAN DIRECTOR	1.00	X						0.	0.	0.
(31) BILL PATRICK TREASURER	1.00	X		X				0.	0.	0.
(32) SHAUN STIMPSON DIRECTOR	1.00	X						0.	0.	0.
(33) GWENDOLYN SYKES DIRECTOR	1.00	X						0.	0.	0.
(34) ASHLEY WHITE DIRECTOR	1.00	X						0.	0.	0.
(35) C. PATRICK O'NEILL DIRECTOR	1.00	X						0.	0.	0.
(36) MATTHEW CAPOGRECO CHAIR - EMERGING LEADERS UNITED	1.00	X		X				0.	0.	0.
(37) JAMES CAPPARELLI DIRECTOR	1.00	X						0.	0.	0.
(38) JAMES D'AGOSTINO DIRECTOR	1.00	X						0.	0.	0.
(39) TIMOTHY GRAHAM DIRECTOR	1.00	X						0.	0.	0.
(40) TAYLOR HODGE DIRECTOR	1.00	X						0.	0.	0.
(41) CHRISTOPHER KELLER DIRECTOR	1.00	X						0.	0.	0.
(42) MATTHEW MALINOWSKI DIRECTOR	1.00	X						0.	0.	0.
(43) ANDREA MASTEN CHAIR REUNITED	1.00	X		X				0.	0.	0.
(44) CASEY WHITE DIRECTOR	1.00	X						0.	0.	0.
(45) NICOLE CHIDSAY DIRECTOR	1.00	X						0.	0.	0.
(46) JOE NEHME 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	112,449.				
	1 b	Membership dues					
	1 c	Fundraising events	56,075.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	2,243,889.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	6,109,189.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 27,103.				
	1 h	Total. Add lines 1a-1f		8,521,602.			
Program Service Revenue	2 a	SERVICE FEE INCOME	561000	270,712.	270,712.		
	2 b						
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		270,712.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		153,686.		153,686.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	5,046,925.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	4,889,432.				
	7 c	Gain or (loss)	157,493.				
	7 d	Net gain or (loss)		157,493.		157,493.	
8 a	Gross income from fundraising events (not including \$ 56,075. of contributions reported on line 1c). See Part IV, line 18	25,573.					
8 b	Less: direct expenses	59,521.					
8 c	Net income or (loss) from fundraising events		-33,948.		-33,948.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	OTHER REVENUE	900099	1,376.		1,376.	
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		1,376.			
12	Total revenue. See instructions		9,070,921.	270,712.	0.	278,607.	

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 ...	3,351,105.	3,351,105.		
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	326,752.	185,459.	88,331.	52,962.
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	2,152,742.	1,704,204.	82,254.	366,284.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	71,672.	56,244.	1,891.	13,537.
9 Other employee benefits	330,324.	243,118.	17,419.	69,787.
10 Payroll taxes	218,720.	168,938.	14,322.	35,460.
11 Fees for services (nonemployees):				
a Management				
b Legal	8,345.	8,144.	201.	
c Accounting	25,000.	5,250.	16,100.	3,650.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	38,630.		38,630.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	252,429.	197,851.	36,382.	18,196.
12 Advertising and promotion	177,553.	70,996.	127.	106,430.
13 Office expenses	253,758.	200,128.	5,115.	48,515.
14 Information technology	181,584.	124,832.	8,877.	47,875.
15 Royalties				
16 Occupancy	160,284.	112,746.	13,330.	34,208.
17 Travel	13,305.	9,680.	34.	3,591.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	175,901.	135,205.	488.	40,208.
20 Interest	84,950.		84,950.	
21 Payments to affiliates	94,253.	49,361.	13,404.	31,488.
22 Depreciation, depletion, and amortization	20,935.	7,000.	3,691.	10,244.
23 Insurance	30,334.	20,643.	2,871.	6,820.
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	929,608.	929,427.	181.	
b PRINTING	72,252.	47,768.	17.	24,467.
c MISCELLANEOUS	425.			425.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	8,970,861.	7,628,099.	428,615.	914,147.
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	408,439.	1	626,535.
	2 Savings and temporary cash investments	466,782.	2	305,982.
	3 Pledges and grants receivable, net	2,523,464.	3	2,475,831.
	4 Accounts receivable, net		4	6,150.
	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	28,067.	9	34,276.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 297,579.		
	b Less: accumulated depreciation	10b 197,645.		
	11 Investments - publicly traded securities	83,485.	10c	99,934.
	12 Investments - other securities. See Part IV, line 11	5,858,477.	11	5,900,250.
	13 Investments - program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	771,589.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,140,303.	15	665,705.	
		16	10,114,663.	
Liabilities	17 Accounts payable and accrued expenses	1,148,640.	17	1,087,250.
	18 Grants payable	1,083,717.	18	976,054.
	19 Deferred revenue	23,952.	19	12,269.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,507,436.	23	1,455,159.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,780,486.	25	1,594,822.
	26 Total liabilities. Add lines 17 through 25	5,544,231.	26	5,125,554.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-1,005,011.	27	-1,283,879.
	28 Net assets with donor restrictions	5,601,083.	28	6,272,988.
	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	4,596,072.	32	4,989,109.
	33 Total liabilities and net assets/fund balances	10,140,303.	33	10,114,663.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,070,921.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,970,861.
3	Revenue less expenses. Subtract line 2 from line 1	3	100,060.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,596,072.
5	Net unrealized gains (losses) on investments	5	292,977.
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	4,989,109.

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 _____	X	

Form 990 (2024)

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8425817.	9029455.	8504098.	7690340.	8521602.	42171312.
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	8425817.	9029455.	8504098.	7690340.	8521602.	42171312.
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.						42171312.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	8425817.	9029455.	8504098.	7690340.	8521602.	42171312.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	119,113.	126,393.	140,129.	165,228.	153,686.	704,549.
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.)	6,473.	15,451.	3,327.	7,553.	1,376.	34,180.
11 Total support. Add lines 7 through 10						42910041.
12 Gross receipts from related activities, etc. (see instructions)					12	967,280.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	98.28	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	98.26	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 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; 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.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 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 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. 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 - 2023. 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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 2024 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-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, 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 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

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

2020 AMOUNT: \$ 6,473.
 2021 AMOUNT: \$ 15,451.
 2022 AMOUNT: \$ 3,327.
 2023 AMOUNT: \$ 7,553.
 2024 AMOUNT: \$ 1,376.

SCHEDULE D
(Form 990)

(Rev. December 2024)

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

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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 **d** Loan or exchange program
- b** Scholarly research **e** Other _____
- c** Preservation for future generations
- 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	675,233.	541,751.	374,861.	96,467.	74,820.
b Contributions	47,500.	82,500.	134,584.	308,074.	
c Net investment earnings, gains, and losses	65,105.	54,823.	35,874.	-26,335.	24,875.
d Grants or scholarships					
e Other expenditures for facilities and programs	3,956.	3,841.	3,568.	3,345.	3,228.
f Administrative expenses					
g End of year balance	783,882.	675,233.	541,751.	374,861.	96,467.

- 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 81.0000 %
- c** Term endowment 19.0000 %
- 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		74,063.	23,205.	50,858.
d Equipment		223,516.	174,440.	49,076.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				99,934.

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	155,568.
(2) RIGHT OF USE ASSET - OPERATING LEASES	510,137.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	665,705.

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	947,111.
(3) FUNDS HELD FOR OTHERS	112,802.
(4) OPERATING LEASE LIABILITIES	534,909.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,594,822.

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	8,338,433.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	292,977.	
b	Donated services and use of facilities	2b	203,581.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	59,521.	
e	Add lines 2a through 2d	2e		556,079.
3	Subtract line 2e from line 1	3		7,782,354.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,630.	
b	Other (Describe in Part XIII.)	4b	1,249,937.	
c	Add lines 4a and 4b	4c		1,288,567.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		9,070,921.

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	7,945,396.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	203,581.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	59,521.	
e	Add lines 2a through 2d	2e		263,102.
3	Subtract line 2e from line 1	3		7,682,294.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	38,630.	
b	Other (Describe in Part XIII.)	4b	1,249,937.	
c	Add lines 4a and 4b	4c		1,288,567.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		8,970,861.

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.

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 59,521.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS TO AGENCIES 1,249,937.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 59,521.

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	81,648.			81,648.
	2	56,075.			56,075.
	3	25,573.			25,573.
Direct Expenses	4				
	5				
	6				
	7	53,117.			53,117.
	8				
	9	6,404.			6,404.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-33,948.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
	2					
Direct Expenses	3					
	4					
	5					
	6	<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: _____

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 **28.**

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) (Rev. 12-2024)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAMARITAN CENTER, INC. 215 NORTH STATE STREET SYRACUSE, NY 13203	16-1328786		39,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SALVATION ARMY OF THE SYRACUSE AREA - 677 SOUTH SALINA STREET - SYRACUSE, NY 13202	13-5562351		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 1183 MONROE AVE ROCHESTER, NY 14620	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. 1065 JAMES ST - STE 100 SYRACUSE, NY 13203	15-0543651		45,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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. 224 HARRISON ST - STE 603 SYRACUSE, NY 13202	16-1569356		52,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE WORK SCHOLARSHIP CONNECTION - 101 EAST AVE - SYRACUSE, NY 13224	16-1453581		40,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
MCMAHON RYAN CHILD ADVOCACY CENTER 601 EAST GENESEE STREET SYRACUSE, NY 13202	16-1563195		16,296.	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 990 JAMES ST - STE 201 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
24/25 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATIONS - 980 JAMES STREET - SYRACUSE, NY 13203	15-0532073		996,991.	0.			24/25 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 noncash 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 - 7359 OSWEGO ST - LIVERPOOL, NY 13090	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
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

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 2024. 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 ONE-YEAR CYCLE INCLUDES THE SUBMISSION OF THE QUARTERLY PROGRAM REPORTS (FOR EACH INDIVIDUAL PROGRAM FOR WHICH AN AGENCY RECEIVES FUNDING) AND A YEAR END REPORT. THE STATUS OF AGREED UPON PROGRAM OUTPUTS AND OUTCOMES AND FINANCIAL DATA ARE INCLUDED.

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

Part IV Supplemental Information

FORM 990, SCHEDULE I, PART II

DETAIL OF 24/25 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATION

UPSTATE MEDICAL UNIVERSITY FOUNDATION - \$263,417

CENTRAL NEW YORK COMMUNITY FOUNDATION - \$87,462

CHC: CREATING HEALTHIER COMMUNITIES - \$38,238

UNITED WAY OF GREATER ROCHESTER AND THE FINGER LAKES - \$37,472

THE ADVOCATES FOR UPSTATE MEDICAL UNIVERSITY - \$31,355

ROAD TO EMMAUS MINISTRY OF SYRACUSE - \$25,000

HOSPICE OF CENTRAL NEW YORK AND HOSPICE OF THE FINGER LAKES - \$23,793

FRANCIS HOUSE - \$20,402

AMERICA'S BEST CHARITIES - \$18,047

PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK, INC. - \$16,482

SYRACUSE HEALTH SCIENCE CENTER MEDICAL ALUMNI FOUNDATION, INC. -
\$16,204

VERA HOUSE, INC. - \$11,865

HUMANE SOCIETY AT LOLLYPOP FARM - \$11,419

UNITED WAY OF GREATER OSWEGO COUNTY, INC - \$10,368

HUMANECNY - \$9,372

CLEAR PATH FOR VETERANS - \$9,100

EARTHSHARE - \$8,936

ACCESSCNY, INC. - \$8,746

AMERICA'S CHARITIES - \$8,664

UNITED WAY OF NORTHERN NEW YORK - \$7,911

CURE CHILDHOOD CANCER ASSOCIATION INC. - \$7,848

ALZHEIMERS DISEASE AND RELATED DISORDERS CENTRAL NEW YORK - \$6,964

CENTRAL NEW YORK CAT COALITION - \$6,730

UNITED WAY OF BUFFALO & ERIE COUNTY - \$6,494

RESCUE MISSION ALLIANCE OF SYRACUSE - \$6,040

GLOBAL IMPACT - \$5,351

RONALD MCDONALD HOUSE ROCHESTER - \$5,299

NEW HOPE FAMILY SERVICES, INC. - \$5,230

SUSAN G. KOMEN BREAST CANCER FOUNDATION UPSTATE NEW YORK AFFILIATE -
\$5,208

UNITED WAY OF THE LOWCOUNTRY - \$5,000

SARAH'S GUEST HOUSE, INC. - \$4,783

WANDERER'S REST HUMANE ASSOCIATION - \$4,741

TERESA HOUSE - \$4,606

CAMP GOOD DAYS & SPECIAL TIMES, INC. - \$4,424

SYRACUSE CITY SCHOOL DISTRICT EDUCATION FOUNDATION - \$4,228

UNITED WAY OF SOUTHERN MAINE - \$4,000

UNITED WAY OF NORTHWEST VERMONT - \$3,982

UNITED WAY OF THE MOHAWK VALLEY - \$3,946

UNITED WAY OF WYOMING VALLEY - \$3,798

UNITED WAY FOR CORTLAND COUNTY - \$3,489

UNITED WAY OF CHAUTAUQUA COUNTY - MAIN OFFICE - \$3,358

MERCY FLIGHT INC. - \$3,166

UNITED WAY OF THE GREATER CAPITAL REGION - \$3,135

SYRACUSE JEWISH FAMILY SERVICES AT MENORAH PARK CAMPUS - \$2,994

THE ALS ASSOCIATION UPSTATE NEW YORK CHAPTER - \$2,953

UNITED WAY OF BROOME COUNTY - \$2,897

THE FRIENDS OF ROCHESTER PSYCHIATRIC CENTER - \$2,756

HOPE FOR BEREAVED - \$2,680

CNY SPAY NEUTER ASSISTANCE PROGRAM AKA CNY SNAP - \$2,635

ADIRONDACK LAND TRUST - \$2,566

MUSEUM OF SCIENCE & TECHNOLOGY (M.O.S.T.) - \$2,540

MERCY WORKS INC. - \$2,500

Part IV Supplemental Information

CENTRAL NEW YORK SPCA - \$2,483
 MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK - \$2,472
 JOWONIO SCHOOL, INC. - \$2,454
 TRUST FOR FATHER CHAMPLIN'S GUARDIAN ANGEL SOCIETY - \$2,422
 THE CENTRAL NEW YORK LAND TRUST - \$2,408
 LIVINGSTON COUNTY CARES, INC. - \$2,408
 UNITED WAY OF MID RURAL NEW YORK - \$2,375
 DAVID'S REFUGE - \$2,224
 YWCA CORTLAND JULIE P RYAN - \$2,140
 EMBRACE YOUR SISTERS - \$2,132
 LITERACY COALITION OF ONONDAGA COUNTY - \$2,105
 HUMANE SOCIETY OF ROME - \$2,028
 PAWS ACROSS OSWEGO COUNTY - \$2,021
 GREEN MOUNTAIN UNITED WAY - \$1,980
 HOSPICE CARE & PALLIATIVE CARE - ROME & WESTERN ONEIDA COUNTY - \$1,892
 BOYS & GIRLS CLUB OF SYRACUSE, INC. - \$1,875
 PEACEFUL REMEDIES, INC. - \$1,867
 LONGHOUSE COUNCIL, BSA - \$1,813
 UNITED WAY OF THE ADIRONDACK REGION - \$1,808
 OSWEGO COLLEGE FOUNDATION, INC. - \$1,793
 SETON FOOD PANTRY, INC. - \$1,788
 SOLVAY GEDDES COMMUNITY YOUTH CENTER, INC. - \$1,775
 OSWEGO COUNTY OPPORTUNITIES, INC. - \$1,718
 UNITED WAY OF THE SOUTHERN TIER - \$1,530
 JEWISH COMMUNITY CENTER OF SYRACUSE - \$1,500
 AMERICAN CANCER SOCIETY- EASTERN DIV. - \$1,493
 SIGNAL 30 NYS TROOPERS PBS FUND, INC. - \$1,469
 GENESEE VALLEY CONSERVANCY, INC. - \$1,453
 UNITED WAY OF DANE COUNTY - \$1,440
 JOSEPH'S HOUSE FOR WOMEN, INC. - \$1,408
 GREATER NIAGARA FRONTIER COUNCIL, BSA - \$1,406
 EMPOWERING PEOPLES INDEPENDENCE AKA EPILEPSY PRALID, INC. - \$1,374
 MEALS ON WHEELS OF SYRACUSE, NY INC. - \$1,360
 PAIGE'S BUTTERFLY RUN - \$1,352
 RESCUE MISSION OF UTICA - \$1,336
 ROCOVERY FITNESS - \$1,301
 SACRED HEART CHURCH - ANNA'S PANTRY - \$1,280
 EQUICENTER, INC. - \$1,277
 BREAST CANCER COALITION OF ROCHESTER - \$1,274
 ASSUMPTION CHURCH FRANCISCAN NORTHSIDE MINISTRIES - \$1,222
 THE GENESEO FOUNDATION, INC. - \$1,222
 UNITED WAY OF SENECA COUNTY, INC. - \$1,200
 SUNSHINE HORSES INC. - \$1,200
 CROSSROADS HOUSE - \$1,181
 HOPEPRINT - \$1,177
 CHEMUNG COUNTY SPCA AND HUMANE SOCIETY - \$1,144
 LIME HOLLOW NATURE CENTER - \$1,127
 UNITED WAY OF CAYUGA COUNTY, INC. - \$1,125
 UNITED WAY OF LACKAWANNA, WAYNE & PIKE COUNTIES - \$1,118
 A TINY HOME FOR GOOD, INC - \$1,113
 HUMANE SOCIETY OF LIVINGSTON COUNTY - \$1,107
 THEA BOWMAN HOUSE, INC. - \$1,076
 FEED OUR VETERANS - \$1,051
 AUTISMUP, INC. - \$1,038
 FEEDMORE WESTERN NEW YORK, INC. - \$1,020
 ADVOCATES, INC. - \$1,002

Part IV Supplemental Information

CATHOLIC CHARITIES OF MADISON AND ONEIDA COUNTIES - \$1,001

CATHOLIC CHARITIES - OSWEGO COUNTY - \$1,000

BRADY FAITH CENTER - \$1,000

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

359 AGENCIES WITH TOTAL DESIGNATIONS <\$999 - \$103,039

TOTAL - \$996,991

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
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

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
1b		
2		
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) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) NANCY KERN EATON PRESIDENT	(i)	149,939.	0.	0.	6,332.	12,424.	168,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

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

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JAMES D. FREYER	CHAIRMAN AND CEO OF	30,826.	UWCNY USED		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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 MEMBER

(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 2025. AMOUNT OF TRANSACTION IS THE TOTAL AMOUNT OF INSURANCE PREMIUMS PAID TO OR BROKERED BY HAYLOR, FREYER, & COON, INC.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	6	27,103.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):
THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF STOCK GIFTS MADE DURING THE YEAR.

SCHEDULE M, PART I, LINE 32B:
THE ORGANIZATION USES AN INVESTMENT BROKER TO LIQUIDATE ANY STOCK DONATIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**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 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:

CA\$H COALITION:

UNITED WAY OF CENTRAL NEW YORK ADMINISTERS THE CA\$H COALITION (CREATING
ASSETS, SAVINGS & HOPE), CONVENER OF ORGANIZATIONS AND BUSINESSES
DEDICATED TO PROMOTING FINANCIAL STABILITY AND ASSET-BUILDING
OPPORTUNITIES FOR LOW-TO-MODERATE-INCOME INDIVIDUALS AND FAMILIES IN
ONONDAGA COUNTY. THE CA\$H COALITION OVERSEES FREE TAX PREPARATION
SERVICES THROUGH THE VITA (VOLUNTEER INCOME TAX ASSISTANCE) PROGRAM.
TOTAL RETURNS WERE 2,760 GENERATING RETURNS OF \$3.68M.

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 7/1/24 AND 6/30/25 WAS 34,509.

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 3,419 PEOPLE TO VOLUNTEER OPPORTUNITIES WITHIN
THE COMMUNITY, INCLUDING VOLUNTEERCNY, DAY OF CARING, AND COMMUNITY
DRIVES.

THE DAY OF CARING IN 2024 MOBILIZED 1,444 VOLUNTEERS, LOGGED A TOTAL OF
OVER 4,332 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 \$150K!

WE ALSO COMPLETED THE FOLLOWING DRIVES DURING THE FISCAL YEAR:

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization	UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number	15-0532073
- 2024 CARE PACKAGE THAT BUILT APPROXIMATELY 1,800 CARE PACKAGES.			
- 2024 BOOK DRIVE THAT PROVIDED OVER 5,000 BOOKS.			
- 2025 SHARE THE WARMTH/MLK DAY OF SERVICE: THAT PROVIDED OVER 1,000 COATS AND WINTER ITEMS.			
- 2025 UNITED FOR MOMS THAT PROVIDED 225 BAGS.			

LEADS SAFE CNY COALITION:

IN MARCH OF 2024, UNITED WAY OF CNY BECAME THE HOME OF THE LEADS SAFE CNY COALITION AND HIRED A DIRECTOR. THE COALITION IS FOCUSED ON ERADICATING LEAD POISONING, ASSISTING/EDUCATING AFFECTED FAMILIES, AND CONNECTING PEOPLE TO TESTING, REMEDIATION, AND HEALTHCARE.

THRIVE AT WORK:

THIS PROGRAM PROVIDES ON-SITE FINANCIAL COACHING AND EDUCATION TO HELP EMPLOYEES NAVIGATE FINANCIAL CHALLENGES AND BUILD STABILITY.

BOOK BUDDIES:

A TUTORING PROGRAM, IN PARTNERSHIP WITH THE SYRACUSE CITY SCHOOL DISTRICT, THAT TRAINS AND PLACES VOLUNTEERS IN ELEMENTARY SCHOOLS TO WORK WITH CHILDREN IN GRADES K-3.
EXPENSES \$ 1,466,574. 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.

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

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

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.