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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ 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
518 JAMES STREET PO BOX 2129

City or town, state or country, and ZIP + 4
SYRACUSE, NY 13220

D Employer identification number
15-0532073

E Telephone number
(315) 428-2205

G Gross receipts $ 10,997,427

F Name and address of principal officer
FRANCIS J LAZARSKI
PO BOX 2129
SYRACUSE, NY 13220

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITEDWAY-CNY ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1953

M State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE O

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	31
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	41
6	Total number of volunteers (estimate if necessary)	**6**	3,169
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	8,140,303	8,007,489
	9 Program service revenue (Part VIII, line 2g)	219,985	222,571
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	324,238	348,269
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,942	1,275
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,689,468	8,579,604
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,487,179	6,462,664
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,425,818	1,345,805
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶754,494		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	873,415	845,378
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,786,412	8,653,847
	19 Revenue less expenses Subtract line 18 from line 12	-96,944	-74,243

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	8,824,181	9,251,643
	21 Total liabilities (Part X, line 26)	6,250,550	6,253,445
	22 Net assets or fund balances Subtract line 21 from line 20	2,573,631	2,998,198

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

****** | 2011-11-01
Signature of officer | Date

FRANCIS J LAZARSKI PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
JILL S PALMETER	JILL S PALMETER			

Firm's name ▶ DERMODY BURKE & BROWN CPAS LLC — Firm's EIN ▶

Firm's address ▶ 443 N FRANKLIN ST STE 100
SYRACUSE, NY 132041441 — 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 to any question in this Part III . . . . . ☑

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 ☐ 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 ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 7,248,669 including grants of $ 6,462,664) (Revenue $ 420,122)

COMMUNITY IMPACT (INCLUDING VOLUNTEER RESOURCES)SEE SCHEDULE O

4b (Code) (Expenses $ 88,468 including grants of $) (Revenue $ 16,884)

SUCCESS BY 6SEE SCHEDULE O

4c (Code) (Expenses $ 0 including grants of $) (Revenue $ 0)

OTHER PROGRAM SERVICES INCLUDE THE AFL-CIO COMMUNITY SERVICES LIAISON AND THE DONOR CHOICE PROGRAM SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 7,337,137

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	9		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	41		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	31		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Does the organization have members or stockholders?	6			No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a			No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

BETSY R FOOTE
PO BOX 2129
SYRACUSE, NY 13220
(315) 428-2205

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								195,616	0	27,007

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

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

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	38,723				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions)					
	f	All other contributions, gifts, grants, and similar amounts not included above	7,968,766				
	g	Noncash contributions included in lines 1a-1f $	38,431				
	h	**Total.** Add lines 1a-1f		8,007,489			
Program Service Revenue			Business Code				
	2a	SERVICE FEE INCOME	561000	222,571	222,571		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		222,571			
	3	Investment income (including dividends, interest and other similar amounts)		135,109			135,109
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	2,630,983				
	b	Less cost or other basis and sales expenses	2,417,823				
	c	Gain or (loss)	213,160				
	d	Net gain or (loss)		213,160	213,160		
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	OTHER REVENUE- EXCLUDE	900099	1,275	1,275		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		1,275			
	12	**Total revenue.** See Instructions		8,579,604	437,006	0	135,109

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	6,462,664	6,462,664		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	232,695	146,638	86,057	
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	901,981	311,311	195,248	395,422
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,784	5,980	8,200	8,604
9 Other employee benefits	86,136	31,615	27,717	26,804
10 Payroll taxes	102,209	37,562	26,483	38,164
a Fees for services (non-employees) Management				
b Legal	2,651	716	928	1,007
c Accounting	32,000		26,000	6,000
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	39,792		39,792	
g Other	43,800	13,095	17,689	13,016
12 Advertising and promotion				
13 Office expenses	53,515	13,963	15,626	23,926
14 Information technology	26,161	5,162	12,459	8,540
15 Royalties				
16 Occupancy	154,139	41,646	53,940	58,553
17 Travel	29,433	16,638	5,105	7,690
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,741		3,507	4,234
20 Interest				
21 Payments to affiliates	94,215	25,439	32,975	35,801
22 Depreciation, depletion, and amortization	16,013	4,323	5,605	6,085
23 Insurance	10,749	2,808	3,891	4,050
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PROGRAM EXPENSES	235,679	214,877	100	20,702
b PRINTING	88,268	2,217	234	85,817
c RECOGNITION	11,222	483	660	10,079
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	8,653,847	7,337,137	562,216	754,494
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		95,817	1	46,436
	2	Savings and temporary cash investments		1,456,795	2	1,195,281
	3	Pledges and grants receivable, net		3,845,658	3	3,933,717
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		15,045	9	16,384
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 466,044			
	b	Less accumulated depreciation	10b 444,149	31,956	10c	21,895
	11	Investments—publicly traded securities		3,345,486	11	4,022,870
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		33,424	15	15,060
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,824,181	16	9,251,643
Liabilities	17	Accounts payable and accrued expenses		102,950	17	130,471
	18	Grants payable		2,092,649	18	2,014,664
	19	Deferred revenue		217,006	19	193,686
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		98,375	23	98,375
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		3,739,570	25	3,816,249
	26	**Total liabilities.** Add lines 17 through 25		6,250,550	26	6,253,445
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		101,016	27	186,797
	28	Temporarily restricted net assets		2,410,899	28	2,748,939
	29	Permanently restricted net assets		61,716	29	62,462
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,573,631	33	2,998,198
	34	Total liabilities and net assets/fund balances		8,824,181	34	9,251,643

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	8,579,604
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,653,847
3	Revenue less expenses Subtract line 2 from line 1	3	-74,243
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	2,573,631
5	Other changes in net assets or fund balances (explain in Schedule O)	5	498,810
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,998,198

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL NEW YORK INC

Employer identification number
15-0532073

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,699,734	6,173,918	5,971,345	5,379,614	8,140,303	32,364,914
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	6,699,734	6,173,918	5,971,345	5,379,614	8,140,303	32,364,914
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						32,364,914

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6,699,734	6,173,918	5,971,345	5,379,614	8,140,303	32,364,914
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	106,861	43,970	-261,468	324,238	348,269	561,870
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 IV)	15,777	24,589	10,479	4,942	1,275	57,062
11 **Total support** (Add lines 7 through 10)						32,983,846

12	Gross receipts from related activities, etc (See instructions)	12	1,103,337

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	98 120 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98 880 %

16a **33 1/3% support test—2010.** 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 ▶☑

b **33 1/3% support test—2009.** If the organization did not check the 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 ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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 ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 15-0532073
Name: UNITED WAY OF CENTRAL NEW YORK INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
CHRISTINE BOWERS DIRECTOR	1 00	X						0	0	0
KIMBERLY BOYNTON SECRETARY/ TREASURER	1 00	X		X				0	0	0
SHARI CONSTANTINE FORMER DIRECTOR	1 00	X						0	0	0
ANTHONY D'ANGELO CHAIR	1 00	X		X				0	0	0
LOLA DELANS DIRECTOR	1 00	X						0	0	0
JAMES ENNIS VICE CHAIR VOL RESOURCES	1 00	X		X				0	0	0
MARION ERVIN ASS'T VICE CHAIR VOL RESOU	1 00	X						0	0	0
CHARLES FENNELL DIRECTOR	1 00	X						0	0	0
PAULA FREEDMAN VICE CHAIR HUMAN RESOURCES	1 00	X		X				0	0	0
RICHARD HOLE DIRECTOR	1 00	X						0	0	0
JOSEPH L RUFO ASS'T SEC/ TREASURER	1 00	X		X				0	0	0
RICHARD V SIMONE JR DIRECTOR	1 00	X						0	0	0
CHARLES M SPROCK JR VICE CHAIR COMMUNITY IMPAC	1 00	X						0	0	0
DEBRA STEHLE ASS'T VICE CHAIR COMMUNITY	1 00	X						0	0	0
PATRICIA STITH VICE CHAIR LEADERSHIP DEVE	1 00	X						0	0	0
KIMBERLY TOWNSEND CHAIR INVESTMENT COMMITTEE	1 00	X		X				0	0	0
PAUL TREMONT ASS'T VICE CHAIR RESOURCE	1 00	X						0	0	0
DAVID WALL DIRECTOR	1 00	X						0	0	0
MARTHA WINSLOW ASS'T VICE CHAIR- HUMAN RE	1 00	X		X				0	0	0
RANDALL WOLKEN VICE CHAIR, RESOURCE DEVEL	1 00	X		X				0	0	0
PHILIP D ZOLLO III FORMER DIRECTOR	1 00	X						0	0	0
SALLY BERRY DIRECTOR	1 00	X						0	0	0
DAVID DUERR DIRECTOR	1 00	X						0	0	0
DR MICHAEL O'LEARY DIRECTOR	1 00	X						0	0	0
TIMOTHY FOX DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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			
DREW A JAMES ASS'T VICE CHAIR LEADERSHI	1 00	X						0	0	0
MICHAEL F MELARA DIRECTOR	1 00	X						0	0	0
PEGGY OGDEN DIRECTOR	1 00	X						0	0	0
LEOLA RODGERS DIRECTOR	1 00	X						0	0	0
REV KEVEN AGEE DIRECTOR	1 00	X						0	0	0
MARITZA ALVARADO DIRECTOR	1 00	X						0	0	0
STEPHEN J GORCZYNSKI DIRECTOR	1 00	X						0	0	0
GREG LOH DIRECTOR	1 00	X						0	0	0
FRANCIS J LAZARSKI PRESIDENT	40 00			X				123,376	0	16,672
BETSY R FOOTE VICE PRESIDENT OF FINANCE	40 00			X				72,240	0	10,335

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	61,716	55,707	57,530		
b	Contributions					
c	Investment earnings or losses	746	6,009	-1,823		
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	62,462	61,716	55,707		

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶

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	3a(i)		No
(ii) related organizations	3a(ii)		No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		73,824	69,370	4,454
d Equipment		392,220	374,779	17,441
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				21,895

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
UNDESIGNATED ALLOCATIONS PAYABLE	3,816,249
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,816,249

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,579,604
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,653,847
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-74,243
4	Net unrealized gains (losses) on investments	4	498,810
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	498,810
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	424,567

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

1	Total revenue, gains, and other support per audited financial statements			1	6,421,514
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	498,810		
b	Donated services and use of facilities	2b	29,307		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	528,117
3	Subtract line **2e** from line **1**			3	5,893,397
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,792		
b	Other (Describe in Part XIV)	4b	2,646,415		
c	Add lines **4a** and **4b**			4c	2,686,207
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,579,604

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

1	Total expenses and losses per audited financial statements			1	5,996,947
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	29,307		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	29,307
3	Subtract line **2e** from line **1**			3	5,967,640
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,792		
b	Other (Describe in Part XIV)	4b	2,646,415		
c	Add lines **4a** and **4b**			4c	2,686,207
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	8,653,847

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ENDOWMENT FUND WAS ESTABLISHED BY A DONOR TO HELP WITH GENERAL OPERATING EXPENSE FOR THE ORGANIZATION INTEREST AND DIVIDENDS FROM THE FUND ARE USED FOR GENERAL OPERATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, AND UNDER SIMILAR REQUIREMENTS OF NEW YORK STATE LAW, NO PROVISION HAS BEEN MADE FOR FEDERAL OR STATE TAXES MANAGEMENT IS UNAWARE OF ANY UNRELATED BUSINESS ACTIVITIES THAT MAY BE SUBJECT TO UNRELATED BUSINESS INCOME TAX OR ANY ACTIVITIES THAT WOULD JEOPARDIZE THE ORGANIZATION'S EXEMPT STATUS
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS PAYABLE TO AGENCIES 2,646,415
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS TO AGENCIES 2,646,415

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2010

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient 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 Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 35

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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 non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE COMMUNITY PROGRAM FUND OPERATES ON THREE- YEAR FUNDING CYCLE, CURRENTLY JULY 1, 2011 TO JUNE 30, 2014 ALLOCATIONS ARE DETERMINED BY THE BOARD OF DIRECTORS AFTER AN EXTENSIVE REVIEW OF APPLICATIONS BY TEAMS OF SKILLED VOLUNTEERS FROM THE COMMUNITY ON-GOING MONITORING OF THE AGENCIES RECEIVING GRANTS INCLUDES THE SUBMISSION OF THE FOLLOWING DOCUMENTATION EACH OF THE THREE YEARS MID- YEAR AGENCY REPORT, MID- YEAR PROGRAM REPORT (FOR EACH SEPARATE PROGRAM THAT AN AGENCY IS RECEIVING FUNDING FOR), YEAR END AGENCY REPORT, YEAR END PROGRAM REPORT (FOR EACH SEPARATE PROGRAM THAT AN AGENCY IS RECEIVING FUNDING FOR) 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 OMB CIRCULAR A-133, IF REQUIRED
FORM 990, SCHEDULE I, PART II	DETAIL OF 10/11 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATIONS	AGENCY NAME WITH TOTAL DESIGNATION UPSTATE MEDICAL UNIVERSITY FOUNDATION - $351,373 UNITED WAY OF CAYUGA COUNTY, INC - $278,268 COMMUNITY HEALTH CHARITIES OF NEW YORK - $97,825 UNITED WAY OF GREATER OSWEGO COUNTY, INC - $64,871 SAY YES TO EDUCATION/SYRACUSE CHAPTER - $46,584 CROUSE HEALTH FOUNDATION - $36,002 FRANCIS HOUSE - $34,756 LONGHOUSE COUNCIL - $32,991 RESCUE MISSION ALLIANCE OF SYRACUSE - $29,907 AMERICA'S CHARITIES INCORPORATED - $29,456 AMERICAN RED CROSS OF CENTRAL NEW YORK - $28,476 ENABLE - $27,775 ANIMAL CHARITIES OF AMERICA - $27,699 THE JEWISH COMMUNITY FOUNDATION OF CNY - $27,500 GLOBAL IMPACT - $25,878 UNITED WAY OF THE VALLEY & GREATER UTICA - $22,655 EARTH SHARE OF NEW YORK - $22,491 UPSTATE MEDICAL ALUMNI FOUNDATION - $20,481 PLANNED PARENTHOOD OF THE ROCHESTER/SYRACUSE - $20,472 CARING COALITION OF CENTRAL NEW YORK - $18,974 SYRACUSE CITY SCHOOL DISTRICT EDUCATION - $17,760 ST JOSEPH'S HOSPITAL CENTER FOUNDATION - $16,760 ALZHEIMER'S ASSOCIATION, CNY CHAPTER - $16,395 AMERICAN CANCER SOCIETY-EASTERN DIVISION - $15,149 MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK - $14,289 NEIGHBOR TO NATION - $14,106 MERCY WORKS INC - $13,416 SOLVAY GEDDES COMMUNITY YOUTH CENTER - $12,474 HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - $11,817 UNITED WAY FOR CORTLAND COUNTY - $11,583 SETON FOOD PANTRY, INC - $11,369 COMMUNITY HEALTH CHARITIES - $10,609 JOWONIO SCHOOL - $10,046 CENTRAL NEW YORK SPCA - $9,450 NEW HOPE FAMILY SERVICES, INC - $8,934 DUNBAR ASSOCIATION, INC - $8,889 COMMUNITY GENERAL FOUNDATION - $8,883 HERKIMER/MADISON/ONEIDA SEFA - $8,831 UNITED WAY OF GREATER ONEIDA, INC - $8,702 CHILDREN'S CHARITIES OF AMERICA - $7,979 UNITED WAY OF SENECA COUNTY, INC - $7,758 SUCCESS BY 6 - $7,737 CHRISTIAN SERVICE CHARITIES - $7,702 MILITARY VETERANS & PATRIOTIC SERVICE - $7,555 AMERICAN HEART ASSOCIATION OF ONONDAGA COUNTY - $7,427 SPCA OF UPSTATE NY - $7,104 UNITED WAY OF GREATER ROCHESTER - $6,482 FATHER CHAMPLINS' GUARDIAN ANGEL SOCIETY - $6,401 MULTIPLE SCLEROSIS RESOURCES OF CNY - $6,381 LIBERTY RESOURCES, INC - $6,325 M O S T (MUSEUM OF SCIENCE & TECHNOLOGY) - $6,246 HOPE FOR BEREAVED - $6,185 LAFAYETTE OUTREACH, INC - $5,648 JEWISH FEDERATION OF CNY - $5,240 CAMP GOOD DAYS & SPECIAL TIMES, INC - $5,146 UNITED WAY OF BROOME COUNTY - $4,810 UNITED WAY OF ROME & WESTERN ONEIDA - $4,716 MATTHEW HOUSE, INC - $4,703 COMMUNITY FOUNDATION OF COLLIER COUNTY - $4,700 OSWEGO COUNTY HUMANE SOCIETY, INC - $4,488 LORETTO FOUNDATION - $4,415 ADVOCATES, INC - $4,107 CULTURAL RESOURCES COUNCIL - $3,932 EARTH SHARE - $3,852 UNITED COMMUNITY CHEST OF CAZENOVIA - $3,848 BASCOL - $3,842 YWCA OF SYRACUSE & ONONDAGA COUNTY - $3,731 ELDERCARE FOUNDATION - $3,711 UNITED WAY OF NORTHERN NEW YORK - $3,676 JUVENILE DIABETES RESEARCH FOUNDATION - $3,676 ARISE AT THE FARM - $3,654 EAST SYRACUSE MINOA EDUCATION FOUNDATION - $3,620 MADISON COUNTY FEDERATION COMMUNITY - $3,550 SYRACUSE BEHAVIORAL HEALTHCARE - $3,527 VERA HOUSE FOUNDATION - $3,500 CENTRAL NEW YORK COMMUNITY FOUNDATION - $3,362 MERCY FLIGHT CENTRAL, INC - $3,346 SARAH HOUSE, INC - $3,307 K A R E FOUNDATION - $3,252 UNITED WAY OF TOMPKINS COUNTY - $3,134 CORTLAND COUNTY SEFA - $3,128 CHEMUNG COUNTY SEFA - $ 3,056 CHILDREN'S MEDICAL CHARITIES OF AMERICA - $3,047 RONALD MCDONALD HOUSE CHARITIES - $3,026 HUMAN & CIVIL RIGHTS ORGANIZATIONS OF AMERICA - $3,007 JEFFERSON/LEWIS SEFA - $2,968 SULLIVAN FOOD CUPBOARD - $2,915 CNY FRIENDS - $2,908 CANCERCURE OF AMERICA - $2,876 HUMAN CARE CHARITIES OF AMERICA - $2,868 OPHELIA'S PLACE - $2,782 NIAGARA FRONTIER SEFA - $2,764 MEDICAL RESEARCH CHARITIES - $2,752 MAKE A WISH FOUNDATION OF WESTERN NY - $2,739 YOUNG LIFE WEST NY30 - $2,652 NYS TROOPERS PBS SIGNAL 30 FUND, INC - $2,573 USO, INC - $2,570 GREATER ROCHESTER SEFA - $2,562 MATILDA JOSLYN GAGE FOUNDATION - $2,552 LEADERSHIP GREATER SYRACUSE - $2,501 ST JAMES EPISCOPAL CHURCH - $2,500 LUTHERAN HOMES FOUNDATION - $2,496 SPAULDING SUPPORT SERVICES - $2,441 SAVE THE KIDS - $2,366 WHOLE ME, INC - $2,359 ARC OF ONONDAGA COUNTY - $2,321 SKANEATELES EDUCATION FOUNDATION - $2,190 UNITED WAY OF BURLINGTON COUNTY - $2,184 NATIONAL KIDNEY FOUNDATION OF CNY - $2,168 USO OF FORT DRUM - $2,155 L'ARCHE SYRACUSE, INC - $2,085 HUMANE ASSOC OF CENTRAL NEW YORK - $2,061 CHADWICK RESIDENCE, INC - $2,035 JUNIOR ACHIEVEMENT OF CNY - $2,023 UPSTATE NEW YORK BALLET - $2,002 SYRACUSE HOST LIONS CLUB - $2,000 SYRACUSE YOUTH GOLF, INC - $2,000
FORM 990, SCHEDULE I, PART II	DETAIL OF 10/11 DONOR DESIGNATIONS TO OTHER 501(C)(3) CONTINUED	FAYETTEVILLE MANLIUS MEALS ON WHEELS - $1,984 UNITED WAY OF MANISTEE COUNTY - $1,950 TEEN CHALLENGE SYRACUSE CHAPTER - $1,943 FRIENDS OF THE ROSAMOND GIFFORD ZOO - $1,941 CATHOLIC RELIEF SERVICES USCCB - $1,910 CATHOLIC CHARITIES OF THE ROMAN CATHOLIC DIOCESE - $1,877 PERSON TO PERSON CITIZEN ADVOCACY - $1,864 SHRINERS HOSPITAL FOR CHILDREN - $1,862 BROOME/CHENANGO/TIOGA SEFA - $1,852 COUNTY NORTH CHILDREN'S CENTER - $1,852 FAYETTEVILLE MANLIUS A BETTER CHANCE - $1,852 ASPCA AMERICAN SOCIETY FOR THE - $1,829 UNITED WAY OF THE NATIONAL CAPITAL AREA - $1,825 TRINITY ASSEMBLY OF GOD - $1,820 FAYETTEVILLE-MANLIUS COMMUNITY OUTREACH - $1,800 CHILDREN FIRST - AMERICA'S CHARITIES - $1,746 HEALTH FIRST - AMERICA'S CHARITIES - $1,743 CENTRAL NEW YORK CAT COALITION - $1,682 BALDWINSVILLE MEALS ON WHEELS INC - $1,617 MAUREENS HOPE FOUNDATION INC - $1,612 THE ALS ASSOCIATION - $1,598 SPECIAL OLYMPICS NEW YORK INC - $1,588 CNY CHINESE SCHOOL - $1,582 FRIENDS OF DOROTHY - $1,582 MARY NELSON YOUTH DAY FOUNDATION - $1,568 PIEDMONT UNITED WAY - $1,560 SACRED HEART CHURCH - ANNA'S PANTRY - $1,555 UNITED WAY OF THE SOUTHERN TIER - $1,507 FAITH HERITAGE SCHOOL - $1,490 WOMEN, CHILDREN, AND FAMILY SERVICE - $1,484 SKANEATELES SKI CLUB - $1,440 KIRK PARK COLTS POP WARNER FOOTBALL - $1,384 CONSUMER CREDIT COUNSELING SERVICE CNY - $1,378 YOUNG LIFE SYRACUSE NY24 - $1,347 SYRACUSE INSTITUTE FOR ENABLING - $1,304 LE MOYNE COLLEGE - $1,298 CAZ CARES - $1,290 CHILDREN OF THE NIGHT - $1,286 EPILEPSY FOUNDATION ROCHESTER,SYRACUSE - $1,286 CHILDREN CANCER FOUNDATION - $1,264 ESF COLLEGE FOUNDATION - $1,264 FRIEDRICH'S ATAXIA RESEARCH ALLIANCE - $1,248 ROSWELL PARK ALLIANCE FOUNDATION - $1,238 TOMPKINS/SCHUYLER COUNTIES SEFA - $1,218 LITERACY COALITION OF ONONDAGA COUNTY - $1,212 SKANEATELES EARLY CHILDHOOD CENTER - $1,202 ST JUDE CHILDREN'S RESEARCH HOSPITAL - $1,201 MENORAH PARK CAMPUS - $1,200 CLINTON/ESSEX/FRANKLIN/HAMILTON SEFA - $1,175 SYRACUSE MODEL NEIGHBORHOOD FACILITY INC - $1,130 MEALS ON WHEELS OF SYRACUSE, NY INC - $1,126 CHRISTIAN CHARITIES USA - $1,123 BALTIMORE WOODS NATURE CENTER - $1,121 CYSTIC FIBROSIS FOUNDATION - $1,121 CATHEDRAL EMERGENCY SERVICES - $1,120 SUSAN G KOMEN FOR THE CURE - $1,115 MANLIUS PEBBLE HILL SCHOOL - $1,110 TIOGA COUNTY UNITED WAY - $1,083 SYRACUSE HOME ASSOCIATION - $1,080 DISABLED AMERICAN VETERANS (DAV) - $1,068 ARC OF ONONDAGA FOUNDATION - $1,057 UNITED WAY OF GREATER NEW BEDFORD - $1,040 WILD ANIMALS WORLDWIDE - $1,039 MADISON COUNTY HABITAT FOR HUMANITY - $1,014 UNITED WAY OF ST MARY'S COUNTY - $1,014 AUTISM SPEAKS/CURE AUTISM NOW - $1,007 455 AGENCIES WITH TOTAL DESIGNATIONS <$1,000 - $144,517 TOTAL - $ 2,010,494

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 15-0532073
Name: UNITED WAY OF CENTRAL NEW YORK INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AIDS COMMUNITY RESOURCES INC627 WEST GENESEE STREET SYRACUSE,NY 13204	16-1359060		79,105				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
EXCEPTIONAL FAMILY RESOURCES1065 JAMES STREET SUITE 220 SYRACUSE,NY 13203	16-1098311		22,750				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ARISE INC635 JAMES STREET SYRACUSE,NY 13203	16-1186293		160,400				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
BOYS AND GIRLS CLUB OF SYRACUSE2100 EAST FAYETTE STREET SYRACUSE,NY 13224	15-0532240		90,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CATHOLIC CHARITIES OF ONONDAGA COUNTY1654 WEST ONONDAGA STREET SYRACUSE,NY 13204	15-0532085		770,390				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CENTER FOR COMM ALTERNATIVES115 EAST JEFFERSON STREET SUITE 300 300 SYRACUSE,NY 13202	16-1395992		211,650				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CONTACT COMMUNITY SERVICES INC6520 BASILE ROWE EAST SYRACUSE,NY 13057	16-0984299		211,225				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
FOOD BANK OF CNY6970 SCHUYLER ROAD EAST SYRACUSE,NY 13057	22-2816988		47,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
GIRL SCOUTS OF NY PENN PATHWAYS8170 THOMPSON ROAD CICERO,NY 13039	15-0627396		23,680				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
INTERFAITH WORKS OF CENTRAL NEW YORK INC 3049 EAST GENESEE STREET SYRACUSE,NY 13224	16-1064233		119,425				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
JEWISH COMMUNITY CENTER OF SYRACUSE 5655 THOMPSON ROAD DEWITT,NY 13214	15-0539101		12,500				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SAMARITAN CENTER INC 310 MONTGOMERY STREET SYRACUSE,NY 13203	16-1328786		42,040				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LITERACY VOLUNTEERS OF GREATER SYRACUSE2111 SOUTH SALINA STREET SYRACUSE,NY 13205	16-1002098		35,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SPANISH ACTION LEAGUE 700 OSWEGO STREET SYRACUSE,NY 13204	16-1023352		115,375				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SALVATION ARMY OF THE SYRACUSE AREA677 SOUTH SALINA STREET SYRACUSE,NY 13202	16-1057773		722,510				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
VERA HOUSE INC6181 THOMPSON ROAD SUITE 100 SYRACUSE,NY 13206	51-0201530		255,720				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
YMCA SYRACUSE & ONONDAGA COUNTY120 EAST WASHINGTON STREET SUITE 415 SYRACUSE,NY 13202	15-0532277		162,570				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ELMCREST CHILDREN'S CENTER INC960 SALT SPRINGS ROAD SYRACUSE,NY 13244	15-0539090		86,200				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
AMERICAN RED CROSS ONONDAGA-OSWEGO CHAPTER220 HERALD PLACE SYRACUSE,NY 13202	53-0196605		137,500				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CHILDREN'S CONSORTIUM 2122 ERIE BOULEVARD EAST SYRACUSE,NY 13224	16-1019998		75,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE CHILDREN'S CENTER1183 MONROE AVENUE ROCHESTER,NY 14620	16-0743039		56,840				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
PEACE271 SOUTH SALINA STREET 2ND FLOOR SYRACUSE,NY 13202	16-6095039		108,725				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
LEARNING DISABILITIES ASSOCIATION OF CNY722 WEST MANLIUS STREET EAST SYRACUSE,NY 13057	16-1279753		32,500				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SYRACUSE NORTHEAST COMMUNITY CENTER716 HAWLEY AVENUE SYRACUSE,NY 13203	16-1116632		18,600				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA OF CENTRAL NEW YORK INC518 JAMES STREET SUITE 100 SYRACUSE,NY 13203	15-0543651		139,525				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CHILD CARE SOLUTIONS 6724 THOMPSON ROAD SYRACUSE,NY 13221	16-1057376		85,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
FRANK H HISCOCK LEGAL AID SOCIETY351 SOUTH WARREN STREET SYRACUSE,NY 13202	15-0527253		55,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HUNTINGTON FAMILY CENTERS405 GIFFORD STREET SYRACUSE,NY 13204	15-0532198		355,975				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ON POINT FOR COLLEGE INC1654 WEST ONONDAGA STREET SYRACUSE,NY 13204	16-1569356		83,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SYRACUSE JEWISH FAMILY SERVICES4101 EAST GENESEE STREET SYRACUSE,NY 13214	16-1116632		14,225				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
TRANSITIONAL LIVING SERVICES OF ONONDAGA COUNTY INC420 EAST GENESEE STREET SYRACUSE,NY 13202	16-1039435		34,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE WORK SCHOLARSHIP CONNECTION1183 MONROE AVENUE ROCHESTER,NY 14620	16-1493404		15,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
MCMAHON RYAN CHILD ADVOCACY SITE509 WEST ONONDAGA STREET SYRACUSE,NY 13204	16-1563195		23,680				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WELCH TERRACE HOUSING DEVELOPMENT FUND INC 1047 EAST FAYETTE STREER SYRACUSE,NY 13210	16-1442502		17,060				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WOMEN'S OPPORTUNITY CENTER901 JAMES STREET SYRACUSE,NY 13203	16-1482758		33,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
1011 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATIONS518 JAMES STREET SYRACUSE,NY 13220	15-0532073		2,010,494				10/11 SPECIFIC DESIGNATIONS NETTED FOR "FIRST DOLLARS IN" FUNDING STRATEGY

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

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 oncash 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	13	38,431	AVE LOW/ HIGH DAY SOLD
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	**31**	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	**32a**	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	UNITED WAY OF CENTRAL NEW YORK USES AN INVESTMENT FIRM TO MAINTAIN AND/OR SELL NON-CASH CONTRIBUTIONS OF SECURITIES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL NEW YORK INC

Employer identification number
15-0532073

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1 DESCRIPTION OF ORGANIZATION MISSION	UNITED WAY OF CENTRAL NEW YORK ADVANCES THE COMMON GOOD BY MOBILIZING OUR COMMUNITY TO IMPROVE PEOPLE'S LIVES AND ENABLES OUR COMMUNITY TO REACH ITS FULL CARING POTENTIAL SINCE 1921, WE HAVE ENGAGED COMMUNITY LEADERS AND VOLUNTEERS TO ASSESS THE HUMAN CARE NEEDS IN SYRACUSE AND ONONDAGA COUNTY AND HAVE HELPED LEAD THE WAY IN IMPROVING THE QUALITY OF LIFE IN OUR COMMUNITY WE ACCOMPLISH THIS THROUGH THE FOLLOWING ACTIVITIES 1 RAISING MILLIONS OF DOLLARS EACH YEAR THROUGH A COMMUNITY CAMPAIGN, AND INVESTING THAT MONEY IN HIGH QUALITY PROGRAMS SERVING THE HEALTH AND HUMAN SERVICE NEEDS OF CHILDREN, FAMILIES, AND INDIVIDUALS THROUGHOUT ONONDAGA COUNTY APPROXIMATELY 1 IN EVERY 4 PERSONS IN THE CITY AND COUNTY IS AFFECTED BY OR ENGAGED WITH UNITED WAY IN SOME MANNER, 2 INVESTING MONEY, STAFF TIME, AND OTHER RESOURCES IN THE COMMUNITY PROGRAM FUND, WITH A GOAL TOWARD IMPROVING THE CONDITIONS AND SYSTEMS AFFECTING ALL PEOPLE IN OUR COMMUNITY, 3 HELPING STRENGTHEN THE CAPACITY OF HUNDREDS OF NONPROFIT AGENCIES BY RECRUITING THOUSANDS OF VOLUNTEERS FOR THEM EACH YEAR, AND 4 CONVENING KEY STAKEHOLDERS AROUND ISSUES THAT AFFECT OUR COMMUNITY, AND DEVELOPING SOLUTIONS TO THESE ISSUES IN A COLLABORATIVE MANNER

Identifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZAITON'S MISSION	UNITED WAY OF CENTRAL NEW YORK IS ORGANIZED AROUND A SET OF GUIDING ORGANIZATIONAL PRINCIPLES A CORE MISSION THAT DEFINES OUR ROLE IN THE COMMUNITY, A VISION THAT INSPIRES OUR EFFORTS, AND STRATEGIES THAT SHAPE OUR WORK MISSION TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER VISION TO BECOME A COMMUNITY REACHING ITS FULL CARING POTENTIAL STRATEGIES 1 UNDERSTAND THE NEEDS OF OUR COMMUNITY 2 ESTABLISH STRATEGIC PARTNERSHIPS TO MOBILIZE RESOURCES 3 INCREASE DONOR ENGAGEMENT IN CARING FOR THIS COMMUNITY 4 FOCUS COMMUNITY INVESTMENTS TO ACHIEVE MEASURABLE IMPACT

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	1 THE 2011-14 COMMUNITY PROGRAM FUND APPLICATION PROCESS WAS COMPLETED IN APRIL AFTER A 9 MONTH PERIOD WHEN 100+ VOLUNTEERS SPENT OVER 4,000 HOURS REVIEWING THE FISCAL & MANAGEMENT OF AGENCIES AS WELL AS THEIR PROGRAM SUBMISSIONS UNDER FOUR NEW FOCUS AREAS, EDUCATION, INCOME, HEALTH AND SAFETY NET 2 UNITED WAY'S SUCCESS BY 6 LAUNCHED ITS FIRST ANNUAL KIDS GET FIT FEST IN APRIL, 2011 APPROXIMATELY 125 YOUNG PEOPLE HAD THE OPPORTUNITY TO LEARN ABOUT EATING NUTRITIOUS FOODS AND EXERCISING IN A FUN-FILLED ATMOSPHERE 3 THE UNITED WAY'S CORPORATE VOLUNTEER COUNCIL HELD ITS 2ND ANNUAL SIGNATURE PROJECT IN COLLABORATION WITH THE SAMARITAN CENTER DURING THE WEEK OF APRIL 10 - 16, 2011, TWENTY COMPANIES SIGNED UP TO SPONSOR AND SERVE BREAKFAST AND DINNER MEALS THEY ALSO MADE SANDWICHES, CONDUCTED HYGIENE PRODUCT AND BOOK DRIVES, BAKED AND DONATED BREADS AND DESSERTS AT OTHER TIMES OF THE YEAR COMPANIES CONTINUED TO HELP OUT AND APPROXIMATELY 370 VOLUNTEERS HAVE CONTRIBUTED 1,300 HOURS AND HELPED SERVE 3,000 MEALS THEY HAVE DONATED 150 LBS OF HYGIENE PRODUCTS AND 2,550 SANDWICHES

Identifier	Return Reference	Explanation
COMMUNITY IMPACT (INCLUDING VOLUNTEER RESOURCES)	FORM 990 PART III, LINE 4A	IN 2011, THE VOLUNTEER RESOURCES DIVISION WAS COMBINED WITH COMMUNITY IMPACT THE COMMUNITY PROGRAM FUND IS THE BEST-KNOWN SERVICE UNITED WAY PROVIDES TO CONTRIBUTORS CONTRIBUTIONS TO UNITED WAY ARE INVESTED IN THE FINEST LOCAL PROGRAMS THAT ARE PROVEN TO HELP PEOPLE IMPROVE THEIR LIVES UNITED WAY BUILDS THE COMMUNITY PROGRAM FUND ON THREE PRINCIPLES KNOW THE NEEDS OF THE LOCAL COMMUNITY, INVEST IN THE VERY BEST PROGRAMS THAT ADDRESS THESE NEEDS, AND ACHIEVE MEASURABLE RESULTS FUNDING IS ORGANIZED INTO FOUR FOCUS AREA EDUCATION, INCOME, HEALTH AND SAFETY NET THROUGH THIS STRATEGY A DONATION ADDRESSES CRITICAL CONCERNS AND SUPPORTS EFFECTIVE PROGRAMS SEE SCHEDULE O FOR FURTHER DISCUSSIONS ON THESE FOCUS AREAS VOLUNTEER RESOURCES IN ADDITION TO INVESTING FINANCIAL RESOURCES IN STRATEGIC PROGRAMS, UNITED WAY OF CENTRAL NEW YORK ALSO OPERATES A COMPREHENSIVE VOLUNTEER CENTER THAT SUPPORTS OUR MISSION TO MOBILIZE THE COMMUNITY THE FOCUS OF THE VOLUNTEER CENTER IS TO PROVIDE MEANINGFUL VOLUNTEER OPPORTUNITIES TO INDIVIDUALS AND GROUPS, WHILE PROVIDING NONPROFIT ORGANIZATIONS WITH VOLUNTEER MANAGEMENT ASSISTANCE, CONSULTATION AND TRAINING SUPPORT TYPICALLY OVER 300 VOLUNTEER LISTINGS CAN BE FOUND AT WWW 1-800-VOLUNTEER ORG IN 2010-11, THE UNITED WAY OF CENTRAL NEW YORK VOLUNTEER CENTER PLACED A VARIETY OF PEOPLE WHO PROVIDED OVER 39,156 HOURS OF SERVICE TO 145 NONPROFIT AND PUBLIC AGENCIES, FOR A VALUE OF OVER $836,172 INVESTMENT IN OUR COMMUNITY THE LARGE INCREASE FROM THE PREVIOUS YEAR WAS DUE IN LARGE MEASURE TO THE 4,300 VOLUNTEER HOURS THAT WERE SPENT ON THE COMMUNITY PROGRAM FUND ALLOCATION PROCESS THE FOUR MAJOR PROGRAMS OF THE VOLUNTEER CENTER ARE 1 1 800 VOLUNTEER ORG REFERS ADULTS, YOUTH, AND FAMILIES, AS WELL AS GROUPS OF EMPLOYEES, STUDENTS, CLUBS AND OTHERS TO MEANINGFUL VOLUNTEER OPPORTUNITIES 2 GIFTS - IN - KIND DONATIONS OF MATERIAL GOODS OR PROFESSIONAL SERVICES ARE CALLED "GIFTS IN KIND " THESE CONTRIBUTIONS ARE VERY VALUABLE TO NON-PROFITS, HELPING THEM STRETCH THEIR BUDGETS AND BETTER SERVE THEIR CLIENTS THIS PROGRAM HELPS BUSINESSES FIND NEW USES FOR UNWANTED EQUIPMENT AND INVENTORY, AND HELP AGENCIES FIND THE ITEMS THEY NEED TO DO THEIR WORK UNITED WAY'S GIFTS-IN-KIND PROGRAM COLLECTS ABOUT $180,562 IN DONATED GOODS ANNUALLY FROM RETAILERS SUCH AS WILLIAMS SONOMA, POTTERY BARN, POTTERY BARN KIDS, DISNEY STORE, AND BED, BATH AND BEYOND GOODS THAT MAY BE COSMETICALLY DAMAGED, BUT ARE PERFECTLY USABLE STAFF DISTRIBUTES THE GOODS TO 70 NONPROFITS IN CENTRAL NEW YORK 3 CORPORATE VOLUNTEER COUNCIL (CVC) THE CORPORATE VOLUNTEER COUNCIL OF CENTRAL NEW YORK (CVC) IS A COALITION OF BUSINESSES, ORGANIZATIONS AND ASSOCIATIONS THAT RECOGNIZE THE IMPORTANCE OF VOLUNTEERISM IN OUR COMMUNITY THE CVC FUNCTIONS AS A PARTNER OF UNITED WAY OF CENTRAL NEW YORK, OPERATING INDEPENDENTLY BUT RECEIVING SUPPORT FROM UNITED WAY ITS MISSION IS TO PROVIDE PROFESSIONAL GUIDANCE, DEVELOPMENT, SUPPORT AND NETWORKING OPPORTUNITIES FOR CORPORATE MEMBERS AND TO ADDRESS COMMUNITY NEEDS THROUGH EMPLOYEE, RETIREE, MEMBER AND FAMILY VOLUNTEER EFFORTS 4 CHRISTMAS BUREAU THE ANNUAL CHRISTMAS BUREAU IS AN IMPORTANT PARTNERSHIP THAT UNITED WAY, ALONG WITH SUCCESS BY 6 IS A KEY STAKEHOLDER IN DECEMBER, WITH THE HELP OF HUNDREDS OF VOLUNTEERS, FOOD BASKETS, TOYS AND BOOKS (DONATED BY SUCCESS BY 6) ARE PROVIDED TO 6,573 CHILDREN FROM LOW-INCOME FAMILIES FAMILIES ARE REQUIRED TO PRE-REGISTER AT SEVERAL COMMUNITY SITES THROUGHOUT ONONDAGA COUNTY DURING THE WEEK BEFORE CHRISTMAS, THESE FAMILIES WILL THEN HAVE THE OPPORTUNITY TO RECEIVE TOYS, FOOD AND BOOKS FOR CHRISTMAS

Identifier	Return Reference	Explanation
SUCCESS BY 6	FORM 990, PART III, LINE 4B	SUCCESS BY 6, AN INITIATIVE OF UNITED WAY OF CENTRAL NEW YORK, BRINGS TOGETHER LEADERS OF BUSINESS, EDUCATION, GOVERNMENT AND THE COMMUNITY TO WORK ON BEHALF OF YOUNG CHILDREN THE SUCCESS BY 6 MISSION PROMOTES THE CONCEPT THAT BY AGE 6, ALL CHILDREN IN ONONDAGA COUNTY WILL ATTAIN THE NECESSARY MENTAL, PHYSICAL, SOCIAL AND EMOTIONAL DEVELOPMENT TO SUCCESSFULLY EMBRACE EDUCATIONAL AND SOCIAL OPPORTUNITIES FOR GROWTH AND LEARNING SUCCESS BY 6 IS A READ AHEAD PARTNER SUCCESS BY 6 IS A COMMUNITY INITIATIVE THAT WORKS TO ENSURE THAT KIDS IN ONONDAGA COUNTY ARE READY FOR SUCCESS IN SCHOOL AND LIFE THE INITIATIVE IS LED BY UNITED WAY OF CENTRAL NEW YORK, AND WORKS IN PARTNERSHIP WITH MANY LOCAL BUSINESS, NON-PROFITS, AND COMMUNITY MEMBERS WHETHER YOU ARE A CHILDCARE PROVIDER, A PRESCHOOL TEACHER, A PARENT OR A GRANDPARENT, SUCCESS BY 6 IS YOUR LINK TO RESOURCES ABOUT CHILDCARE, EARLY CHILDHOOD EDUCATION AND CHILD DEVELOPMENT SUCCESS BY 6 FOCUSES ON PREPARING KIDS TO ENTER SCHOOL AND BE SUCCESSFUL IN THE FOLLOWING WAYS BY EDUCATING AND INVOLVING PARENTS TO HELP THEM PLAY A MORE ACTIVE ROLE IN THEIR CHILDREN'S SUCCESS, BY FOCUSING COMMUNITY EFFORTS TO BUILD THE BEST EARLY CHILDHOOD DEVELOPMENT PROGRAMS POSSIBLE, BY HELPING PARENTS AND CAREGIVERS UNDERSTAND THE EFFECT THEY HAVE ON THE LIVES OF THE CHILDREN THEY CARE FOR, ENCOURAGING PARENTS TO READ TO THEIR CHILDREN BY DISTRIBUTING 5,000 GENTLY USED BOOKS, AND BY ADVOCATING FOR THE BEST, PHYSICAL, INTELLECTUAL AND EMOTIONAL CARE FOR ALL YOUNG CHILDREN IN ONONDAGA COUNTY TOUCHPOINTS WHEN CHILDREN SHOW A SUDDEN BURST IN ONE AREA OF DEVELOPMENT, THEY OFTEN FALL BEHIND IN ANOTHER AREA THIS IS A GOOD THING, BUT CAN BE FRUSTRATING FOR PARENTS AND DAYCARE PROVIDERS THE TOUCHPOINTS APPROACH HELPS PARENTS AND DAYCARE PROVIDERS UNDERSTAND CHILDREN'S BEHAVIOR AND WATCH FOR THESE MOMENTS, OR "TOUCHPOINTS" THE TOUCHPOINTS INDIVIDUAL LEVEL TRAINING PROGRAM IS MADE UP OF SEVEN INDIVIDUALS FROM FIVE LOCAL ORGANIZATIONS THAT HAVE HAD THE FORTUNE OF BEING SENT TO TRAINING AT THE BRAZELTON TOUCHPOINTS CENTER IN BOSTON THROUGHOUT 2010-11, THE GROUP TRAINED 50 PEOPLE IN ONONDAGA COUNTY WHO WORK WITH CHILDREN AND FAMILIES ON THE TOUCHPOINTS APPROACH FOCUS IS ALSO ON MENTORING 300 PROVIDERS WHO HAVE ALREADY BEEN TRAINED TOUCHPOINTS IS BASED ON MORE THAN 60 YEARS OF WORK AND RESEARCH BY WORLD-RENOWNED PEDIATRICIAN DR T BERRY BRAZELTON AND THE BRAZELTON TOUCHPOINTS CENTER HE FOUNDED

Identifier	Return Reference	Explanation
OTHER PROGRAM SERVICES	FORM 990, PART III, LINE 4C	AFL-CIO COMMUNITY SERVICES LIAISON UNITED WAY ACTIVELY REACHES OUT TO EMPLOYEES AT WORKPLACES THAT WILL SOON BE CLOSING UNITED WAY STAFF CONTINUES TO WORK CLOSELY WITH AUTO WORKERS FROM THE MAGNA AUTO PLANT TO SURVEY THEM FOR SERVICES THEY WILL NEED OVER THE NEXT 18 MONTHS, AS THE PLANT ACTIVITY WINDS DOWN AND EVENTUALLY CLOSES STAFF WILL ALSO WORK CLOSELY WITH CNY WORKS AND THE ONONDAGA COUNTY DEPARTMENT OF LABOR COMMUNITY SERVICES LIAISON HELEN HUDSON SPENDS TIME WITH WORKERS WHO WILL SOON BE DISPLACED SHE MEETS WITH THEM INDIVIDUALLY TO HELP THEM PLAN FOR THE FUTURE AND LINKS THEM TO TRAININGS AT THE SYRACUSE WORKFORCE DEVELOPMENT CENTER IN PARTNERSHIP WITH THE GREATER SYRACUSE LABOR COUNCIL AND THE AFL-CIO HERE THEY LEARN TO WRITE RESUMES, GET EXPERIENCE INTERVIEWING, AND LEARN NEW SKILLS IN COMPUTERS AND A VARIETY OF LABOR TRADES SHE ALSO HELPS LINK THEM TO HUMAN SERVICE AGENCIES WHERE THEY CAN FIND HELP CENTRAL NEW YORK IS RICH IN PROGRAMS THAT OFFER A WIDE VARIETY OF SERVICES, BUT NAVIGATING THIS SYSTEM CAN BE OVERWHELMING IN PARTNERSHIP WITH THE GREATER SYRACUSE LABOR COUNCIL, UNITED WAY PRODUCES A GUIDE TO SERVICES FOR THE UNEMPLOYED THE GUIDE LISTS COUNSELING SERVICES, SUPPORTS FOR FINANCIAL, FOOD, ENERGY AND OTHER BASIC NEEDS, CONTACT INFORMATION FOR REDUCED-COST LEGAL ASSISTANCE AND LINKS TO HEALTH CLINICS AND HEALTH INSURANCE INFORMATION DONOR CHOICE EVERY YEAR IN OUR ANNUAL COMMUNITY FUNDRAISING CAMPAIGN, AND TRUE TO OUR MISSION TO MOBILIZE THE COMMUNITY TO IMPROVE PEOPLE'S LIVES, WE PROVIDE THE OPPORTUNITY FOR DONORS TO SUPPORT OTHER NONPROFIT ORGANIZATIONS INCLUDING UNITED WAYS WITHIN THE STATE AND NATIONALLY AS A COURTESY TO OUR DONORS WE PROCESS THOSE DONOR DESIGNATIONS HOWEVER, ALL AGENCIES RECEIVING DONOR DESIGNATIONS MUST ANNUALLY VERIFY COMPLIANCE WITH PROVISIONS OF THE USA PATRIOT ACT AND VERIFY THEY ARE AN AGENCY IN GOOD STANDING AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION NB DESIGNATED GIFTS DO NOT SUPPORT UNITED WAY'S COMMUNITY INITIATIVES OR AGENCY CAPACITY BUILDING EFFORTS, OUR SERVICES OR PARTNERSHIPS WHEN CHOOSING THIS OPTION, DONORS SHOULD RECOGNIZE THAT UNITED WAY DOES NOT PROVIDE OVERSIGHT OF THE FISCAL, MANAGEMENT, OR PROGRAMMATIC QUALITY OF AGENCIES SUPPORTED BY DONORS THROUGH THIS FUND

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD OF DIRECTORS BEFORE IT WAS FILED ALL DIRECTORS WERE EMAILED THE FORM 990, INVITED TO COMMENT ON IT TO THE PRESIDENT OR VICE PRESIDENT FOR FINANCE & OPERATIONS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION ANNUALLY REMINDS THE BOARD OF DIRECTORS AND STAFF OF THE CODE OF ETHICS, WHICH INCLUDES A SUBSTANTIAL POLICY ON CONFLICTS OF INTEREST, EACH YEAR WHEN THE MEMBERSHIP CERTIFICATION IS REVIEWED FOR UNITED WAY WORLDWIDE ALSO, DURING TIMES WHEN THE STAFF IS RECOMMENDING, AND THE BOARD OF DIRECTORS ARE APPROVING ORGANIZATIONS FOR FUNDING, ALL DIRECTORS ARE REMINDED TO ABSTAIN FROM VOTING IF THEY HAVE A CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE CEO'S COMPENSATION IS DETERMINED ANNUALLY BASED ON PERFORMANCE MEASURED TO ESTABLISHED GOALS THE CEO PREPARES A SELF-ASSESSMENT WHICH IS REVIEWED IN COMBINATION WITH EXECUTIVE COMMITEE AND BOARD INPUT BY THE BOARD CHAIR AND SENIOR VICE CHAIR COMMUNITY SALARY SURVEY INFORMATION IS INCORPORATED INTO THE DECISION MATRIX DURING THE ANNUAL BUDGET PROCESS, THE BOARD OF DIRECTORS APPROVES A MAXIMUM PERCENT OF SALARY INCREASE THAT MAY BE GIVEN TO EACH EMPLOYEE EMPLOYEES OF THE ORGANIZATION RECEIVE AN ANNUAL REVIEW AT THE TIME OF THIS REVIEW, COMPENSATION IS DISCUSSED AND EMPLOYEES MAY RECEIVE AN INCREASE IN THEIR SALARY UP TO THE MAXIMUM LEVEL APPROVED BY THE BOARD OF DIRECTORS DURING THE ANNUAL BUDGET PROCESS

Identifier	Return Reference	Explanation
	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 VICE PRESIDENT OF FINANCE OTHER GOVERNANCE DOCUMENTS , SUCH AS ARTICLES OF INCORPORATION, BY-LAWS, CODE OF ETHICS, AND THE IRS STATUS LETTER, MAY ALSO BE REQUESTED FROM THE UNITED WAY OF CNY, INC ATTN VICE PRESIDENT OF FINANCE, PO BOX 2129, SYRACUSE, NY 13220

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 498,810

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION ABOUT EDUCATION FOCUS AREA PART I	FORM 990, PART III, LINE 4A	PROGRAMS SUPPORTED UNDER THE EDUCATION FOCUS AREA INCLUDE BOYS & GIRLS CLUBS OF SYRACUSE PROGRAM NAME AFTER SCHOOL PROGRAM (6-12) IMMEDIATELY AFTER SCHOOL, CHILDREN AGES 6-12 PARTICIPATE IN YOUTH DEVELOPMENT PROGRAMMING AT THE BOYS & GIRLS CLUBS WHERE THEY RECEIVE EDUCATION AND LITERACY INSTRUCTION PROVIDED BY CERTIFIED TEACHERS, REINFORCED BY FUN, HIGH-IMPACT ENRICHMENT ACTIVITIES THAT INCLUDE LEADERSHIP DEVELOPMENT, MENTORING, RECREATION, THE ARTS, HEALTH & FITNESS CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME ELEMENTARY PROGRAM THE ELEMENTARY PROGRAM SERVES CHILDREN AGES 5 TO 12 IN FOUR DISADVANTAGED SYRACUSE NEIGHBORHOODS THE PROGRAM PROVIDES 850 CHILDREN WITH SAFE, SUPERVISED PLACES TO GO AFTER SCHOOL, DURING SCHOOL HOLIDAYS AND IN THE SUMMER THAT OFFER THEM POSITIVE ROLE MODELS AND HELPS THEM USE THEIR FREE TIME CONSTRUCTIVELY CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME PARENT EDUCATION THE PARENT EDUCATION PROGRAM UTILIZES EVIDENCE-BASED CURRICULUM EITHER IN THE HOME OR CLASSROOM SETTING IN ORDER TO TEACH PARENTS PARENTING AND LIVING SKILLS TO CREATE A HOME ENVIRONMENT WHERE CHILDREN THRIVE, GAIN NEW SKILLS AND HAVE THE OPPORTUNITY TO BECOME SUCCESSFUL ADULTS THROUGH WEEKLY IN-HOME VISITATION PARENTS ARE COACHED, MENTORED AND TAUGHT THE IDENTIFIED SKILLS PARTICIPATION IN ACCESSIBLE PARENTING COURSES FURTHER INCREASES THE PARENTAL MASTERY NECESSARY TO SUPPORT A CHILD'S DEVELOPMENT CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME PRESCHOOL PROGRAM THE PRESCHOOL PROGRAM PROVIDES NO-COST, HIGH QUALITY, CHILD-CENTERED EARLY CHILDHOOD EDUCATION OPPORTUNITIES FOR CHILDREN AGES THREE TO FIVE IN ECONOMICALLY DISADVANTAGED NEIGHBORHOODS IN THE CITY OF SYRACUSE THE GOAL OF THE PROGRAM IS TO PREPARE CHILDREN FOR KINDERGARTEN READINESS AND PROVIDE A SOLID FOUNDATION FOR GROWTH AND LEARNING CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME REFUGEE YOUTH AND FAMILY SUPPORT THE REFUGEE YOUTH AND FAMILY SUPPORT PROJECT SERVES CHILDREN AND TEENS WHOSE FAMILIES HAVE ARRIVED IN SYRACUSE AS REFUGEES THE PROGRAM OFFERS POSITIVE ROLE MODELS, ORIENTATION TO THE AMERICAN SCHOOL SYSTEM, ACADEMIC ENRICHMENT ACTIVITIES, RECREATIONAL AND SOCIAL ACTIVITIES CENTER FOR COMMUNITY ALTERNATIVES, INC PROGRAM NAME STRATEGIES FOR SUCCESS THE STRATEGIES FOR SUCCESS PROGRAM PROVIDES COMPREHENSIVE TRANSITIONAL SUPPORT THAT ASSISTS SUSPENDED MIDDLE-SCHOOL YOUTH, WHO ATTEND THE SYRACUSE CITY SCHOOL DISTRICT'S ALTERNATIVE CLASSROOMS, WITH THEIR SUCCESSFUL TRANSITION BACK TO MAINSTREAM SCHOOL THIS ASSISTANCE IS PROVIDED THROUGH THERAPEUTIC CASE MANAGEMENT, SCHOOL- BASED ADVOCACY AND FAMILY SUPPORT CHILD CARE SOLUTIONS PROGRAM NAME COMMUNITY CHILD CARE SCHOLARSHIP FUND THE COMMUNITY CHILD CARE SCHOLARSHIP PROGRAM PROVIDES FINANCIAL ASSISTANCE TO HELP MODERATE-INCOME WORKING PARENTS IN ONONDAGA COUNTY ENROLL THEIR CHILDREN IN NEW YORK STATE REGULATED CHILD CARE CENTERS CHILDREN'S CONSORTIUM PROGRAM NAME JUST FOR TEENS THE JUST FOR TEENS PROGRAM FOCUSES ON INCREASING HIGH SCHOOL GRADUATION RATES, REDUCING ABUSE AND NEGLECT OF CHILDREN AND INCREASING HEALTHY OUTCOMES FOR TEENS AND THEIR NEWBORNS THE PROGRAM TARGETS ISSUES TEEN PARENTS FACE INCLUDING FUNDAMENTAL PARENTING SKILLS, BONDING WITH YOUR CHILD, RELATIONSHIPS AND PERSONAL WELL-BEING CHILDREN'S CONSORTIUM PROGRAM NAME READY, SET, PARENT! READY, SET, PARENT! FOCUSES ON IMPROVING NEWBORN HEALTH, INCREASING EARLY LITERACY, ADVANCING SOCIAL-EMOTIONAL DEVELOPMENT AND PREVENTING CHILD ABUSE OR NEGLECT THE PROGRAM SERVICES BEGIN IN CROUSE HOSPITAL AND CONTINUE THROUGHOUT ONONDAGA COUNTY CONTACT COMMUNITY SERVICES, INC PROGRAM NAME PRIMARY PROJECT PRIMARY PROJECT IS A SCHOOL-BASED PREVENTION AND EARLY INTERVENTION PROGRAM THAT PROVIDES DEVELOPMENTALLY APPROPRIATE CHILD-LED PLAY FOR SYRACUSE CITY SCHOOL DISTRICT STUDENTS ENROLLED IN KINDERGARTEN THROUGH GRADE THREE WHO HAVE BEEN IDENTIFIED AS AT-RISK FOR SCHOOL MALADJUSTMENT AND/OR FAILURE A PARTNERSHIP BETWEEN SCSD AND THE PRIMARY PROJECT PROVIDES SERVICES TO HELP IDENTIFIED STUDENTS BECOME MORE EMOTIONALLY RESILIENT, DEVELOP BETTER SOCIAL SKILLS, AND IMPROVE SCHOOL ADJUSTMENT AND PERFORMANCE CONTACT COMMUNITY SERVICES, INC PROGRAM NAME SOCIAL AND EMOTIONAL LEARNING SYSTEMS PROJECT THE SOCIAL AND EMOTIONAL LEARNING SYSTEMS PROJECT ADDRESSES BARRIERS TO STUDENTS' LEARNING AND PERFORMANCE USING A MULTI-LEVEL SYSTEMS APPROACH TARGETING EDUCATORS, YOUTH SERVICE AND MENTAL HEALTH PROVIDERS, PARENTS AND STUDENTS THE PROJECT CREATES OPPORTUNITIES FOR THE EDUCATION AND MENTAL HEALTH SYSTEMS TO INTEGRATE THEIR APPROACHES TO BETTER RESPOND TO THE SOCIAL, EMOTIONAL AND MENTAL HEALTH NEEDS OF STUDENTS SO THEY CAN ACHIEVE THEIR FULL POTENTIAL IN SCHOOL AND LIFE CONTACT COMMUNITY SERVICES, INC PROGRAM NAME WAY TO GO GRADUATION INITIATIVE THE WAY TO GO GRADUATION INITIATIVE PROVIDES COMPREHENSIVE YOUTH DEVELOPMENT SERVICES TO ECONOMICALLY DISADVANTAGED YOUTH AGES 13-20, RESIDING IN THE CITY OF SYRACUSE, WHO ARE AT RISK OF DROPPING OUT OF SCHOOL OR ARE REENTERING SCHOOL AFTER DROPPING OUT THE PROGRAM HELPS PARTICIPATING YOUTH SUCCEED IN SCHOOL BY ADDRESSING FACTORS ASSOCIATED WITH DROPPING OUT SUCH AS POOR ACADEMIC PERFORMANCE, HIGH-RISK BEHAVIORS, AND EXTERNAL AND FAMILY-RELATED ISSUES HILLSIDE WORK-SCHOLARSHIP CONNECTION PROGRAM NAME HILLSIDE WORK-SCHOLARSHIP CONNECTION HILLSIDE WORK-SCHOLARSHIP CONNECTION WORKS WITH MIDDLE AND HIGH SCHOOL STUDENTS IN THE SYRACUSE CITY SCHOOL DISTRICT THE PROGRAM ENGAGES STUDENTS AT-RISK OF DROPPING OUT OF HIGH SCHOOL, PAIRS THEM WITH A PROFESSIONAL YOUTH ADVOCATE WHO SERVES AS A MENTOR, AND HELPS TO ENSURE A SUCCESSFUL HIGH SCHOOL GRADUATION ADDITIONALLY, STUDENTS WHO QUALIFY ACADEMICALLY ARE TRAINED AND PLACED IN AFTER-SCHOOL/SUMMER JOBS HUNTINGTON FAMILY CENTERS, INC PROGRAM NAME FAMILY SUPPORT THE FAMILY SUPPORT PROGRAM IS A YEAR-ROUND PARENT EDUCATION PROGRAM THAT PROVIDES A MULTITUDE OF LEARNING OPPORTUNITIES INCLUDING PARENT EDUCATION, BASIC LIFE SKILLS, SOCIAL SKILLS DEVELOPMENT, TEACHING PROACTIVE RESPONSES, AND HELPING PROMOTE AWARENESS AND ACCESS TO COMMUNITY RESOURCES AND SERVICES HUNTINGTON FAMILY CENTERS, INC PROGRAM NAME H O P E - HUNTINGTON OBSERVATION AND PARENT EDUCATION THE HOPE (HUNTINGTON OBSERVATION AND PARENT EDUCATION) PROGRAM IS A FAMILY REUNIFICATION PROGRAM THAT PROVIDES SUPERVISED VISITATION WITH PRE/POST-VISIT COUNSELING FOR PARENTS WHOSE CHILDREN ARE IN FOSTER CARE THE PROGRAM OFFERS PARENTS STRUCTURED FEEDBACK, CURRICULUM-BASED INSTRUCTION AND ON-GOING SUPPORT IN ORDER TO ACHIEVE PERMANENCY FOR THEIR CHILDREN IN FOSTER CARE SERVICES ARE PROVIDED TO EXPEDITE FAMILY REUNIFICATION WHENEVER POSSIBLE AND INCLUDE AFTER CARE SERVICES TO CHILDREN WHO ARE DISCHARGED FROM FOSTER CARE HUNTINGTON FAMILY CENTERS, INC PROGRAM NAME PRE-SCHOOL THE PRESCHOOL PROGRAM ENGAGES CHILDREN FROM EIGHTEEN MONTHS TO FIVE YEARS OLD IN AN EXCITING, HIGH QUALITY EDUCATIONAL PROGRAM DESIGNED TO MEET THEIR COGNITIVE, SOCIAL, EMOTIONAL AND PHYSICAL NEEDS IT IS A LOW COST PROGRAM SPECIFICALLY DESIGNED TO PROMOTE BALANCE AND EQUALITY OF EDUCATIONAL RESOURCES FOR THOSE CHILDREN WHO ARE SOCIALLY, ECONOMICALLY, OR DEVELOPMENTALLY DISADVANTAGED SPECIAL EVENTS, FIELDTRIPS, AND PREPLANNED LITERACY ACTIVITIES FOSTER PARENTAL INVOLVEMENT AND FAMILY INTERACTION INTERFAITH WORKS PROGRAM NAME COMMUNITY WIDE DIALOGUE TO END RACISM COMMUNITY WIDE DIALOGUE WORKS WITH ADULTS AND YOUTH FROM DIVERSE BACKGROUNDS TO BREAKDOWN STEREOTYPES, BUILD TRUST AND BRIDGE DIFFERENCES FOR ETHNIC AND CULTURAL UNDERSTANDING, THEREBY HEALING RACIAL TENSIONS, IMPROVING THE SCHOOL, WORKPLACE, AND COMMUNITY CLIMATE AND BRINGING FORTH ACTION FOR RACIAL JUSTICE THE DIALOGUES OPERATE IN SETTINGS THAT ARE SAFE AND AGE-APPROPRIATE, WITH TRAINED ADULT AND TEEN FACILITATORS GUIDING THE DISCUSSIONS TO FOSTER CIVIC AND SOCIAL AWARENESS, INFLUENCE BEHAVIOR CHANGE AND ADDRESS STRUCTURAL RACISM LEARNING DISABILITIES ASSOCIATION OF CNY PROGRAM NAME LEARNING WITHOUT BORDERS LEARNING WITHOUT BORDERS PROVIDES SUPPORT FOR AT-RISK YOUTH AGES 12-15, WITH LEARNING DISABILITIES (LD), ADHD AND RELATED DISORDERS AND FOR THEIR FAMILIES LEARNING WITHOUT BORDERS PROVIDES EDUCATIONAL CONSULTING, SOCIAL AND LIFE SKILLS TRAINING, SELF-ADVOCACY INSTRUCTION, RECREATIONAL ACTIVITIES, CAREER EXPLORATION AND ACADEMIC INSTRUCTION LITERACY VOLUNTEERS OF GREATER SYRACUSE PROGRAM NAME ENGLISH LANGUAGE FOR REFUGEES THE ENGLISH LANGUAGE FOR REFUGEES PROGRAM PROVIDES ENGLISH INSTRUCTION TO ADULTS WITH EXTREMELY LIMITED LITERACY SKILLS THIS PROGRAM PROVIDES ENGLISH INSTRUCTION IN SMALL GROUPS SUPPLEMENTED WITH ONE-TO-ONE VOLUNTEER TUTORING

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION ABOUT EDUCATION FOCUS AREA PART II	FORM 990, PART III, LINE 4A	ON POINT FOR COLLEGE, INC PROGRAM NAME COLLEGE ACCESS & SUCCESS ON POINT FOR COLLEGE INFORMS LOWER-INCOME AND FIRST GENERATION COLLEGE YOUTH THAT COLLEGE IS POSSIBLE, ADDRESSING THEIR FINANCIAL, ACADEMIC, AND SOCIO-CULTURAL CONCERNS THE PROGRAM OFFERS BOTH FINANCIAL AND GUIDANCE SUPPORTS FROM COLLEGE APPLICATION TO COLLEGE GRADUATION WITH COLLEGE VISITS, FINANCIAL AID AND COLLEGE APPLICATION COUNSELING, BASIC COLLEGE SUPPLIES, LAST DOLLAR GRANTS FOR BASIC NEEDS, TEXTBOOKS AND HOUSING DEPOSITS, INCLUDING FOLLOW-UP SUPPORT PEOPLE'S EQUAL ACTION AND COMMUNITY EFFORT, INC PROGRAM NAME BIG BROTHERS BIG SISTERS THE BIG BROTHERS BIG SISTERS PROGRAM SEEKS TO PROVIDE AN ADULT MENTOR TO EVERY CHILD AGES SIX TO TWELVE YEARS OLD IN ONONDAGA COUNTY WHO WANTS OR NEEDS ONE MENTORS HELP CHILDREN BECOME COMPETENT, CONFIDENT AND CARING INDIVIDUALS MENTORING CAN CONTINUE THROUGH THE PROGRAM UNTIL THE CHILD REACHES AGE 18 SALVATION ARMY, SYRACUSE AREA SERVICES PROGRAM NAME CHILD DAY CARE SERVICES THE CHILD DAY CARE SERVICES PROGRAM PROVIDE QUALITY CHILDCARE FOR LOWER-INCOME FAMILIES AT THREE LICENSED DAY CARE CENTERS LOCATED IN THE DOWNTOWN AREA OF SYRACUSE THE PROGRAM'S FOCUS IS TO OFFER LOWER-INCOME FAMILIES ACCESS TO QUALITY CHILDCARE AS WELL AS PROMOTING THE DEVELOPMENT OF CHILDREN IN A SAFE AND NURTURING ENVIRONMENT SALVATION ARMY, SYRACUSE AREA SERVICES PROGRAM NAME FAMILY PLACE THE FAMILY PLACE PROGRAM PROVIDES A CONTINUUM OF SERVICES TO BIRTH PARENTS AND THEIR CHILDREN WHO ARE IN FOSTER CARE PROGRAM COMPONENTS INCLUDE COMPREHENSIVE CLINICAL ASSESSMENT, SUPERVISED VISITATION, TRANSPORTATION FOR CHILDREN, PARENT COACHING, AND PRE- AND POST-VISIT COUNSELING ALL SERVICES ARE DESIGNED TO ASSIST PARENTS IN MAKING SIGNIFICANT CHANGES THAT WILL ENABLE THEIR CHILDREN TO RETURN HOME FROM FOSTER CARE FAMILY PLACE SERVES COMPLEX FAMILIES WHO STRUGGLE WITH CHRONIC POVERTY, MENTAL HEALTH ISSUES, SUBSTANCE ABUSE OR DOMESTIC VIOLENCE SPANISH ACTION LEAGUE OF ONONDAGA COUNTY, INC PROGRAM NAME NUESTRO FUTURO THE NUESTRO FUTURO AFTER-SCHOOL PROGRAM IS AN ACADEMIC/SOCIAL SKILL-BASED TUTORING AND MENTORING PROGRAM FOR HISPANIC STUDENTS IN KINDERGARTEN THROUGH 8TH GRADE IT AIMS TO REDUCE THE HIGH HISPANIC YOUTH DROPOUT RATE IN THE SYRACUSE CITY SCHOOL DISTRICT

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION ABOUT HEALTH FOCUS AREA PART I	FORM 990, PART III, LINE 4A	PROGRAMS SUPPORTED UNDER THE HEALTH FOCUS AREA INCLUDE AIDS COMMUNITY RESOURCES, INC PROGRAM NAME SAFETY FIRST HEALTH OUTREACH PROJECT THE SAFETY FIRST HEALTH OUTREACH PROJECT IS A COMPREHENSIVE, MULTI-SITE STREET-BASED PREVENTION EDUCATION PROGRAM THIS PROJECT PROVIDES PREVENTION EDUCATION OUTREACH, ONE-ON-ONE RISK-REDUCTION COUNSELING, MOBILE HIV AND STD TESTING, CASE MANAGEMENT AND REFERRALS WITH THE GOAL OF PREVENTING THE SPREAD OF STDS (INCLUDING HIV), HEPATITIS AND SUBSTANCE USE AMONG INDIVIDUALS RESIDING AND GATHERING IN SYRACUSE AIDS COMMUNITY RESOURCES, INC PROGRAM NAME TEEN AIDS TASK FORCE THE TEEN AIDS TASK FORCE IS A YOUTH AND YOUNG ADULT DRIVEN, PEER EDUCATION INITIATIVE THAT EQUIPS YOUTH AND YOUNG ADULTS WITH THE INFORMATION AND SKILLS NEEDED TO UNDERSTAND AND PREVENT THE SPREAD OF HIV/STDS WHILE PROMOTING POSITIVE BEHAVIORAL CHANGE AND SEXUAL HEALTH THE PROGRAM ALSO PROVIDES COMPREHENSIVE HIV/STD PREVENTION EDUCATION, GIVING YOUTH AND YOUNG ADULTS LIFELONG SKILLS NEEDED TO PRACTICE ALTERNATIVES TO RISKY BEHAVIORS WHILE PROMOTING POSITIVE SOCIAL DEVELOPMENT AIDS COMMUNITY RESOURCES, INC PROGRAM NAME THE Q CENTER @ ACR THE Q CENTER @ ACR IS DESIGNED TO EMPOWER LESBIAN, GAY, BISEXUAL, TRANSGENDERED, QUEER AND QUESTIONING YOUTH TO COMBAT THE EFFECTS OF STIGMA IN THEIR OWN LIVES AND TO STRIVE FOR SUCCESS AS WELL AS TO ACTIVELY WORK TO REDUCE THAT STIGMA IN THE LARGER COMMUNITY THE Q CENTER PROVIDES COMPREHENSIVE PROGRAMMING IN SUPPORT OF LGBTQ YOUTH, THEIR ALLIES, AND THE CHILDREN OF LGBTQ PARENTS THROUGH WEEKLY YOUTH GROUPS, EDUCATIONAL PROGRAMS, ART WORKSHOPS, ACADEMIC SUPPORT AND COUNSELING ARISE CHILD AND FAMILY SERVICE, INC PROGRAM NAME CHILD ABUSE PREVENTION SERVICES (CAPS) THE CHILD ABUSE PREVENTION SERVICES PROGRAM PROVIDES AN EFFECTIVE RESPONSE TO THE PREVENTION AND TREATMENT OF CHILD ABUSE THROUGH THERAPY, PSYCHO-EDUCATION, AND THE COLLABORATION OF SYSTEMS THAT INCREASE THE FAMILY'S ABILITY TO PROVIDE A SAFE, NURTURING ENVIRONMENT FOR CHILDREN TO SUPPORT THEIR HEALTHY EMOTIONAL, PHYSICAL AND SOCIAL DEVELOPMENT AURORA OF CENTRAL NEW YORK, INC PROGRAM NAME COMMUNITY LIVING SKILLS PROGRAM FOR PEOPLE WITH VISION/HEARING LOSS AURORA'S COMMUNITY LIVING SKILLS PROGRAM ASSISTS INDIVIDUALS OF ALL AGES WHO ARE BLIND, VISUALLY IMPAIRED, DEAF OR HARD-OF-HEARING TO REMAIN INDEPENDENT, SAFE AND PRODUCTIVE IN THEIR HOMES AND THE COMMUNITY BY PROVIDING SUPPORT, RESOURCES AND SPECIALIZED TRAINING PROGRAM PARTICIPANTS LEARN SKILLS FOR COPING, ADJUSTMENT TO VISION/HEARING LOSS, SAFE TRAVEL, HOUSEHOLD MANAGEMENT AND ACTIVITIES OF DAILY LIVING TO ACHIEVE THEIR GOALS FOR INDEPENDENCE AND OVERALL WELL-BEING CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME BETTER BEGINNINGS THE BETTER BEGINNINGS PROGRAM IS SPECIALIZED FAMILY-FOCUSED HOME VISITATION PSYCHOTHERAPY PROGRAM THAT SERVES PARENTS WHO HAVE BEEN DIAGNOSED WITH CHRONIC MENTAL HEALTH PROBLEMS AND ARE EXPERIENCING DIFFICULTY IN PARENTING THEIR CHILDREN LESS THAN FIVE YEARS OF AGE THE PROGRAM PROVIDES INDIVIDUAL AND FAMILY THERAPY IN CONJUNCTION WITH CHILD DEVELOPMENT AND PARENTING EDUCATION CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME ELDERLY SERVICES THE ELDERLY SERVICES PROGRAM PROVIDES THOSE SERVICES WHICH ALLOW ELDERS TO REMAIN LIVING SAFELY AND INDEPENDENTLY IN THE COMMUNITY THE ELDERLY SERVICES PROGRAM PROVIDES A CONTINUUM OF SERVICES TO MEET BASIC NEEDS STARTING WITH INFORMATION AND REFERRAL SERVICES AND ALSO INCLUDING HOME REPAIRS, FINANCIAL AND CASE MANAGEMENT, TRANSPORTATION, SOCIALIZATION, AND VOLUNTEER OPPORTUNITIES CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME HEALTHY TEENS/HEALTHY BABIES THE HEALTHY TEENS/HEALTHY BABIES PROGRAM PROVIDES PRE-NATAL, LABOR AND DELIVERY EDUCATION AND NEWBORN CARE PARENTING COURSES AND SPECIALIZED PROFESSIONAL THERAPY TO PREGNANT AND PARENTING TEENAGERS LIVING IN THE CITY OF SYRACUSE WHO ARE AT RISK OF POOR BIRTH OUTCOMES, POST-PARTUM DEPRESSION AND OTHER MENTAL HEALTH DISORDERS THE OBJECTIVE IS TO ENSURE THAT PARTICIPANTS DELIVER HEALTHY BABIES AND RAISE THEIR INFANTS IN SAFE, HEALTHY AND NURTURING ENVIRONMENTS CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME PSYCHOTHERAPY PROGRAM THE PSYCHOTHERAPY PROGRAM PROVIDES ACCESSIBLE COMMUNITY-BASED MENTAL HEALTH SERVICES TO INDIVIDUALS STRUGGLING WITH MENTAL ILLNESS, UNPRODUCTIVE BEHAVIORS AND THE NEGATIVE CONSEQUENCES OF STRESS, VIOLENCE AND TRAUMA SERVICES FOCUS ON MAXIMIZING ACCESS TO SPECIFIC, AT-RISK POPULATIONS BY DELIVERING SERVICES AT CONVENIENT COMMUNITY-BASED SETTINGS CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME TEEN PROGRAM THE TEEN PROGRAM SERVES YOUTH AGES 13 TO 18 WHO RESIDE IN TARGETED AREAS WITHIN THE CITY OF SYRACUSE THE PROGRAM PROVIDES TEENAGERS WITH SAFE, SUPERVISED PLACES TO PARTICIPATE IN EDUCATIONAL, RECREATIONAL AND SKILL-BUILDING ACTIVITIES, AND PROVIDES THEM WITH POSITIVE ROLE MODELS THE TEEN PROGRAM IS DESIGNED TO REDUCE RISKY BEHAVIORS THAT PROHIBIT TEENS FROM BEING SUCCESSFUL IN ADULTHOOD AND DEMONSTRATING POSITIVE OUTCOMES CENTER FOR COMMUNITY ALTERNATIVES, INC PROGRAM NAME ALTERNATIVES A VIOLENCE PREVENTION AND PEER LEADERSHIP PROGRAM THE ALTERNATIVES PROGRAM PROVIDES VIOLENCE PREVENTION TRAINING, PEER LEADERSHIP DEVELOPMENT, AND WORK OPPORTUNITIES FOR YOUTH WHO HAVE BEEN SUSPENDED FROM MAINSTREAM SCHOOL AND ATTEND THE SYRACUSE CITY SCHOOL DISTRICT'S ALTERNATIVE SCHOOL PLACEMENT SITES VIOLENCE PREVENTION TRAINING FOR THE FAMILIES OF THE YOUTH IN THE PROGRAM IS ALSO PROVIDED CONTACT COMMUNITY SERVICES, INC PROGRAM NAME ACKNOWLEDGING, ACCEPTING, AND ALLEVIATING ANGER THE ACKNOWLEDGING, ACCEPTING, & ALLEVIATING ANGER IS A SIX-WEEK TRAINING PROGRAM THAT UTILIZES AN EVIDENCE-BASED CURRICULUM TO TEACH ADULTS HOW TO MANAGE AND EXPRESS THEIR ANGER IN CONSTRUCTIVE AND HEALTHY WAYS CONTACT COMMUNITY SERVICES, INC PROGRAM NAME CHILDREN 1ST' CHILDREN 1ST' IS A CLASS FOR PARENTS INVOLVED IN DIVORCE, SEPARATION, OR CUSTODY DISPUTES THE PRIMARY GOAL OF THE PROGRAM IS TO TEACH PARENTS WAYS THEY CAN REDUCE THE STRESS OF FAMILY CHANGES AND PROTECT THEIR CHILDREN FROM THE NEGATIVE EFFECTS OF ONGOING PARENTAL CONFLICT IN ORDER TO FOSTER AND PROMOTE THEIR CHILDREN'S HEALTHY ADJUSTMENT AND DEVELOPMENT CERTIFIED, TRAINED PROFESSIONALS COVER TOPICS INCLUDING ADULT EMOTION/PSYCHOLOGY, CHILD EMOTION/PSYCHOLOGY, AND THE LEGAL PROCESS/ALTERNATIVES CONTACT COMMUNITY SERVICES, INC PROGRAM NAME SUCCESS THROUGH EARLY PREVENTION (S T E P) THE SUCCESS THROUGH EARLY PREVENTION PROGRAM IS A SHORT-TERM, ALTERNATIVE EDUCATION PROGRAM FOR SYRACUSE CITY SCHOOL DISTRICT STUDENTS ENROLLED IN GRADES FOUR THROUGH SIX WHO DEMONSTRATE PERSISTENT BEHAVIOR PROBLEMS THAT INTERFERE WITH CLASSROOM INSTRUCTION WITHIN THE GENERAL EDUCATION SETTING THROUGH SPECIFIC BEHAVIOR INTERVENTION STRATEGIES, MENTAL HEALTH SERVICES AND DIFFERENTIATED LEARNING APPROACHES, THESE STUDENTS ARE PROVIDED THE SKILLS NECESSARY TO IMPROVE THEIR BEHAVIOR AND ENHANCE THEIR POTENTIAL FOR ACADEMIC SUCCESS WHILE BUILDING POSITIVE PARTNERSHIPS WITH PARENTS, SCHOOLS AND OTHER SUPPORTS ELMCREST CHILDREN'S CENTER PROGRAM NAME FAMILY TRANSITIONS THE FAMILY TRANSITIONS PROGRAM IS A COMMUNITY-BASED TREATMENT PROGRAM THAT PROVIDES SPECIALIZED SEXUAL ABUSE TREATMENT TO CHILDREN AND FAMILIES AFFECTED BY SEXUAL ABUSE TREATMENT ENTAILS INDIVIDUAL, GROUP AND FAMILY THERAPY FOR ADOLESCENTS WHO HAVE CAUSED SEXUAL HARM TO OTHER CHILDREN, CHILDREN WHO ARE SEXUALLY REACTIVE AND/OR CHILDREN WHO HAVE BEEN SEXUALLY ABUSED ADDITIONALLY, THE PROGRAM WORKS WITH THE ENTIRE FAMILY INCLUDING SIBLINGS WHO ARE INDIRECTLY AFFECTED BY THE ABUSE EXCEPTIONAL FAMILY RESOURCES PROGRAM NAME FAMILY RESPITE SERVICES THE FAMILY RESPITE SERVICES PROGRAM ADDRESSES THE PROVEN NEED FOR A BRIEF RESPITE FOR FAMILIES THAT INCLUDE A CHILD WITH A DISABILITY OR SPECIAL NEEDS FAMILY RESPITE SERVICES ACCOMPLISHES THIS BY PROVIDING RELIABLE AND QUALITY CHILDCARE FOR THE CHILD OR CHILDREN WITH DISABILITIES AS WELL AS THEIR SIBLINGS CHILDREN WITH SPECIAL NEEDS ARE AT RISK FOR ABUSE PARTICULARLY BY OVERSTRESSED PARENTS WHO ARE NOT OFFERED A BREAK FROM CAREGIVING THE PROGRAM SUPPORTS NOT JUST THE CHILD BUT THE ENTIRE FAMILY TO PREVENT THIS ABUSE FROM TAKING PLACE GIRL SCOUTS OF NYPENN PATHWAYS, INC PROGRAM NAME GIRL SCOUT LEADERSHIP EXPERIENCE INNER-CONNECTIONS THE INNER-CONNECTIONS PROGRAM WAS ESTABLISHED FOR ECONOMICALLY DISADVANTAGED, AT-RISK GIRLS IN KINDERGARTEN THROUGH GRADE 12 LIVING WITHIN THE CITY OF SYRACUSE THE PURPOSE OF THE PROGRAM IS TO PROVIDE THIS TYPICALLY UNDERSERVED POPULATION OF GIRLS WITH SAFE, SUPPORTIVE, OUT-OF-SCHOOL ENVIRONMENTS WHERE THEY CAN DISCOVER NEW INTERESTS AND ABILITIES, CONNECT WITH PEERS AND POSITIVE ADULT MENTORS, AND LEARN HOW THEY CAN TAKE ACTION TO BECOME LEADERS OF CHANGE

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION ABOUT HEALTH FOCUS AREA PART II	FORM 990, PART III, LINE 4A	HILLSIDE CHILDREN'S CENTER PROGRAM NAME CUSTOMIZED COMMUNITY SERVICES THE CUSTOMIZED COMMUNITY SERVICES PROGRAM IS AN EARLY INTERVENTION PROGRAM THAT HELPS YOUTH WITH EMOTIONAL, BEHAVIORAL, AND MENTAL HEALTH ISSUES TO LEARN NEW SKILLS AND TO BUILD UPON THEIR STRENGTHS IN ORDER TO BE MORE SUCCESSFUL IN THEIR HOME, SCHOOL, AND COMMUNITY THE PROGRAM PROVIDES SKILL-BUILDING FOR YOUTH AND FAMILIES AS WELL AS CRISIS PREVENTION RESPITE SERVICES THROUGH INDIVIDUAL AND GROUP ACTIVITIES, YOUTH LEARN AND PRACTICE NEW METHODS TO ENHANCE THEIR EVERYDAY FUNCTIONING HUNTINGTON FAMILY CENTERS, INC PROGRAM NAME CLOVER CORNER CLOVER CORNER SENIOR CENTER IS A MULTI-PURPOSE PROGRAM DESIGNED TO OFFER OLDER ADULTS OF ALL ABILITIES SOCIALIZATION, INFORMATION, EDUCATION, NUTRITION AND LEISURE TIME ACTIVITIES IN ORDER TO MAINTAIN PHYSICAL AND MENTAL WELL-BEING THIS PROGRAM PROVIDES CONTACT WITH OTHER SENIORS IN THE COMMUNITY PROVIDING PEER SUPPORT, FOSTERING FRIENDSHIPS AND LESSENING FEELINGS OF ISOLATION POSITIVE RELATIONSHIPS WITH STAFF ARE DEVELOPED ALLOWING SENIORS FURTHER RESOURCES AND SUPPORT HUNTINGTON FAMILY CENTERS, INC PROGRAM NAME YOUTH PROGRAMS (YOUTH, TEEN AND OUTREACH) THE YOUTH DEVELOPMENT PROGRAM OFFERS YEAR ROUND, SAFE, STRUCTURED PROGRAMMING FOR YOUTH AGES 5 TO 19 THE PROGRAM PROVIDES AFTERSCHOOL, SUMMER, AND ENRICHMENT PROGRAMMING IN A SAFE, STIMULATING ENVIRONMENT WHERE YOUTH CAN FORM HEALTHY RELATIONSHIPS, RECEIVE ACADEMIC SUPPORT AND TUTORIAL ASSISTANCE, AND FOSTER ASSET DEVELOPMENT A FREE, FULL-DAY SUMMER PROGRAM IS OFFERED FOR YOUTH AND TEENS FOR SIX WEEKS ADDITIONALLY, A YOUTH RESOURCE/OUTREACH COMPONENT PROVIDES INTENSIVE OUTREACH, SUPPORT AND CASE MANAGEMENT SERVICES TO YOUTH AGES 11-19 THAT ARE AT HIGH RISK FOR SCHOOL FAILURE, JUVENILE DELINQUENCY AND INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM INTERFAITH WORKS PROGRAM NAME SENIOR COMPANION PROGRAM THE SENIOR COMPANION PROGRAM PROVIDES UNIQUE COMMUNITY-BASED SUPPORT TO FRAIL, HOMEBOUND, ELDERLY WHO NEED ASSISTANCE IN ORDER TO LIVE INDEPENDENTLY AND STAY IN THEIR OWN HOMES SENIOR COMPANIONS SERVE A VITAL FUNCTION BY PROVIDING FRIENDSHIP, UNDERSTANDING AND DAILY ASSISTANCE TO OLDER ADULTS BY SHARING THEIR TIME AND TALENTS, COMPANIONS EASE LONELINESS AND BUILD MEANINGFUL RELATIONSHIPS THAT REDUCE THE INCIDENCE OF ISOLATION AND DEPRESSION WHICH IS COMMON RISKS FOR MORTALITY AND INSTITUTIONALIZATION SENIOR COMPANIONS PROVIDE CRITICAL SOCIAL, RECREATIONAL, HOME MANAGEMENT, AND ADVOCACY SERVICES TO THE FRAIL ELDERLY IN A COST-EFFECTIVE MANNER THAT IS BOTH INDIVIDUALIZED AND SELF-DIRECTED MCMAHON/RYAN CHILD ADVOCACY SITE PROGRAM NAME MENTAL HEALTH SERVICES FOR CHILD ABUSE VICTIMS THE MENTAL HEALTH SERVICES FOR CHILD ABUSE VICTIMS PROGRAM INCREASES AND ENHANCES THE AVAILABILITY OF PROMPT EVIDENCE-BASED TRAUMA-INFORMED MENTAL HEALTH ASSESSMENT, INTERVENTION, AND CENTRALIZED COORDINATION OF MENTAL HEALTH REFERRALS FOR CHILDREN IN SYRACUSE WHO HAVE BEEN ABUSED OR ARE SUSPECTED TO HAVE BEEN ABUSED THE PROGRAM TARGETS CHILDREN THROUGH AGE 18 WHO HAVE BEEN REFERRED FOR A MEDICAL CHILD ABUSE EXAMINATION BY THE UPSTATE MEDICAL UNIVERSITY TEAM OF CHILD ABUSE RESPONSE EMERGENCY (C A R E) AND CREATES NEW MENTAL HEALTH ASSESSMENT AND PROVIDES SUPPORT SERVICES ONSITE AT THE SAME TIME AS THE INITIAL MEDICAL CHILD ABUSE EVALUATION SALVATION ARMY, SYRACUSE AREA SERVICES PROGRAM NAME ADULT DAY SERVICES THE ADULT DAY SERVICES PROGRAM PROVIDES A CONTINUUM OF COMMUNITY-BASED, NON-RESIDENTIAL SERVICES TO HELP SENIORS AS WELL AS THOSE WITH DEVELOPMENTAL DISABILITIES MAINTAIN A HIGH DEGREE OF INDEPENDENCE, REDUCE ISOLATION AND TO STAY ACTIVE IN THE COMMUNITY THE PROGRAM IS DESIGNED TO MAXIMIZE LEVELS OF PHYSICAL AND EMOTIONAL HEALTH AND WELL-BEING AND OFFERS A FULL RANGE OF CASE MANAGEMENT, SUPPORT AND ADVOCACY SERVICES DESIGNED TO PROVIDE OLDER ADULTS AND THEIR CAREGIVERS WITH LINKAGES TO MAINSTREAM AND COMMUNITY RESOURCES SALVATION ARMY, SYRACUSE AREA SERVICES PROGRAM NAME BARNABAS CENTER THE BARNABAS CENTER PROVIDES A VARIETY OF PROGRAMMING OPTIONS FOR HIGH-RISK YOUTH AGES 10-21 YEARS THE CENTER PROVIDES ADVOCACY AND ASSISTANCE AS WELL AS ADULT ROLE MODELS TO AID IN THE TRANSITION FROM CHILDHOOD TO YOUNG ADULTHOOD SERVICES INCLUDING CASE MANAGEMENT, HOUSING PLACEMENT, LIVING SKILLS CLASSES, PEER LEADERSHIP GROUPS, EMPLOYMENT ASSISTANCE, STREET OUTREACH AND OTHER SIMILAR SUPPORTIVE ACTIVITIES ARE AVAILABLE TO YOUTH SALVATION ARMY, SYRACUSE AREA SERVICES PROGRAM NAME PREVENTIVE SERVICES PARTNERSHIP (PSP) THE PREVENTIVE SERVICES PARTNERSHIP PROGRAM PROVIDES INTENSIVE SUPPORT SERVICES TO FAMILIES WHOSE CHILDREN ARE AT-RISK OF FOSTER CARE PLACEMENT BECAUSE OF AN INDICATED CHILD ABUSE OR NEGLECT REPORT, OR ARE AT IMMINENT RISK OF ABUSE OR NEGLECT CLIENTS ARE ECONOMICALLY DISADVANTAGED AND IMPACTED BY ISSUES SUCH AS DOMESTIC VIOLENCE, MENTAL HEALTH, AND SUBSTANCE ABUSE THE PRIMARY OBJECTIVE IS TO PREVENT FOSTER CARE PLACEMENT BY PROVIDING SUPPORTIVE SERVICES TO FAMILIES WHICH ENABLE THEIR CHILDREN TO REMAIN SAFELY AT HOME SALVATION ARMY, SYRACUSE AREA SERVICES PROGRAM NAME SPECIALIZED MENTAL HEALTH SERVICES THE SPECIALIZED MENTAL HEALTH SERVICES PROGRAM IS A UNIQUE BLEND OF THERAPEUTIC INTERVENTIONS THAT MEETS THE NEEDS OF A TARGETED POPULATION OF FAMILIES AND INDIVIDUALS NOT SERVED ELSEWHERE IN THE COMMUNITY THESE SPECIALIZED CLINICAL SERVICES INCLUDE PRE-AND POST-ADOPTION COUNSELING FOR CHILDREN AND FAMILIES, FUNCTIONAL FAMILY THERAPY, DOMESTIC VIOLENCE COUNSELING AND MENTAL HEALTH COUNSELING FOR TRANSITION AGE YOUTH SALVATION ARMY, SYRACUSE AREA SERVICES PROGRAM NAME TRANSITIONAL APARTMENTS AND PARENTING CENTER (TAPC) THE TRANSITIONAL APARTMENTS AND PARENTING CENTER IS A 24-UNIT APARTMENT COMPLEX PROVIDING LONG-TERM TRANSITIONAL HOUSING, CASE MANAGEMENT AND PARENTING CLASSES FOR HOMELESS PREGNANT AND PARENTING ADOLESCENT GIRLS AGES 16-21, INCLUDING THEIR INFANTS AND TODDLERS THE HOMELIKE ENVIRONMENT PROVIDES ACCESS TO 24-HOUR SUPERVISION, BUILDING SECURITY, CRISIS INTERVENTION, TRANSPORTATION, SOCIALIZATION AND RECREATIONAL ACTIVITIES THE SALVATION ARMY PROVIDES LICENSED DAYCARE SERVICES AT THE CENTER, OFFERING SUPPORTIVE CARE FOR CHILDREN WHILE THE FEMALE RESIDENTS FOCUS ON ATTENDANCE AT SCHOOL OR THE WORKFORCE SPANISH ACTION LEAGUE OF ONONDAGA COUNTY, INC PROGRAM NAME FAMILY SUPPORT SERVICES THE FAMILY SUPPORT PROGRAM PROVIDES DIVERSE HEALTH-RELATED SERVICES TO BUILD AWARENESS OF CULTURAL MEDICAL RISK PREVENTION, TO SUPPORT AND PROMOTE HEALTH EDUCATION, TO IMPROVE ACCESS TO SOCIAL SERVICES AND MEDICAL PROFESSIONALS AND ADVOCACY FOR INDIVIDUALS AT RISK OF NEGLECT OR ABUSE OR VICTIMS OF DOMESTIC VIOLENCE SYRACUSE JEWISH FAMILY SERVICE PROGRAM NAME SOLUTIONS THE SOLUTIONS PROGRAM HELPS SENIORS AND PEOPLE WITH DISABILITIES MAINTAIN THEIR INDEPENDENCE BY PROVIDING ASSISTANCE WITH PAYING BILLS, COMPLETING BENEFIT APPLICATIONS, BALANCING CHECKBOOKS, READING MAIL, COMPLETING FORMS, AND PROVIDING ADVOCACY THIS SERVICE HELPS TO PREVENT PRE-MATURE INSTITUTIONALIZATION OF INDIVIDUALS, THEREBY IMPROVING THEIR OVERALL WELL-BEING AND INDEPENDENCE VERA HOUSE, INC PROGRAM NAME ADULT AND YOUTH COUNSELING PROGRAM THE ADULT AND YOUTH COUNSELING PROGRAM PROVIDES SPECIALIZED CLINICAL INTERVENTION AND TREATMENT TO CHILDREN, ADOLESCENTS, ADULTS, AND FAMILIES IMPACTED BY SEXUAL AND/OR DOMESTIC VIOLENCE, ADDRESSING BOTH SHORT-TERM CRISIS NEEDS AND LONGER-TERM PERSONAL AND FAMILY EFFECTS OF TRAUMA THIS PROGRAM USES A MULTI-DISCIPLINARY APPROACH TO PROVIDE INDIVIDUAL, FAMILY, AND GROUP THERAPY BY A TEAM OF MASTER'S LEVEL CLINICIANS SPECIALIZING IN TRAUMA TREATMENT VERA HOUSE, INC PROGRAM NAME ADVOCACY PROGRAM THE ADVOCACY PROGRAM ASSISTS VICTIMS OF VIOLENCE BY HELPING TO RESOLVE THEIR IMMEDIATE CRISES BY IMPROVING THEIR PHYSICAL SAFETY AND EMOTIONAL WELL-BEING, AND ENHANCING THEIR LONG-TERM STABILITY COMPREHENSIVE SERVICES TO VICTIMS OF DOMESTIC, SEXUAL AND FAMILY VIOLENCE, INCLUDING WOMEN, MEN AND CHILDREN AS WELL AS VICTIMS OF OTHER CRIME

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION ABOUT HEALTH FOCUS AREA PART III	FORM 990, PART III, LINE 4A	VERA HOUSE, INC PROGRAM NAME YOUTH EDUCATION PROGRAM THE YOUTH EDUCATION PROGRAM IS A PRIMARY PREVENTION PROGRAM WITH THE GOAL OF CHALLENGING YOUNG PEOPLE'S ATTITUDES ABOUT DATING AND SEXUAL VIOLENCE WHILE INCREASING THEIR KNOWLEDGE AND UNDERSTANDING OF STRATEGIES TO END OR AVOID ABUSE IT INCLUDES AGE APPROPRIATE INFORMATION ABOUT BULLYING, DATING AND DOMESTIC VIOLENCE, SEXUAL ASSAULT, SEXUAL HARASSMENT, FAMILY VIOLENCE, AND HEALTHY RELATIONSHIP ACTIVITIES FOR YOUTH AGES 3-21 YEARS OLD WELCH TERRACE HOUSING DEVELOPMENT FUND, INC PROGRAM NAME SERVICES COORDINATION/LIFE SKILLS PROGRAM THE SERVICES COORDINATION/LIFE SKILLS PROGRAM OF WELCH TERRACE PROVIDES INTENSIVE SUPPORT TO RESIDENTS ON ISSUES RELATING TO HIV, DRUG DEPENDENCY AND MENTAL HEALTH THE SUPPORTIVE SERVICES PROVIDED ARE GEARED TOWARD PREVENTING HOMELESSNESS FOR THIS VULNERABLE POPULATION AND OFFERING LIFE-AFFIRMING HEALTHY APPROACHES TO PERSONAL AND SOCIAL PROBLEMS YWCA OF SYRACUSE & ONONDAGA COUNTY, INC PROGRAM NAME GIRLS PROGRAMMING FOR AGES 5-18 (GIRL'S INC) THE GIRL'S INC PROGRAM PROVIDES AFTER SCHOOL/EVENING PROGRAMMING, SUMMER PROGRAMMING AND WEEKEND WORKSHOPS AND CONFERENCES FOR GIRLS AGE 5-18 YEARS OLD IN SYRACUSE AND ONONDAGA COUNTY THE PROGRAM FOCUSES ON THE 8 GIRLS INC NATIONAL IDENTITY PROGRAMS THE PROGRAM PROVIDES A SAFE OUT-OF-SCHOOL-TIME ENVIRONMENT THAT ENHANCES SOCIAL SKILLS AND HEALTHY CHOICES, PROMOTES LEARNING AND THE BENEFITS OF STAYING IN SCHOOL, AND PROVIDES ACCESS TO AFFORDABLE YET QUALITY LICENSED CHILDCARE SO PARENTS/GUARDIANS CAN WORK

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION ABOUT INCOME FOCUS AREA	FORM 990, PART III, LINE 4A	PROGRAMS SUPORTED UNDER THE INCOME FOCUS AREA INCLUDE AURORA OF CENTRAL NEW YORK, INC PROGRAM NAME VOCATIONAL AND EMPLOYMENT SERVICES PROGRAM FOR PEOPLE WITH VISION/HEARING LOSS THE VOCATIONAL AND EMPLOYMENT SERVICES PROGRAM EQUIPS YOUTH AND ADULTS WITH VISION/HEARING LOSS WITH THE JOB READINESS SKILLS NECESSARY TO BECOME COMPETITIVELY EMPLOYED WITHIN THE COMMUNITY THIS PROGRAM PROVIDES SPECIALIZED JOB READINESS AND VOCATIONAL SKILL BUILDING, ADAPTIVE TECHNOLOGY TRAINING AND EMPLOYMENT PLACEMENT AND RETENTION, IN AN EXPERIENTIAL, COMMUNITY-BASED CONTEXT THAT SPECIFICALLY ADDRESSES THE UNIQUE NEEDS OF WORKERS WITH VISION OR HEARING LOSS OR BOTH CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME LATINO FAMILY SUPPORT THE LATINO FAMILY SUPPORT PROGRAM FOCUSES ON LATINO FAMILIES LIVING ON THE NEAR WESTSIDE OF THE CITY OF SYRACUSE BY PROVIDING CULTURALLY SENSITIVE, HOLISTIC, FAMILY SUPPORT SERVICES, OPPORTUNITIES ARE PROVIDED FOR LATINO FAMILIES TO HELP BREAK THE CYCLE OF POVERTY, TAKING THEM FROM ISOLATION AND DEPENDENCE TO SELF-SUFFICIENCY CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME REFUGEE RESETTLEMENT PROGRAM THE REFUGEE RESETTLEMENT PROGRAM WELCOMES MEN, WOMEN AND CHILDREN TO THE UNITED STATES WHEN THEY ARE FORCED TO FLEE THEIR OWN COUNTRIES BECAUSE OF WAR, OPPRESSION, OR PERSECUTION NEWLY ARRIVING REFUGEES RECEIVE RESETTLEMENT ASSISTANCE, CASE MANAGEMENT, AND EDUCATIONAL SERVICES TO PROMOTE ECONOMIC SELF-SUFFICIENCY CENTER FOR COMMUNITY ALTERNATIVES, INC PROGRAM NAME SELF DEVELOPMENT REENTRY THE SELF-DEVELOPMENT REENTRY PROGRAM PROVIDES COMMUNITY SUPPORT TO PEOPLE LEAVING THE LOCAL CORRECTIONAL FACILITY SO THAT THEIR COMMUNITY REINTEGRATION CAN BE SUCCESSFUL AND SAFE THE POPULATION SERVED IS YOUNG MEN AND WOMEN AGES 18-25 YEARS OLD LEAVING THE ONONDAGA COUNTY CORRECTIONAL FACILITY THE PROGRAM OBJECTIVES ARE TO DEVELOP EMPLOYMENT READINESS, FACILITATE JOB PLACEMENT AND JOB RETENTION, AND HELP PEOPLE OVERCOME THE FORMAL AND INFORMAL BARRIERS TO REENTRY INTERFAITH WORKS PROGRAM NAME INTERFAITH WORKS HOUSING PROGRAM THE HOUSING PROGRAM ADDRESSES THE TARGET ISSUE OF GAINING AND SUSTAINING ASSETS THROUGH THE DEVELOPMENT AND MANAGEMENT OF AFFORDABLE HOUSING FOR LOW-INCOME HOUSEHOLDS AND INDIVIDUALS WITH SIGNIFICANT LIFE-LONG DISABILITIES LEARNING DISABILITIES ASSOCIATION OF CNY PROGRAM NAME PATHWAYS FOR LIFE PATHWAYS FOR LIFE IS AN INDIVIDUALIZED EMPLOYMENT ASSISTANCE PROGRAM WHERE PEOPLE WITH LEARNING DISABILITIES CAN OBTAIN THE SKILLS NEEDED TO BE ABLE TO ACQUIRE, RETAIN AND MAINTAIN GAINFUL, COMPETITIVE EMPLOYMENT ON POINT FOR COLLEGE, INC PROGRAM NAME ON POINT FOR JOBS ON POINT FOR JOBS IS A PROGRAM THAT TARGETS FIRST GENERATION COLLEGE GRADUATES AND UPPERCLASSMEN AND PROVIDES THEM WITH WORKFORCE PREPARATION SKILLS, LIMITED START-UP RESOURCES, MINI-JOB FAIRS AND NETWORKING OPPORTUNITIES, SUMMER INTERNSHIP/JOB AND PERMANENT JOB SEARCH COUNSELING AND JOB DEVELOPMENT PEOPLE'S EQUAL ACTION AND COMMUNITY EFFORT, INC PROGRAM NAME EARNED INCOME TAX CREDIT MANY ONONDAGA COUNTY INDIVIDUALS FAIL TO ACCESS AVAILABLE INCOME SOURCES, FALL VICTIM TO PREDATORY LENDERS IN FILING TAX RETURNS, AND DO NOT HAVE THE KNOWLEDGE TO MANAGE THEIR LIMITED MONEY WISELY THE EARNED INCOME TAX CREDIT PROGRAM PROVIDES FREE TAX PREPARATION SERVICES FOR LOWER INCOME ONONDAGA COUNTY RESIDENTS, ENSURES THEY RECEIVE THE HIGHEST POSSIBLE STATE AND FEDERAL INCOME TAX REFUNDS, AND OFFERS FINANCIAL EDUCATION TO HELP THEM MANAGE THEIR MONEY AND PLAN FOR THE FUTURE SPANISH ACTION LEAGUE OF ONONDAGA COUNTY, INC PROGRAM NAME CAREER SERVICES THE CAREER SERVICES PROGRAM HELPS INDIVIDUALS THROUGH JOB READINESS SKILLS TRAINING AND EDUCATION, JOB REFERRALS TO OBTAIN EMPLOYMENT, AND JOB RETENTION SKILLS ULTIMATE GOALS OF THE PROGRAM ARE TO MAKE FAMILIES AND INDIVIDUALS ECONOMICALLY SELF-SUFFICIENT AND TO REDUCE UNEMPLOYMENT WITHIN THE LATINO COMMUNITY TRANSITIONAL LIVING SERVICES OF ONONDAGA COUNTY PROGRAM NAME PROVISIONS RESTAURANT & BAKERY PROVISIONS BAKERY AND RESTAURANT IS AN AFFIRMATIVE BUSINESS WHICH PROVIDES SUPPORTED EMPLOYMENT TO ADULTS WHO HAVE BEEN LABELED "SERIOUSLY AND PERSISTENTLY MENTALLY ILL " PEOPLE LEARN TRANSFERABLE WORK SKILLS IN A VALUED COMMUNITY SETTING WHILE EARNING WAGES (REAL WORK FOR REAL PAY) WOMEN'S OPPORTUNITY CENTER PROGRAM NAME BUSINESS OFFICE ADMINISTRATIVE TRAINING THE BUSINESS OFFICE ADMINISTRATIVE TRAINING (BOAT) PROGRAM PROVIDES A VOCATIONAL AND LIFE-SKILLS COURSE LEADING TO EMPLOYMENT IN ENTRY LEVEL OFFICE ADMINISTRATIVE POSITIONS THE MAJORITY OF BOAT STUDENTS IS LIVING AT POVERTY LEVELS AND IS HINDERED BY BARRIERS TO EMPLOYMENT INCLUDING LACK OF WORK EXPERIENCE, FEW VOCATIONAL SKILLS AND POOR LIFE SKILL STRATEGIES THE BOAT PROGRAM BRIDGES THE GAP BETWEEN THE SKILLS REQUESTED BY EMPLOYERS AND THOSE OF THE STUDENTS, RESULTING IN SELF-SUSTAINABLE EMPLOYMENT YWCA OF SYRACUSE & ONONDAGA COUNTY, INC PROGRAM NAME WOMEN'S RESIDENCE PROGRAM THE WOMEN'S RESIDENCE PROGRAM IS A RESIDENTIAL PROGRAM SERVING UNDERPRIVILEGED WOMEN, AND WOMEN WITH CHILDREN (AGES SIXTEEN AND OLDER), FROM VARIOUS BACKGROUNDS BY PROVIDING A SAFE, STABLE, AND AFFORDABLE HOUSING WITHIN A STRUCTURED AND SUPPORTIVE ENVIRONMENT THE RESIDENCE PROGRAM ASSISTS WOMEN IN DEVELOPING INDEPENDENT LIVING SKILLS ALLOWING THEM TO OVERCOME CHALLENGES, FUNCTION AT THEIR HIGHEST DEGREE OF INDEPENDENCE AND TO BETTER THEIR LIVES

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION ABOUT SAFETY NET FOCUS AREA PART I	FORM 990, PART III, LINE 4A	PROGRAMS SUPPORTED UNDER THE SAFETY NET FOCUSE AREA INCLUDE AMERICAN RED CROSS OF CENTRAL NEW YORK PROGRAM NAME DISASTER SERVICES THE DISASTER SERVICES PROGRAM PROVIDES EMERGENCY ASSISTANCE IN THE FORM OF SHELTER AND FINANCIAL AID FOR FOOD, CLOTHING, MEDICINE/MEDICAL SUPPLIES, BEDDING AND LINENS FIRST MONTH'S RENT OR A SECURITY DEPOSIT IS AVAILABLE TO INDIVIDUALS AND FAMILIES IN ONONDAGA COUNTY FOLLOWING THE OCCURRENCE OF A DISASTER AMERICAN RED CROSS OF CENTRAL NEW YORK PROGRAM NAME SERVICE TO THE ARMED FORCES THE SERVICE TO ARMED FORCES PROGRAM ESTABLISHES EMERGENCY COMMUNICATION CHANNELS BETWEEN SERVICE MEMBERS AND THEIR FAMILIES DURING PERIODS OF FAMILY CRISIS IN ADDITION, THE PROGRAM PROVIDES LIMITED FINANCIAL ASSISTANCE TO SERVICE FAMILIES WHEN A CRISIS OCCURS DURING THE SERVICE MEMBER'S ABSENCE ARISE CHILD AND FAMILY SERVICE, INC PROGRAM NAME CRISIS MANAGEMENT & PREVENTION SERVICE THE CRISIS MANAGEMENT & PREVENTION SERVICES PROGRAM ASSISTS PEOPLE WITH DISABILITIES IN RESOLVING AN IMMEDIATE CRISIS AND PROVIDES ONE-ON-ONE SUPPORT TO STRENGTHEN SKILLS, OBTAIN RESOURCES, AND DEVELOP A PLAN TO MAXIMIZE INDEPENDENCE AND PREVENT FUTURE CRISES ARISE CHILD AND FAMILY SERVICE, INC PROGRAM NAME OUTPATIENT MENTAL HEALTH CLINIC THE OUTPATIENT MENTAL HEALTH CLINIC PROVIDES MENTAL HEALTH SERVICES FOR CHILDREN, ADULTS, AND FAMILIES EXPERIENCING THE SYMPTOMS OF SEVERE MENTAL ILLNESS, COMPLEX FAMILY ISSUES, LIMITED COPING SKILLS, AND A LACK OF SOCIAL SUPPORTS SERVICES HELP CLIENTS DEVELOP SKILLS THAT IMPROVE EMOTIONAL, BEHAVIORAL, SOCIAL, AND OCCUPATIONAL FUNCTIONING, WITH THE GOAL OF MAXIMIZING INDEPENDENCE AND IMPROVING QUALITY OF LIFE CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME COORDINATED SERVICES FOR HOMELESS MEN THE COORDINATED SERVICES FOR HOMELESS MEN PROGRAM ADDRESSED THE NEEDS OF HOMELESS MEN IN THE COMMUNITY BY PROVIDING EMERGENCY OVERNIGHT SHELTER AT THE OXFORD STREET INN AS WELL AS RELOCATION ASSISTANCE, PERMANENT APARTMENTS AND RELATED SUPPORTIVE SERVICES THE OBJECTIVES ARE TO OFFER IMMEDIATE OVERNIGHT REFUGE FROM THE STREETS AND TO PROVIDE THE SHELTER'S GUESTS BOTH THE OPPORTUNITY AND THE NECESSARY ASSISTANCE TO ESTABLISH INDEPENDENCE CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME COORDINATED SERVICES FOR HOMELESS WOMEN AND CHILDREN COORDINATED SERVICES FOR HOMELESS WOMEN AND CHILDREN IS A COLLABORATION WITH CHADWICK HOUSE WHICH PROVIDES A CONTINUUM OF SERVICES FOR HOMELESS AND HOUSING VULNERABLE WOMEN AND CHILDREN THESE SERVICES INCLUDE INTERVENTION AIMED AT PREVENTING HOMELESSNESS, EMERGENCY SHELTER AND SUPPORTED TRANSITIONAL HOUSING WHEN NECESSARY AS WELL AS RELOCATION AND FOLLOW-UP CASE MANAGEMENT DIRECTED AT ENSURING A SUCCESSFUL TRANSITION TO INDEPENDENT LIVING CATHOLIC CHARITIES OF ONONDAGA COUNTY PROGRAM NAME EMERGENCY ASSISTANCE SERVICES THE EMERGENCY ASSISTANCE SERVICES PROGRAM PROVIDES FAMILIES AND INDIVIDUALS WITH THE MEANS TO ALLEVIATE AN IMMEDIATE CRISIS HELPING THEM TO DEVELOP THE SKILLS AND RESOURCES TO PREVENT RECURRENCE IMMEDIATE ASSISTANCE MAY INCLUDE FOOD, RENT OR UTILITY PAYMENTS, MOVING SERVICES, CLOTHING, OR FURNITURE, WHILE ALSO SEEKING TO ENGAGE THE CLIENTS TO EXPLORE OPTIONS THAT WILL LEAD TO A RESOLUTION OR STABILIZATION OF THEIR PRESENT SITUATION THIS INCLUDES ASSISTING THEM IN ACCESSING PUBLIC BENEFITS WHEN APPROPRIATE AS WELL AS UTILIZING MAINSTREAM RESOURCES CENTER FOR COMMUNITY ALTERNATIVES, INC PROGRAM NAME ONONDAGA CASA PROGRAM (COURT APPOINTED SPECIAL ADVOCATES) THE ONONDAGA CASA PROGRAM RECRUITS, TRAINS AND SUPERVISES VOLUNTEERS WHO SERVE AS COURT APPOINTED SPECIAL ADVOCATES (CASA), PROVIDING OBJECTIVE INFORMATION TO FAMILY COURT AND SPEAKING ON BEHALF OF THE BEST INTERESTS OF A CHILD IN NEGLECT AND ABUSE CASES THE GOAL IS TO REDUCE THE TIME A CHILD SPENDS IN THE CHILD WELFARE SYSTEM, IN OUT-OF-HOME PLACEMENTS, AND REDUCE OVERALL INSTABILITY AND UNCERTAINTY FOR THE CHILD CONTACT COMMUNITY SERVICES, INC PROGRAM NAME TELEPHONE AND WEB-BASED SERVICES TELEPHONE AND WEB-BASED SERVICES PROVIDES 24-HOUR COUNSELING SUPPORT, CRISIS INTERVENTION, AND INFORMATION AND REFERRAL TO PEOPLE IN CRISIS AND/OR IN NEED OF EMOTIONAL SUPPORT TO WORK TOWARD DEVELOPING A PLAN TO MANAGE AND/OR PREVENT FUTURE CRISIS FOOD BANK OF CENTRAL NEW YORK PROGRAM NAME PERISHABLE FOODS PROGRAM THE PERISHABLE FOODS PROGRAM RESCUES NUTRITIOUS FOOD FOR FREE DISTRIBUTION TO INDIVIDUALS IN NEED IN COLLABORATION WITH COMMUNITY PARTNERS THE PROGRAM DELIVERS DONATED DAIRY, PRODUCE AND OTHER PERISHABLE FOODS TO COMMUNITY SITES FOR IMMEDIATE DISTRIBUTION FRANK H HISCOCK LEGAL AID SOCIETY PROGRAM NAME CIVIL LEGAL ASSISTANCE PROGRAM THE CIVIL LEGAL ASSISTANCE PROGRAM HELPS INDIVIDUALS AND FAMILIES PREVENT CRISES AND INCREASE INDEPENDENCE BY PROVIDING FREE LEGAL ASSISTANCE TO LOW-INCOME PERSONS IN A WIDE RANGE OF LEGAL MATTERS INCLUDING FAMILY LAW, HOUSING AND UNEMPLOYMENT SPECIALIZED PROJECTS PROVIDE REPRESENTATION TO SPECIAL POPULATIONS INCLUDING VICTIMS OF DOMESTIC VIOLENCE, NON-CUSTODIAL PARENTS, CANCER PATIENTS, IMMIGRANTS AND PEOPLE FACING HOMELESSNESS AND FORECLOSURE HUNTINGTON FAMILY CENTERS, INC PROGRAM NAME EMERGENCY SERVICES THE EMERGENCY SERVICES PROGRAM ASSISTS INDIVIDUALS AND FAMILIES IN NEED OF FOOD, CLOTHING, AND LEAD-FREE HOUSING WHILE HELPING THEM FIND THE RESOURCES NECESSARY TO REDUCE FUTURE CRISES AND PROMOTE THE HIGHEST DEGREE OF INDEPENDENCE INTERFAITH WORKS PROGRAM NAME CENTER FOR NEW AMERICANS - COMMUNITY INTEGRATION THE COMMUNITY INTEGRATION PROGRAM PROVIDES ASSISTANCE TO REFUGEES IN THE EARLY DAYS OF THEIR ARRIVAL TO AMERICA/THE SYRACUSE AREA ADDITIONALLY, THIS PROGRAM PROVIDES CASE SPECIFIC, SPECIALIZED PROBLEM SOLVING ASSISTANCE FOR UP TO FIVE YEARS AFTER THEIR ARRIVAL, WHICH IS PROVIDED BY CULTURALLY COMPETENT STAFF AND TRANSLATORS, KNOWN TO, AND TRUSTED BY THE LOCAL REFUGEE COMMUNITY INTERFAITH WORKS PROGRAM NAME CENTER FOR NEW AMERICANS - MENTAL HEALTH SUPPORT PROGRAM THE MENTAL HEALTH SUPPORT PROGRAM WORKS WITH REFUGEE INDIVIDUALS AND FAMILIES TO PROVIDE COUNSELING AND SUPPORT AS WELL AS ORIENTATION TO THE AMERICAN MENTAL HEALTH SYSTEM JEWISH COMMUNITY CENTER OF SYRACUSE PROGRAM NAME SENIOR ADULT CONGREGATE MEAL PROGRAM THE SENIOR ADULT CONGREGATE MEAL PROGRAM PROVIDES AFFORDABLE KOSHER MEALS TO ALL SENIORS AGES 60 AND OVER, FIVE DAYS A WEEK IN ADDITION, PHYSICAL FITNESS AND SOCIAL/RECREATIONAL ACTIVITIES ARE AVAILABLE SALVATION ARMY, SYRACUSE AREA SERVICES PROGRAM NAME BARNABAS RESIDENTIAL BARNABAS RESIDENTIAL PROVIDES SHORT-TERM GROUP-HOUSING AND LONG-TERM TRANSITIONAL APARTMENTS FOR HOMELESS YOUTH AGES 16-21 IN ADDITION TO STABILIZED HOUSING, BARNABAS RESIDENTIAL ALSO PROVIDES YOUTH WITH CASE MANAGEMENT, CRISIS INTERVENTION, FAMILY MEDIATION, LIVING SKILLS CLASSES, EMPLOYMENT READINESS, EDUCATIONAL ADVOCACY, GROUP SOCIALIZATION, DAILY RECREATION AND ONGOING AFTERCARE SALVATION ARMY, SYRACUSE AREA SERVICES PROGRAM NAME BOOTH HOUSE BOOTH HOUSE IS AN EMERGENCY SHELTER FOR RUNAWAY, HOMELESS AND HIGH-RISK YOUTH AGES 12-17 YEARS OLD THE PROGRAM PROVIDES YOUTH WITH IMMEDIATE HOUSING 24-HOURS A DAY, 365 DAYS PER YEAR IN ADDITION, THE PROGRAM OFFERS A VARIETY OF CRISIS SERVICES INCLUDING FAMILY MEDIATION, CASE MANAGEMENT, HOMEBOUND SCHOOLING, LIVING SKILLS AND RECREATION ACTIVITIES SALVATION ARMY, SYRACUSE AREA SERVICES PROGRAM NAME EMERGENCY AND PRACTICAL ASSISTANCE SERVICES (E/PAS) THE EMERGENCY AND PRACTICAL ASSISTANCE SERVICES PROGRAM HELPS ECONOMICALLY DISADVANTAGED INDIVIDUALS AND FAMILIES IN CRISIS BY MEETING BASIC NEEDS SUCH AS OBTAINING FOOD, HOUSING, CLOTHING AND THE ESSENTIALS OF DAILY LIVING CRISIS INTERVENTION, INDIVIDUALIZED ADVOCACY AND SUPPORT, AND LINKAGES TO MAINSTREAM AND COMMUNITY RESOURCES ARE PROVIDED IN ORDER TO STABILIZE HOUSING AND INCOME SALVATION ARMY, SYRACUSE AREA SERVICES PROGRAM NAME EMERGENCY FAMILY SHELTER THE EMERGENCY FAMILY SHELTER PROVIDES TEMPORARY EMERGENCY HOUSING FOR HOMELESS FAMILIES OF ANY CONFIGURATION INCLUDING EXTENDED FAMILIES, MEN WITH CHILDREN, OLDER MALE CHILDREN AND SINGLE WOMEN CRISIS COUNSELING, COMPREHENSIVE SOCIAL WORK SUPPORT SERVICES AND LINKAGES TO MAINSTREAM AND COMMUNITY RESOURCES ARE PROVIDED TO SECURE AND MAINTAIN PERMANENT HOUSING SALVATION ARMY, SYRACUSE AREA SERVICES PROGRAM NAME WOMEN'S SHELTER THE WOMEN'S SHELTER PROVIDES TEMPORARY EMERGENCY HOUSING FOR ADULT WOMEN, WITHOUT CHILDREN, WHO HAVE SERIOUS MENTAL HEALTH PROBLEMS AND PSYCHIATRIC DISABILITIES CRISIS COUNSELING, COMPREHENSIVE SOCIAL WORK SUPPORT SERVICES, MENTAL HEALTH SERVICES AND LINKAGES TO MAINSTREAM AND COMMUNITY RESOURCES ARE PROVIDED TO HELP THE WOMEN OBTAIN HOUSING STABILITY, INCOME SUPPORTS, MENTAL HEALTH TREATMENT AND OTHER SUPPORTIVE SERVICES

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION ABOUT SAFETY NET FOCUS AREA PART II	FORM 990, PART III, LINE 4A	SAMARITAN CENTER, INC PROGRAM NAME SAMARITAN HOT MEAL PROGRAM THE SAMARITAN HOT MEAL PROGRAM SERVES HOT, NUTRITIOUS MEALS 365 DAYS A YEAR TO ANYONE IN NEED THE HOT MEAL PROGRAM IS SPECIFICALLY DESIGNED TO COMBAT HUNGER, ALLEVIATE SOCIAL ISOLATION AND PROVIDE A PLATFORM FOR EDUCATION AND INFORMATION/REFERRAL SERVICES WHILE OFFERING OPPORTUNITIES FOR A BROAD BASE OF COMMUNITY VOLUNTEERS SPANISH ACTION LEAGUE OF ONONDAGA COUNTY, INC PROGRAM NAME HOUSING SERVICES PROGRAM THE HOUSING SERVICES PROGRAM IS DESIGNED TO WORK WITH THE LATINO POPULATION IN SYRACUSE TO PROVIDE VARIOUS HOUSING SUPPORT SERVICES SYRACUSE NORTHEAST COMMUNITY CENTER PROGRAM NAME BASIC NEEDS ASSISTANCE THE BASIC NEEDS ASSISTANCE PROGRAM PROVIDES FOOD, RENT/SECURITY DEPOSIT AND INFORMATION AND REFERRAL ASSISTANCE TO INDIVIDUALS AND FAMILIES IN CRISIS IN THE NORTHEAST AREA OF SYRACUSE TRANSITIONAL LIVING SERVICES OF ONONDAGA COUNTY PROGRAM NAME BRIDGE SERVICES THE BRIDGE SERVICES PROGRAM PROVIDES AN IMMEDIATE RESPONSE TO INDIVIDUALS LABELED SEVERELY MENTALLY ILL WHO ARE LIVING INDEPENDENTLY IN THE COMMUNITY STAFF HELP PREVENT AND/OR RESPOND TO ACUTE PROBLEMS THAT DEVELOP REGARDING ISSUES RELATIVE TO HOUSING, FINANCES AND PSYCHIATRIC CRISES WHICH COULD LEAD, WITHOUT HELP, TO HOSPITALIZATION VERA HOUSE, INC PROGRAM NAME EMERGENCY SHELTER PROGRAM THE EMERGENCY SHELTER PROGRAM PROVIDES COMPREHENSIVE SUPPORT SERVICES AND SHELTER TO VICTIMS OF DOMESTIC, SEXUAL AND FAMILY VIOLENCE - WOMEN, CHILDREN AND MEN - WHO ARE HOMELESS AND IN CRISIS DUE TO THE DOMESTIC VIOLENCE/SEXUAL ASSAULT