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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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 $ 10,795,173

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**	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	33
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	42
6	Total number of volunteers (estimate if necessary)	**6**	4,667
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)	8,007,489	7,846,266
9	Program service revenue (Part VIII, line 2g)	222,571	211,084
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	348,269	59,501
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,275	10,086
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,579,604	8,126,937
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,462,664	6,097,322
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)	1,345,805	1,311,458
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶710,962		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	845,378	870,691
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,653,847	8,279,471
19	Revenue less expenses Subtract line 18 from line 12	-74,243	-152,534
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	9,251,643	8,775,775
21	Total liabilities (Part X, line 26)	6,253,445	5,864,199
22	Net assets or fund balances Subtract line 21 from line 20	2,998,198	2,911,576

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

****** | 2012-09-28
Signature of officer | Date

FRANCIS J LAZARSKI PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ JILL S PALMETER | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions) P00281594

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DERMODY BURKE & BROWN CPAS LLC
443 N FRANKLIN ST STE 100
SYRACUSE, NY 132041441

EIN ▶ 01-0723685

Phone no ▶ (315) 471-9171

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 6,897,850 including grants of $ 6,097,322) (Revenue $ 221,170)

THE COMMUNITY IMPACT DIVISION MONITORED THE PROGRAMS THAT RECEIVED 2011-2014 COMMUNITY PROGRAM FUNDS THIS YEAR WE INITIATED SITE VISITS AS PART OF THE MONITORING PROCESS WE HAVE DEVELOPED A NEW IN-HOUSE DATA BASE TO ASSIST WITH THE MONITORING OF PROGRAMS AND TO GENERATE NEEDED PROGRAM DATA IN A TIMELIER MANNER SEE SCHEDULE O FOR ADDITIONAL INFORMATION

4b (Code) (Expenses $ 54,968 including grants of $) (Revenue $)

UNITED WAY'S SUCCESS BY 6 HAD ANOTHER FULL YEAR IT COLLECTED AND DISTRIBUTED MORE THAN 8,000 CHILDREN'S BOOKS IN THE ANNUAL "BRING ON THE BOOKS!" BOOK DRIVE, ENGAGED MORE THAN 500 YOUTH IN LITERACY ACTIVITIES AROUND THE THEME "READ AROUND THE WORLD" AT "CHILDREN'S BOOK FEST," AND ENCOURAGED HEALTHY EATING AND EXERCISE WITH NEARLY 300 CHILDREN AT THE 2ND ANNUAL "KIDS GET FIT FEST" ONCE AGAIN SUCCESS BY 6 ALSO DISTRIBUTED MORE THAN 7,000 BOOKS FOR THE SALVATION ARMY'S ANNUAL CHRISTMAS BUREAU DISTRIBUTION DAY

4c (Code) (Expenses $ 40,832 including grants of $) (Revenue $)

VOLUNTEER CNY, THE UNITED WAY OF CENTRAL NEW YORK'S REGIONAL VOLUNTEER CENTER, MEASURED THE IMPACT OF 5,000 VOLUNTEERS AND TRACKED OVER 50,000 SERVICE HOURS IN 2011-2012 THE NEW REGIONAL CENTER IS A RESULT OF A STATE-WIDE MOVEMENT TO MOBILIZE 1,000,000 VOLUNTEERS AND BUILD THE CAPACITY OF VOLUNTEER ORGANIZATIONS VOLUNTEERCNY IS PART OF A STATE-WIDE NETWORK OF VOLUNTEER CENTERS FUNDED BY NEW YORKERS VOLUNTEER AND THE VOLUNTEER GENERATION FUND

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 6,993,650

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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 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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		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**	7		
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**	42			
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate 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 aggregate 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	33		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	33		
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	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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 the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made 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 made 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								196,450	0	31,819

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

			Yes	No
3	Did the organization list any **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 Report compensation for the calendar year ending with or within the organization's tax year

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

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

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 1a 31,426				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 7,814,840				
	g	Noncash contributions included in lines 1a-1f $ 53,553				
	h	**Total.** Add lines 1a-1f	7,846,266			
Program Service Revenue		Business Code				
	2a	SERVICE FEE INCOME 561000	211,084	211,084		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f	211,084			
	3	Investment income (including dividends, interest and other similar amounts)	153,553			153,553
	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: 2,574,184				
	b	Less cost or other basis and sales expenses: 2,668,236				
	c	Gain or (loss): -94,052				
	d	Net gain or (loss)	-94,052			-94,052
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	10,086	10,086		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d	10,086			
	12	**Total revenue.** See Instructions	8,126,937	221,170	0	59,501

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,097,322	6,097,322		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	232,528	146,597	85,931	
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	889,491	303,493	215,531	370,467
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	22,121	4,860	8,487	8,774
9	Other employee benefits	77,315	26,902	30,880	19,533
10	Payroll taxes	90,003	36,424	21,349	32,230
11	Fees for services (non-employees)				
a	Management				
b	Legal	6,278	1,695	2,197	2,386
c	Accounting	29,000		25,000	4,000
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	40,164		40,164	
g	Other	33,868	6,474	16,864	10,530
12	Advertising and promotion				
13	Office expenses	48,881	9,515	16,231	23,135
14	Information technology	39,824	9,704	15,618	14,502
15	Royalties . .				
16	Occupancy	119,861	32,349	41,983	45,529
17	Travel	17,895	3,465	6,008	8,422
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,512	35	6,045	432
20	Interest				
21	Payments to affiliates	97,094	26,215	33,983	36,896
22	Depreciation, depletion, and amortization	7,837	2,116	2,743	2,978
23	Insurance	11,098	2,902	4,012	4,184
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	307,134	280,956	348	25,830
b	PRINTING	96,273	1,669	544	94,060
c	RECOGNITION	8,972	957	941	7,074
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	8,279,471	6,993,650	574,859	710,962
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		46,436	1	40,446
	2	Savings and temporary cash investments		1,195,281	2	1,063,057
	3	Pledges and grants receivable, net		3,933,717	3	3,738,469
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		16,384	9	14,043
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 419,216			
	b	Less accumulated depreciation	10b 388,976	21,895	10c	30,240
	11	Investments—publicly traded securities		4,022,870	11	3,812,833
	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		15,060	15	76,687
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,251,643	16	8,775,775
Liabilities	17	Accounts payable and accrued expenses		130,471	17	95,656
	18	Grants payable		2,014,664	18	1,948,709
	19	Deferred revenue		193,686	19	176,926
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		3,816,249	25	3,544,533
	26	**Total liabilities.** Add lines 17 through 25		6,253,445	26	5,864,199
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		186,797	27	174,464
	28	Temporarily restricted net assets		2,748,939	28	2,668,427
	29	Permanently restricted net assets		62,462	29	68,685
		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		2,998,198	33	2,911,576
	34	Total liabilities and net assets/fund balances		9,251,643	34	8,775,775

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	8,126,937
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,279,471
3	Revenue less expenses Subtract line 2 from line 1	3	-152,534
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,998,198
5	Other changes in net assets or fund balances (explain in Schedule O)	5	65,912
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	2,911,576

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

2011

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 **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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,173,918	5,971,345	8,140,303	8,007,489	7,814,136	36,107,191
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	6,173,918	5,971,345	8,140,303	8,007,489	7,814,136	36,107,191
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						36,107,191

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6,173,918	5,971,345	8,140,303	8,007,489	7,814,136	36,107,191
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	43,970	-261,468	324,238	348,269	59,501	514,510
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	24,589	10,479	4,942	1,275	10,086	51,371
11 **Total support** (Add lines 7 through 10)						36,673,072

12	Gross receipts from related activities, etc (See instructions)	12	1,135,081

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 2011 (line 6 column (f) divided by line 11 column (f))	14	98 460 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98 120 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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 SENIOR VICE CHAIR	1 00	X		X				0	0	0
ANTHONY D'ANGELO DIRECTOR/ FORMER CHAIR	1 00	X		X				0	0	0
LOLA DELANS FORMER 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		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 SECRETARY/ TREASURER	1 00	X		X				0	0	0
RICHARD V SIMONE JR FORMER DIRECTOR	1 00	X						0	0	0
CHARLES M SPROCK JR ASS'T VICE CHAIR HUMAN RESOURCES	1 00	X		X				0	0	0
DEBRA STEHLE VICE CHAIR COMMUNITY IMPACT	1 00	X		X				0	0	0
PATRICIA STITH DIRECTOR	1 00	X						0	0	0
KIMBERLY TOWNSEND CHAIR INVESTMENT COMMITTEE	1 00	X		X				0	0	0
PAUL TREMONT VICE CHAIR RESOURCE DEVELOPMENT	1 00	X		X				0	0	0
DAVID WALL DIRECTOR	1 00	X						0	0	0
MARTHA WINSLOW ASS'T SECRETARY/ TREASURER	1 00	X		X				0	0	0
RANDALL WOLKEN ASS'T VICE CHAIR, RESOURCE DEVEL	1 00	X		X				0	0	0
SALLY BERRY DIRECTOR	1 00	X						0	0	0
DAVID DUERR ASS'T VICE CHAIR, MARKETING & COMMUNICATION	1 00	X		X				0	0	0
DR MICHAEL O'LEARY DIRECTOR	1 00	X						0	0	0
TIMOTHY FOX VICE CHAIR MARKETING & COMMUNICATIONS	1 00	X		X				0	0	0
DREW A JAMES VICE CHAIR LEADERSHIP DEVELOPMENT	1 00	X		X				0	0	0
MICHAEL F MELARA 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			
PEGGY OGDEN DIRECTOR	1 00	X						0	0	0
LEOLA RODGERS DIRECTOR	1 00	X						0	0	0
REV KEVIN 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 CHAIR	1 00	X		X				0	0	0
ROSA CLARK DIRECTOR	1 00	X						0	0	0
REBECCA BOSTWICK ASS'T VICE CHAIR COMMUNITY IMPACT	1 00	X		X				0	0	0
JAMES D FREYER DIRECTOR	1 00	X						0	0	0
PETER G MAIER DIRECTOR	1 00	X						0	0	0
VIRGINIA BIESIADA O'NEILL DIRECTOR	1 00	X						0	0	0
FRANCIS J LAZARSKI PRESIDENT	40 00			X				123,275	0	19,122
BETSY R FOOTE VICE PRESIDENT OF FINANCE	40 00			X				73,175	0	12,697

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	62,462	61,716	55,707	57,530	
b Contributions					
c Investment earnings or losses	6,223	746	6,009	-1,823	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	68,685	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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		73,824	70,398	3,426
d Equipment		345,392	318,578	26,814
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				30,240

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	3,544,533
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,544,533

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	8,126,937
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,279,471
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-152,534
4	Net unrealized gains (losses) on investments	4	65,912
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	65,912
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-86,622

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	5,938,111
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	65,912		
b	Donated services and use of facilities	2b	338,215		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	404,127
3	Subtract line **2e** from line **1**			3	5,533,984
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	40,164		
b	Other (Describe in Part XIV)	4b	2,552,789		
c	Add lines **4a** and **4b**			4c	2,592,953
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,126,937

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

1	Total expenses and losses per audited financial statements			1	6,024,733
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	338,215		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	338,215
3	Subtract line **2e** from line **1**			3	5,686,518
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	40,164		
b	Other (Describe in Part XIV)	4b	2,552,789		
c	Add lines **4a** and **4b**			4c	2,592,953
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	8,279,471

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 CORPORATION'S EXEMPT STATUS
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS PAYABLE TO AGENCIES 2,552,789
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATIONS TO AGENCIES 2,552,789

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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

2011

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(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 listed in the line 1 table . . . ▶ 35

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

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 CYCLES, 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 EFFECTIVE SPRING OF 2012, THE COMMUNITY IMPACT DIVISION HAS INITIATED SITE VISITS TO THE FUNDED PROGRAMS 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 11/12 DESIGNATIONS TO OTHER 501 (C) (3) ORGANIZATIONS	AGENCY NAME WITH TOTAL DESIGNATION UPSTATE MEDICAL UNIVERSITY FOUNDATION - $354,448 UNITED WAY OF CAYUGA COUNTY, INC - $224,466 FOOD BANK OF CENTRAL NEW YORK - $75,993 FRANCIS HOUSE - $34,920 UNITED WAY OF GREATER OSWEGO COUNTY, INC - $33,213 RESCUE MISSION ALLIANCE OF SYRACUSE - $32,385 LONGHOUSE COUNCIL - $29,410 CROUSE HEALTH FOUNDATION - $29,354 CARING COALITION OF CENTRAL NEW YORK - $29,198 SAY YES TO EDUCATION/SYRACUSE CHAPTER - $28,122 UNITED WAY OF THE VALLEY & GREATER UTICA - $24,958 THE JEWISH COMMUNITY FOUNDATION OF CNY - $24,050 PLANNED PARENTHOOD OF THE ROCHESTER/SYRACUSE - $23,362 ALZHEIMER'S ASSOCIATION, CNY CHAPTER - $20,410 ST JOSEPH'S HOSPITAL CENTER FOUNDATION - $19,602 ENABLE - $19,192 MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK - $18,268 COMFORTCARE OF CAYUGA COUNTY - $16,106 SETON FOOD PANTRY, INC - $15,732 MERCY WORKS INC - $13,838 UPSTATE MEDICAL ALUMNI FOUNDATION - $13,713 ASPCA - $13,528 MADISON COUNTY FEDERATION COMMUNITY - $13,175 ST JUDE CHILDREN'S RESEARCH HOSPITAL - $11,935 SOLVAY GEDDES COMMUNITY YOUTH CENTER - $11,713 JOWONIO SCHOOL - $11,542 NEW HOPE FAMILY SERVICES, INC - $11,413 SYRACUSE CITY SCHOOL DISTRICT EDUCATION - $10,845 E JOHN GAVRAS CENTER - $9,703 MAKE-A-WISH FOUNDATION OF AMERICA - $9,441 CENTRAL NEW YORK SPCA - $9,246 AMERICAN CANCER SOCIETY- CENTAL NEW YORK REGION - $8,893 AMERICAN DIABETES ASSOCIATION- SYRACUSE - $8,512 SUSAN G KOMEN FOR THE CURE CNY AFFILIATE - $8,420 COMMUNITY HEALTH CHARITIES - $7,974 UNITED WAY FOR CORTLAND COUNTY - $7,589 YMCA OF GREATER SYRACUSE - $7,464 HOPE FOR BEREAVED - $7,448 JUVENILE DIABETES RESEARCH FOUNDATION - $7,175 DOCTORS WITHOUT BORDERS USA - $7,151 ADVOCATES, INC - $7,143 LORETTO FOUNDATION - $6,972 OSWEGO COUNTY HUMANE SOCIETY, INC - $6,467 THE LEUKEMIA & LYMPHOMA SOCIETY WESTERN AND CENTRAL NEW YORK CHAPTER - $6,420 CYSTIC FIBROSIS FOUNDATION - CNY CHAPTER - $6,224 MULTIPLE SCLEROSIS RESOURCES OF CNY - $5,956 NATIONAL KIDNEY FOUNDATION OF CNY - $5,931 M O S T (MUSEUM OF SCIENCE & TECHNOLOGY) - $5,845 AMERICAN HEART ASSOCIATION OF ONONDAGA COUNTY - $5,626 CAMP GOOD DAYS & SPECIAL TIMES, INC - $5,609 ELDERCARE FOUNDATION - $5,344 SAMARITAN'S PURSE - $5,276 FATHER CHAMPLIN'S GUARDIAN ANGEL SOCIETY - $5,083 ARISE AT THE FARM - $5,003 ST JAMES EPISCOPAL CHURCH - $5,000 ARC OF ONONDAGA COUNTY - $4,975 UNITED WAY OF SENECA COUNTY, INC - $4,725 UNITED WAY OF GREATER ROCHESTER - $4,639 SALVATION ARMY, AUBURN/ CAYUGA COUNTY - $4,618 COMMUNITY FOUNDATION OF COLLIER COUNTY - $4,600 AMERICAN CANCER SOCIETY- EASTERN DIVISION - $4,599 CNY ARTS - $4,544 SUCCESS BY 6 - $4,500 RONALD MCDONALD HOUSE CHARITIES OF CNY- $4,405 MARCH OF DIMES BIRTH DEFECT- UPSTATE FNDN CENTRAL NEW YORK - $4,334 UNITED WAY OF GREATER ONEIDA, INC - $4,182 CENTAL NEW YORK COMMUNITY FOUNDATION - $4,077 CENTRAL NEW YORK CAT COALITION - $4,070 PUPPIES BEHIND BARS, INC - $4,033 THE HUMANE SOCIETY OF THE UNITED STATES- $4,015 SYRACUSE HOST LIONS CLUB - $4,000 LAFAYETTE OUTREACH, INC - $3,761 UNITED COMMUNITY CHEST OF CAZENOVIA, FENNER & NELSON - $3,746 SAVES SKANEATELES AMBULANCE VOLUNTEER EMERGENCY SERVICE - $3,704 MULTIPLE SCLEROSIS SOCIETY- UPSTATE NEW YORK CHAPTER - $3,653 PRISON FELLOWSHIP MINISTRIES - $3,567 VERA HOUSE FOUNDATION - $3,500 MATTHEW HOUSE, INC - $3,500 SARAH HOUSE, INC - $3,483 UNITED WAY OF NORTHERN NEW YORK - $3,473 ALS ASSOCIATION OF GREATER NY CHAPTER - $3,472 THE SUSAN G KOMEN BREAST CANCER FOUNDATION - $3,471 WOUNDED WARRIOR PROJECT (WWP) - $3,424 THE NATURE CONSERVANCY - $3,365 EAST SYRACUSE MINOA EDUCATION FOUNDATION - $3,346 BASCOL - $3,269 AMERICAN RED CROSS - $3,226 FAITH HERITAGE SCHOOL $3,173 CHADWICK RESIDENCE, INC - $3,139 SULLIVAN FOOD CUPBOARD - $3,070 THE SALVATION ARMY, OSWEGO - $3,049 UNITED WAY OF BROOME COUNTY - $3,007 MUSCULAR DYSTROPHY ASSOCIATION OF CNY - $2,957 FIRST TEE OF SYRACUSE - $2,900 SPAULDING SUPPORT SERVICES - $2,889 DUNBAR ASSOCIATION, INC - $2,862 WANDERER'S REST HUMANE ASSOCIATION - $2,858 HABITAT FOR HUMANITY INTERNATIONAL - $2,663 JUNIOR ACHIEVEMENT OF CNY - $2,622 PERSON TO PERSON CITIZEN ADVOCACY - $2,568 SENECA FALLS LIBRARY - $2,522 FRIENDS OF NORTH SYRACUSE EARLY EDUCATION PROGRAM - $2,517 EPILEPSY FOUNDATION ROCHESTER, SYRACUSE, BINGHAMTON - $2,486 FREEDOM RECREATIONAL SERVICES - $2,476 RONALD MCDONALD HOUSE CHARITIES - $2,454 PARKINSON'S RESEARCH CENTER THE MICHAEL STERN PRF - $2,430 BURN FOUNDATION OF CENTRAL NEW YORK - $2,430 HUMANE ASSOC OF CENTRAL NEW YORK - $2,352 UNITED WAY OF THE SOUTHERN TIER - $2,333 THE ADIRONDACK COUNCIL - $2,294 FOCUS ON THE FAMILY - $2,282 NATIONAL STROKE ASSOCIATION - $2,277 TEEN CHALLENGE SYRACUSE CHAPTER - $2,269 SKANEATELES EDUCATION FOUNDATION - $2,244 CAYUGA COUNSELING SERVICES - $2,220 AMERICAN RED CROSS, CAYUGA COUNTY - $2,207 EARTH SHARE OF NEW YORK - $2,193 YMCA OF FULTON, INC - $2,192 CNY CHINESE SCHOOL - $2,192 COUNTY NORTH CHILDREN'S CENTER - $2,188 UNITED WAY OF TOMPKINS COUNTY - $2 158 WORLD WILDLIFE FUND - $2,130 SYRACUSE CITY BALLET - $2,096 OPERATION BLESSING INTERNATIONAL RELIEF & DEVELOPMENT CORP - $2,080 FRIENDS OF THE ROSAMOND GIFFORD ZOO AT BURNET PARK - $2,066 CATHOLIC RELIEF SERVICES USCCB - $2,039 FEED THE CHILDREN - $2,027 AUTISM SPEAKS/ CURE AUTISM NOW NATL ALLIANCE FOR AUTISM RESEARCH - $2,024 DISABLED AMERICAN VETERANS (DAV) CHARITABLE SERVICE TRUST - $2,009 CAYUGA CENTERS - $1,987 CATHOLIC CHARITIES OF THE FINGER LAKES - $1,983 HEIFER INTERNATIONAL - $1,961 CROHNS & COLITIS FOUNDATON OF AMERICA, UPSTATE/ NORTHEASTERN - $1,924 FRIENDS OF OSWEGO COUNTY HOSPICE, INC - $1,917 SYRACUSE BEHAVIORAL HEALTHCARE - $1,902 FRIENDS OF DOROTHY - $1,898 FAYETTEVILLE MANLIUS A BETTER CHANCE - $1,891 FAYETTEVILLE MANLIUS MEALS ON WHEELS - $1,809 LUPUS ALLIANCE OF AMERICA, CNY BRANCH - $1,795 CANINE COMPANIONS FOR INDEPENDENCE - $1,779 ALS ASSOCIATION UPSTATE NEW YORK CHAPTER - $1,779 BOY SCOUTS OF AMERICA (NATIONAL) - $1,764 LITERACY COALITION OF ONONDAGA COUNTY- $1,744 KING OF KINGS LUTHERAN CHURCH - $1,737 ARTHRITIS FOUNDATION - CNY CHAPTER - $1,704 LEADERSHIP GREATER SYRACUSE - $1,691 OSWEGO COUNTY OPPORTUNITIES, INC - $1,689 L'ARCHE SYRACUSE - $1,669 C H A D - $1,660 NYS TROOPERS PBS SIGNAL 30 FUND, INC - $1,625 AMERICAN RED CROSS CORTLAND COUNTY CHAPTER - $1,617 AMERICAN RED CROSS SOUTHERN TIER CHAPTER - $1,602 OPERATION SMILE INTERNATIONAL - $1,582 SKANEATELES SKI CLUB - $1,572 MERCY FLIGHT CENTRAL, INC - $1,549 THE LEARNING PLACE - $1,510 LITERACY VOLUNTEERS OF GREATER OSWEGO COUNTY - $1,506 OPEN HAND THEATER, INC $1,500 HOSPICE AND PALLATIVE CARE ASSOCIATION OF NEW YORK STATE - $1,494 WHOLE ME, INC - $1,478 CNY FRIENDS - $1,455 N BARRY BERG SCHOLARSHIP FOR MUSCULOSKELETAL MEDICINE - $1,445 ALLEY CAR ALLIES- $1,435 AMERICAN CIVIL LIBERTIES UNION FOUNDATION- $1,430 SAVE THE KIDS - $1,426 LIBERTY RESOURCES, INC - $1,414 AIR 1 FOUNDATION - $1,410 PLANNED PARENTHOOD FOUNDATION - $1,391 LE MOYNE COLLEGE - $1,379 AMERICAN LUNG ASSOCIATION OF NEW YORK STATE - $1,363 UNITED WAY OF VENTURA COUNTY - $1,356 MEALS ON WHEELS OF SYRACUSE, NY INC - $1,345 BALDWINSVILLE MEALS ON WHEELS INC - $1,339 FEDERAL EMPLOYEE EDUCATION AND ASSISTANCE FUND - $1,317 VOICE OF MARTYRS, INC - $1,314 CATHOLIC CHARITIES, CORTLAND COUNTY - $1,308 CAYUGA/ SENECA COMMUNITY ACTION AGENCY - $1,304 POSTAL EMPLOYEE'S RELIEF FUND - $1,300 KIRK PARK COLTS POP WARNER FOOTBALL - $1,300 SACRED HEART CHURCH- ANNA'S PANTRY - $1,284 ALZHEIMERS DISEASE RESEARCH FOUNDATION CURE ALZHEIMERS FUND - $1,267 TIOGA COUNTY UNITED WAY - $1,262 AMNESTY INTERNATIONAL OF THE USA - $1,238 YOUNG LIFE SYRACUSE NY24 - $1,235 OXFAM AMERICA - $1,208 SHRINERS HOSPITAL FOR CHILDREN - $1,207 CANCER RESEARCH FOR CHILDREN (NCCF) - $1,206 FOREVER FUND - $1,200 FELLOWSHIP OF CHRISTIAN ATHLETES - $1,200 YMCA- WEIU CAYUGA COUNTY - $1,198 CHILDREN OF THE NIGHT - $1,198 SPECIAL OLYMPICS, INC - $1,145 BREAST CANCER RESEARCH FOUNDATION - $1,144 CATHOLIC CHARITIES - OSWEGO COUNTY - $1,134 FINGER LAKES LAND TRUST - $1,133 MANLIUS PEBBLE HILL SCHOOL - $1,100 BROOKLYN HEIGHTS MONTESSORI SCHOOL - $1,100 SYRACUSE HOME ASSOCIATION - $1,080 AMERICAN CANCER SOCIETY - $1,074 CHILDREN AWAITING PARENTS, INC - $1,060 NAMI SYRACUSE, INC - $1,056 CAZ CARES - $1,040 OPHELIA'S PLACE - $1,038 CHILDREN'S HUNGER RELIEF FUND - $1,038 THE V FOUNDATION FOR CANCER RESEARCH - $1,031 AMERICAN HUMANE ASSOCIATION - $1,015 YOUNG LIFE WEST NY30 - $1,005 ADIRONDACK MOUNTAIN CLUB - $1,005 THE NOONAN SYNDROME SUPPORT GROUP, INC- $1,000 MARY NELSON YOUTH DAY FOUNDATION - $1,000 910 AGENCIES WITH TOTAL DESIGNATIONS LESS THAN $1,000 $229,212 TOTAL - $1,848,488

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		74,141				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
EXCEPTIONAL FAMILY RESOURCES 1065 JAMES STREET SUITE 220 SYRACUSE,NY 13203	16-1098311		21,323				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ARISE INC635 JAMES STREET SYRACUSE,NY 13203	16-1186293		150,337				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
BOYS AND GIRLS CLUB OF SYRACUSE 2100 EAST FAYETTE STREET SYRACUSE,NY 13224	15-0532240		84,353				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CATHOLIC CHARITIES OF ONONDAGA COUNTY1654 WEST ONONDAGA STREET SYRACUSE,NY 13204	15-0532085		722,056				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CENTER FOR COMM ALTERNATIVES115 EAST JEFFERSON STREET SUITE 300 300 SYRACUSE,NY 13202	16-1395992		198,371				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CONTACT COMMUNITY SERVICES INC6520 BASILE ROWE EAST SYRACUSE,NY 13057	16-0984299		197,973				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
FOOD BANK OF CNY 6970 SCHUYLER ROAD EAST SYRACUSE,NY 13057	22-2816988		120,044				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
GIRL SCOUTS OF NY PENN PATHWAYS 8170 THOMPSON ROAD CICERO,NY 13039	15-0627396		22,194				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
INTERFAITH WORKS OF CENTRAL NEW YORK INC3049 EAST GENESEE STREET SYRACUSE,NY 13224	16-1064233		111,932				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
JEWISH COMMUNITY CENTER OF SYRACUSE5655 THOMPSON ROAD DEWITT,NY 13214	15-0539101		11,716				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SAMARITAN CENTER INC310 MONTGOMERY STREET SYRACUSE,NY 13203	16-1328786		39,402				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
LITERACY VOLUNTEERS OF GREATER SYRACUSE2111 SOUTH SALINA STREET SYRACUSE,NY 13205	16-1002098		32,804				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SPANISH ACTION LEAGUE700 OSWEGO STREET SYRACUSE,NY 13204	16-1023352		108,136				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SALVATION ARMY OF THE SYRACUSE AREA677 SOUTH SALINA STREET SYRACUSE,NY 13202	16-1057773		677,180				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
VERA HOUSE INC 6181 THOMPSON ROAD SUITE 100 SYRACUSE,NY 13206	51-0201530		239,676				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
YMCA SYRACUSE & ONONDAGA COUNTY120 EAST WASHINGTON STREET SUITE 415 SYRACUSE,NY 13202	15-0532277		152,370				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ELMCREST CHILDREN'S CENTER INC960 SALT SPRINGS ROAD SYRACUSE,NY 13244	15-0539090		80,792				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
AMERICAN RED CROSS ONONDAGA-OSWEGO CHAPTER 220 HERALD PLACE SYRACUSE,NY 13202	53-0196605		128,873				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CHILDREN'S CONSORTIUM2122 ERIE BOULEVARD EAST SYRACUSE,NY 13224	16-1019998		70,295				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
HILLSIDE CHILDREN'S CENTER 1183 MONROE AVENUE ROCHESTER,NY 14620	16-0743039		53,274				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
PEACE271 SOUTH SALINA STREET 2ND FLOOR SYRACUSE,NY 13202	16-6095039		101,904				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
LEARNING DISABILITIES ASSOCIATION OF CNY722 WEST MANLIUS STREET EAST SYRACUSE,NY 13057	16-1279753		30,461				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SYRACUSE NORTHEAST COMMUNITY CENTER716 HAWLEY AVENUE SYRACUSE,NY 13203	16-1116632		17,433				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
AURORA OF CENTRAL NEW YORK INC518 JAMES STREET SUITE 100 SYRACUSE,NY 13203	15-0543651		130,771				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CHILD CARE SOLUTIONS6724 THOMPSON ROAD SYRACUSE,NY 13221	16-1057376		79,667				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
FRANK H HISCOCK LEGAL AID SOCIETY 351 SOUTH WARREN STREET SYRACUSE,NY 13202	15-0527253		51,549				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HUNTINGTON FAMILY CENTERS405 GIFFORD STREET SYRACUSE,NY 13204	15-0532198		333,641				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ON POINT FOR COLLEGE INC1654 WEST ONONDAGA STREET SYRACUSE,NY 13204	16-1569356		77,793				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SYRACUSE JEWISH FAMILY SERVICES 4101 EAST GENESEE STREET SYRACUSE,NY 13214	16-1116632		13,333				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
TRANSITIONAL LIVING SERVICES OF ONONDAGA COUNTY INC420 EAST GENESEE STREET SYRACUSE,NY 13202	16-1039435		31,867				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE WORK SCHOLARSHIP CONNECTION1183 MONROE AVENUE ROCHESTER,NY 14620	16-1493404		14,059				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
MCMAHON RYAN CHILD ADVOCACY SITE509 WEST ONONDAGA STREET SYRACUSE,NY 13204	16-1563195		22,194				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WELCH TERRACE HOUSING DEVELOPMENT FUND INC1047 EAST FAYETTE STREER SYRACUSE,NY 13210	16-1442502		15,990				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
WOMEN'S OPPORTUNITY CENTER901 JAMES STREET SYRACUSE,NY 13203	16-1482758		30,930				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
1112 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATIONS 518 JAMES STREET SYRACUSE,NY 13220	15-0532073		1,848,488				11/12 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

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	12	48,512	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 ▸ (COMPUTER SOFTWARE)	X	1	5,041	FMV AT TIME OF DONATION
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

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL NEW YORK INC

Employer identification number
15-0532073

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION MISSION	FORM 990, PART I, LINE 1	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
DESCRIPTION OF ORGANIZAITON'S MISSION	FORM 990, PART III, LINE 1	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	SEE VOLUNTEER CNY PROGRAM DESCRIPTION

Identifier	Return Reference	Explanation
VISION AREA FOR COMMUNITY IMPACT	FORM 990 PART III, LINE 4A	THE COMMUNITY PROGRAM FUND IS THE BEST-KNOWN SERVICE UNITED WAY PROVIDES 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 GRANTS ARE AWARDED TO AGENCIES TO FUND PROGRAMS THAT FIT WITHIN THE UNITED WAY OF CENTRAL NEW YORK'S FOCUS AREAS

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, AND REVIEWED AT THEIR BOARD OF DIRECTORS' MEETING

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 COMMITTEE 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 65,912