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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final 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 province, country, and ZIP or foreign postal code
SYRACUSE, NY 132202129

D Employer identification number
15-0532073

E Telephone number
(315)428-2205

G Gross receipts $ 10,044,837

F Name and address of principal officer
FRANCIS J LAZARSKI
518 JAMES STREET PO BOX 2129
SYRACUSE,NY 132202129

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

H(b) Are all subordinates 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
TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF OUR COMMUNITY

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	35
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	35
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	48
6	Total number of volunteers (estimate if necessary)	**6**	4,431
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
8	Contributions and grants (Part VIII, line 1h)	7,625,972	7,724,075
9	Program service revenue (Part VIII, line 2g)	194,913	208,085
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	201,887	72,827
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,767	9,875
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,033,539	8,014,862
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,724,957	5,581,629
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)	1,334,301	1,326,655
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶692,009		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,060,546	1,337,484
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,119,804	8,245,768
19	Revenue less expenses Subtract line 18 from line 12	-86,265	-230,906

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,184,346	9,080,790
21	Total liabilities (Part X, line 26)	5,691,796	5,781,686
22	Net assets or fund balances Subtract line 21 from line 20	3,492,550	3,299,104

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

****** | 2015-10-27
Signature of officer | Date

FRANCIS J LAZARSKI PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JILL S PALMETER	JILL S PALMETER			P00281594

Firm's name ▶ DERMODY BURKE & BROWN CPAS LLC | Firm's EIN ▶ 01-0723685

Firm's address ▶ 443 N FRANKLIN ST STE 100
SYRACUSE, NY 132041441 | Phone no (315) 471-9171

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 $ 6,341,893 including grants of $ 5,581,629) (Revenue $ 217,960)

THE COMMUNITY IMPACT DIVISION MONITORS THE PROGRAMS THAT WILL RECEIVE 2014-2017 COMMUNITY PROGRAM FUNDS EACH OF THE 91 PROGRAMS, SPONSORED BY 34 AGENCIES, IS FUNDED IN ONE OF THE FOUR FOCUS AREAS EDUCATION, INCOME, HEALTH, OR SAFETY NET EVERY PROGRAM HAS AT LEAST ONE OUTCOME, MANY HAVE MULTIPLE OUTCOMES EACH PROGRAM IS DESCRIBED IN SCHEDULE O, ALONG WITH THE AMOUNT FUNDED, AND PROGRAM OUTCOMES

4b (Code) (Expenses $ 262,533 including grants of $) (Revenue $)

HIGHLIGHTS FOR THE LITERACY COALITION OF ONONDAGA COUNTY (LCOC) INCLUDED IMAGINATION LIBRARY BEGAN IN 2010 IN TWO SYRACUSE ZIP CODES IT EXPANDED TO COVER HALF THE CITY IN 2012 AND TO THE ENTIRE CITY IN 2014 IN THAT TIME, MORE THAN 6,000 CHILDREN HAVE BEEN ENROLLED AND MORE THAN 80,000 BOOKS HAVE BEEN DISTRIBUTED THE FIRST ENROLLEES ARE NOW ENTERING KINDERGARTEN USING A STANDARD MEASURE OF KINDERGARTEN READINESS, THE LE MOYNE RESEARCHERS COMPARED SYRACUSE CITY SCHOOL DISTRICT CHILDREN WHO RECEIVED THE BOOKS FOR THREE OR MORE YEARS TO CHILDREN WHO DID NOT CHILDREN IN THE PROGRAM OUTPERFORMED NON-ENROLLEES BY 28 9 PERCENT ON THEIR ABILITY TO NAME LETTERS OF THE ALPHABET IMAGINATION LIBRARY ENROLLEES ALSO OUTPERFORMED THE ONONDAGA COUNTY AVERAGE CNYLEARNS, A SERVICE OF THE LITERACY COALITION OF ONONDAGA COUNTY, HAS PARTNERED WITH 211 CNY TO HELP ADULT LEARNERS FIND ADULT LITERACY RESOURCES FOR THOSE WHO LIVE IN ONONDAGA COUNTY AND THE CITY OF SYRACUSE

4c (Code) (Expenses $ 245,809 including grants of $) (Revenue $)

DURING 2014-15 THIS TEAM RESPONDED TO A TOTAL OF 12 VIOLENT INCIDENTS THAT OCCURRED THROUGHOUT THE CITY OF SYRACUSE THESE INCIDENTS WERE GUN RELATED HOMICIDES ALONG WITH A NUMBER OF VIOLENT ASSAULTS THERE WERE 1005 PEOPLE AT CRIME SCENES THROUGHOUT THE CITY THAT WERE SERVED BY THE TRT THE TEAM ALSO RESPONDED TO UPSTATE MEDICAL CENTER WHERE 192 PEOPLE WERE SERVED 351 STUDENTS WERE SERVED THROUGHOUT THE YEAR

See Additional Data

4d Other program services (Describe in Schedule O)

(Expenses $ 130,507 including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 6,980,742

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, 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**		
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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	5		
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	48		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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 as charitable contributions? . . .	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			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

Check if Schedule O contains a response or note to any line 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**	35		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	35		
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**		Yes	
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ 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 or note to any line in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								205,991	0	30,881

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a 33,422				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e 300,984				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 7,389,669				
	g	Noncash contributions included in lines 1a-1f $	68,676				
	h	**Total.** Add lines 1a-1f . . . . . ▶		7,724,075			
Program Service Revenue			Business Code				
	2a	SERVICE FEE INCOME	561000	208,085	208,085		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		208,085			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		134,650			134,650
	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	1,968,152				
	b	Less cost or other basis and sales expenses	2,029,975				
	c	Gain or (loss)	-61,823				
	d	Net gain or (loss) . . . . . ▶		-61,823			-61,823
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- EXCLUDED	900099	9,875	9,875		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		9,875			
	12	**Total revenue.** See Instructions . . . . . ▶		8,014,862	217,960	0	72,827

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	5,581,629	5,581,629		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	244,559	154,065	90,494	
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	879,862	292,543	226,549	360,770
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	24,208	7,361	7,592	9,255
9 Other employee benefits	92,398	34,667	36,228	21,503
10 Payroll taxes	85,628	37,991	19,058	28,579
11 Fees for services (non-employees)				
a Management				
b Legal	2,593	804	804	985
c Accounting	28,800		24,000	4,800
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	42,831		42,831	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,051	15,480	16,107	8,464
12 Advertising and promotion				
13 Office expenses	36,515	8,074	13,716	14,725
14 Information technology	24,177	7,978	7,772	8,427
15 Royalties				
16 Occupancy	149,155	46,146	46,251	56,758
17 Travel	17,059	3,182	5,171	8,706
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,816	100	6,165	551
20 Interest				
21 Payments to affiliates	75,972	23,526	23,651	28,795
22 Depreciation, depletion, and amortization	8,542	2,648	2,648	3,246
23 Insurance	10,503	3,267	3,232	4,004
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PROGRAM EXPENSES	798,988	759,491		39,497
b PRINTING	92,051	1,290	335	90,426
c RECOGNITION	3,431	500	413	2,518
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	8,245,768	6,980,742	573,017	692,009
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☑

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		158,292	1	193,622
	2	Savings and temporary cash investments		1,517,655	2	1,327,754
	3	Pledges and grants receivable, net		3,116,171	3	3,313,319
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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		21,609	9	19,284
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 406,690			
	b	Less accumulated depreciation	10b 389,986	23,587	10c	16,704
	11	Investments—publicly traded securities		4,290,520	11	4,120,291
	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		56,512	15	89,816
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,184,346	16	9,080,790
Liabilities	17	Accounts payable and accrued expenses		85,678	17	104,298
	18	Grants payable		1,797,818	18	1,791,406
	19	Deferred revenue		364,447	19	400,231
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		3,345,478	25	3,387,376
	26	**Total liabilities.** Add lines 17 through 25		5,691,796	26	5,781,686
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		257,959	27	14,097
	28	Temporarily restricted net assets		3,165,943	28	3,217,899
	29	Permanently restricted net assets		68,648	29	67,108
		Organizations that do not follow SFAS 117 (ASC 958), 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		3,492,550	33	3,299,104
	34	Total liabilities and net assets/fund balances		9,184,346	34	9,080,790

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,014,862
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,245,768
3	Revenue less expenses Subtract line 2 from line 1	3	-230,906
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,492,550
5	Net unrealized gains (losses) on investments	5	37,460
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,299,104

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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		

Additional Data

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

Form 990, Part III - Line 4c: Program Service Accomplishments (See the Instructions)

(Code) (Expenses $ 130,507 including grants of $) (Revenue $)

WORK TRAIN INITIATIVE AS A KEY FOCUS OF THEIR STRATEGIC PLANNING, THE UNITED WAY OF CENTRAL NEW YORK DECIDED IN JANUARY 2013 TO ESTABLISH A LOCAL COLLABORATIVE OF FUNDERS AND COMMUNITY LEADERS, DEDICATED TO FORMING A WORKFORCE DEVELOPMENT PLATFORM THAT ALIGNS TALENT FROM SYRACUSE'S LOW-INCOME POPULATION WITH EMPLOYER DEMAND IN TARGETED INDUSTRIES FIRST YEAR RESULTS INCLUDED 1 DEVELOP A POOL OF LOCAL FINANCIAL RESOURCES, $300,000, TO INITIATE EFFECTIVE WORKFORCE PROGRAMMING ON A LOCAL LEVEL 2 ESTABLISH A LOCAL NETWORK OF EMPLOYERS, ECONOMIC DEVELOPERS, FUNDERS, EDUCATIONAL AND COMMUNITY LEADERS - ALIGN DISPARATE RESOURCES AND SERVICES TO CREATE A COMPREHENSIVE WORKFORCE SYSTEM 3 LEVERAGE $100,000, TECHNICAL ASSISTANCE AND PEER SUPPORT FROM THE NATIONAL FUND FOR WORKFORCE SOLUTIONS 4 ASSESSED, TRAINED AND HIRED 114 UNEMPLOYED/UNDEREMPLOYED MEN AND WOMEN TO WORK IN LOCAL HEALTH CARE FACILITIES SUCCESS BY 6 THIS UNITED WAY INITIATIVE HELPS PREPARE CHILDREN FOR SUCCESS BY EDUCATING AND INVOLVING PARENTS TO HELP PLAY A MORE ACTIVE ROLE IN THEIR CHILDREN'S SUCCESS BY FOCUSING COMMUNITY EFFORTS TO BUILD THE BEST EARLY CHILDHOOD DEVELOPMENT PROGRAMS POSSIBLE ADVOCATING FOR THE BEST PHYSICAL, INTELLECTUAL AND EMOTIONAL CARE FOR ALL YOUNG CHILDREN IN ONONDAGA COUNTY REGIONAL VOLUNTEER CENTER UNITED WAY OF CENTRAL NEW YORK COORDINATES A COMPREHENSIVE VOLUNTEER CENTER SERVING CAYUGA, CORTLAND, MADISON, ONONDAGA AND OSWEGO COUNTIES VOLUNTEERS LOGGED A TOTAL OF 196,801 HOURS FOR A VALUE OF $5 3M 211 CNY 211 CNY IS AN INFORMATION & REFERRAL SERVICE LAUNCHED IN FEBRUARY 2015 FOR 6 COUNTIES IN CENTRAL NEW YORK ONONDAGA, OSWEGO, MADISON, JEFFERSON, LEWIS, AND ST LAWRENCE IN THE INITIAL YEAR 10,602 CALLS WERE RECEIVED INQUIRING ABOUT SERVICES RANGING FROM BASIC NEEDS TO MENTAL HEALTH SERVICES THE WEBSITE ALSO HAD OVER 27,000 HITS

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) CHRISTINE BOWERS CHAIR COMMUNITY IMPA	1 00	X		X				0	0	0
(1) KIMBERLY BOYNTON CHAIR	1 00	X		X				0	0	0
(2) JAMES ENNIS ASS'T CHAIR VOLUNTEER RESO	1 00	X		X				0	0	0
(3) MARION ERVIN DIRECTOR	1 00	X						0	0	0
(4) CHARLES FENNELL DIRECTOR	1 00	X						0	0	0
(5) PAULA FREEDMAN CHAIR HUMAN RESOURCES	1 00	X		X				0	0	0
(6) RICHARD HOLE ASS'T CHAIR INVESTMENT	1 00	X		X				0	0	0
(7) JOSEPH L RUFO SECRETARY/ TREASURER	1 00	X		X				0	0	0
(8) JOYCE P GRIFFIN-SOBEL DIRECTOR	1 00	X						0	0	0
(9) PATRICIA STITH DIRECTOR	1 00	X						0	0	0
(10) KIMBERLY TOWNSEND CHAIR INVESTMENT COMMITTEE	1 00	X		X				0	0	0
(11) DAVID WALL CHAIR VOLUNTEER RESOURCES	1 00	X		X				0	0	0
(12) MARTHA WINSLOW ASS'T SECRETARY/ TREASURER	1 00	X		X				0	0	0
(13) RANDALL WOLKEN CHAIR RESOURCE DEVELOPMENT	1 00	X		X				0	0	0
(14) SALLY BERRY DIRECTOR	1 00	X						0	0	0
(15) DAVID DUERR ASS'T CHAIR MARKETING & CO	1 00	X		X				0	0	0
(16) TIMOTHY FOX CHAIR MARKETING & COMMUNIC	1 00	X		X				0	0	0
(17) DREW A JAMES DIRECTOR	1 00	X						0	0	0
(18) MICHAEL F MELARA DIRECTOR	1 00	X						0	0	0
(19) PEGGY OGDEN DIRECTOR	1 00	X						0	0	0
(20) LEOLA RODGERS DIRECTOR	1 00	X						0	0	0
(21) WILLIAM H BROWER III DIRECTOR	1 00	X						0	0	0
(22) STEPHEN J GORCZYNSKI VICE CHAIR	1 00	X		X				0	0	0
(23) STEPHANIE A CROCKETT DIRECTOR	1 00	X						0	0	0
(24) ROSA CLARK 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(26) REBECCA BOSTWICK DIRECTOR	1 00	X						0	0	0
(1) JAMES D FREYER ASS'T CHAIR LEADERSHIP DEV	1 00	X		X				0	0	0
(2) PETER G MAIER DIRECTOR	1 00	X						0	0	0
(3) VIRGINIA BIESIADA O'NEILL CHAIR LEADERSHIP DEVELOPME	1 00	X		X				0	0	0
(4) MICHAEL HUMPHREY DIRECTOR	1 00	X						0	0	0
(5) JOSEPH E O' HARA DIRECTOR	1 00	X						0	0	0
(6) DONALD MORGAN ASS'T CHAIR RESOURCE DEVEL	1 00	X		X				0	0	0
(7) ANNETTE PETERS DIRECTOR	1 00	X						0	0	0
(8) ANNE MARIE MULLIN DIRECTOR	1 00	X						0	0	0
(9) RUTH CHEN DIRECTOR	1 00	X						0	0	0
(10) PASTOR DAREN C JAIME DIRECTOR	1 00	X						0	0	0
(11) MICHELLE KENNEDY DIRECTOR	1 00	X						0	0	0
(12) JEREMY THURSTON DIRECTOR	1 00	X						0	0	0
(13) GREG LOH FORMER CHAIR	1 00	X						0	0	0
(14) MARITZA ALVARADO FORMER DIRECTOR	1 00	X						0	0	0
(15) CHARLES SPROCK FORMER DIRECTOR	1 00	X						0	0	0
(16) FRANCIS J LAZARSKI PRESIDENT	40 00			X				127,468	0	18,775
(17) BETSY R FOOTE VICE PRESIDENT OF FINANCE	40 00			X				78,523	0	12,106

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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.**

▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL NEW YORK INC

Employer identification number
15-0532073

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations . . . . . _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,007,489	7,814,136	7,882,128	7,625,972	7,724,075	39,053,800
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	8,007,489	7,814,136	7,882,128	7,625,972	7,724,075	39,053,800
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						39,053,800

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	8,007,489	7,814,136	7,882,128	7,625,972	7,724,075	39,053,800
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	348,269	59,501	291,029	201,887	72,827	973,513
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	1,275	10,086	11,921	10,767	9,875	43,924
11 **Total support** Add lines 7 through 10						40,071,237

12	Gross receipts from related activities, etc (see instructions)	12	1,077,408

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	97 460 %
15	Public support percentage for 2013 Schedule A, Part II, line 14	15	96 900 %

16a **33 1/3% support test—2014.** 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—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** 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—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. . . .*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part II of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI) _____			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 $ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2015.** Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2010 AMOUNT $ 1,275 2011 AMOUNT $ 10,086 2012 AMOUNT $ 11,921 2013 AMOUNT $ 10,767 2014 AMOUNT $ 9,875

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

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 value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included 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 (ASC 958) relating to these items

a Revenue 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 acquisition, 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" 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	68,648	65,217	68,685	62,462	61,716
b Contributions					
c Net investment earnings, gains, and losses	-1,540	3,431	-3,468	6,223	746
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	67,108	68,648	65,217	68,685	62,462

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

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

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		71,163	66,864	4,299
d Equipment		335,527	323,122	12,405
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				16,704

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
UNDESIGNATED ALLOCATIONS PAYABLE	3,387,376
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	3,387,376

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	5,891,264
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	37,460		
b	Donated services and use of facilities	2b	76,026		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	113,486
3	Subtract line **2e** from line **1**			3	5,777,778
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	42,831		
b	Other (Describe in Part XIII)	4b	2,194,253		
c	Add lines **4a** and **4b**			4c	2,237,084
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	8,014,862

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	6,084,710
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	76,026		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	76,026
3	Subtract line **2e** from line **1**			3	6,008,684
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	42,831		
b	Other (Describe in Part XIII)	4b	2,194,253		
c	Add lines **4a** and **4b**			4c	2,237,084
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	8,245,768

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	THE ENDOWMENT FUND WAS ESTABLISHED BY A DONOR TO HELP WITH GENERAL OPERATING EXPENSES FOR THE ORGANIZATION INTEREST AND DIVIDENDS FROM THE FUND ARE USED FOR GENERAL OPERATIONS
PART X, LINE 2	THE CORPORATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ACCORDINGLY, AND UNDER SIMILAR 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 XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS PAYABLE TO AGENCIES 2,194,253
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS TO AGENCIES 2,194,253

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493301010715

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL NEW YORK INC

Employer identification number
15-0532073

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 34

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

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

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

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

Return Reference	Explanation
PART I, LINE 2	THE COMMUNITY PROGRAM FUND OPERATES ON THREE-YEAR FUNDING CYCLE, CURRENTLY JULY 1, 2014 TO JUNE 30, 2017 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 IN EACH OF THE THREE YEARS MID-YEAR AGENCY REPORT, MID-YEAR PROGRAM REPORT (FOR EACH SEPARATE PROGRAM THAT AN AGENCY IS RECEIVING FUNDING), YEAR-END AGENCY REPORT, YEAR-END PROGRAM REPORT (FOR EACH SEPARATE PROGRAM THAT AN AGENCY IS RECEIVING FUNDING) 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 AUDIT, IF REQUIRED
FORM 990, SCHEDULE I, PART II	DETAIL OF 14/15 DESIGNATIONS TO OTHER 501 (C) (3) ORGANIZATION AGENCY NAME WITH TOTAL DESIGNATION UPSTATE MEDICAL UNIVERSITY FOUNDATION - $254,998 UNITED WAY OF CAYUGA COUNTY, INC - $204,376 COMMUNITY HEALTH CHARITIES OF NEW YORK - $48,052 UNITED WAY OF GREATER OSWEGO COUNTY, INC - $36,566 CROUSE HEALTH FOUNDATION - $31,873 ANIMAL CHARITIES OF AMERICA - $28,921 FRANCIS HOUSE - $28,175 ST JOSEPH'S HOSPITAL CENTER FOUNDATION - $27,607 COMMUNITY HEALTH CHARITIES - $25,768 WOUNDED WARRIOR PROJECT (WWP) - $22,113 AMERICA'S CHARITIES INCORPORATED - $20,611 MILITARY FAMILY AND VETERANS SERVICE ORGANIZATIONS OF AMERICA - $19,961 ACCESSCNY, INC - $19,430 HERKIMER/MADISON/ONEIDA SEFA - $19,323 SAY YES TO EDUCATION/SYRACUSE CHAPTER - $18,883 CENTRAL NEW YORK SPCA - $18,133 INTERNATIONAL ASSOCIATION OF LIONS CLUBS SYRACUSE LIONS CLUB CHARITY FUND - $18,000 UPSTATE MEDICAL ALUMNI FOUNDATION - $17,722 PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK, INC - $16,516 MERCY WORKS INC - $16,515 HOSPICE OF CENTRAL NEW YORK - $16,512 ALZHEIMER'S ASSOCIATION, CNY CHAPTER - $15,437 MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK - $15,357 GLOBAL IMPACT - $14,556 CHILDREN'S CHARITIES OF AMERICA - $13,237 HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - $12,636 SETON FOOD PANTRY, INC - $12,058 INDEPENDENT CHARITIES OF AMERICA - $11,396 CHRISTIAN SERVICE CHARITIES - $10,332 UNITED WAY FOR CORTLAND COUNTY - $9,974 EARTH SHARE CHAPTERS, INC - $9,928 COMMUNITY FOUNDATION OF COLLIER COUNTY - $9,400 WORK TRAIN COLLABORATIVE - $8,859 CANCERCURE OF AMERICA - $8,715 UNITED WAY OF NORTHERN NEW YORK - $8,702 NEW HOPE FAMILY SERVICES, INC - $8,419 SYRACUSE CITY SCHOOL DISTRICT EDUCATION FOUNDATION - $8,206 LONGHOUSE COUNCIL BOY SCOUTS OF AMERICA, INC - $8,077 MILITARY SUPPORT GROUPS OF AMERICA FEDERATION - $8,054 CENTRAL NEW YORK COMMUNITY FOUNDATION - $7,585 CHILDREN FIRST - AMERICA'S CHARITIES - $7,452 JOWONIO SCHOOL - $7,434 SOLVAY GEDDES COMMUNITY YOUTH CENTER, INC - $7,312 YMCA OF GREATER SYRACUSE - $7,056 CATHOLIC SERVICE ORGANIZATIONS OF AMERICA - $6,451 LITERACY CNY - $6,325 GREATER ROCHESTER SEFA - $6,110 MULTIPLE SCLEROSIS RESOURCES OF CNY - $6,095 BROOME/CHENANGO/TIOGA SEFA - $5,307 SUSAN G KOMEN FOR THE CURE CNY AFFILIATE - $5,302 ADVOCATES, INC - $5,266 AMERICAN CANCER SOCIETY - CENTRAL NEW YORK REGION - $5,260 AMERICAN RED CROSS - $5,171 ST JAMES EPISCOPAL CHURCH - $5,000 UNITED COMMUNITY CHEST OF CAZENOVIA, FENNER & NELSON - $5,000 CHILDREN'S MEDICAL & RESEARCH CHARITIES OF AMERICA - $4,991 UNITED WAY OF THE VALLEY & GREATER UTICA AREA - $4,962 NEIGHBOR TO NATION - $4,914 ARISE AT THE FARM - $4,907 EARTH SHARE - $4,738 CLEAR PATH FOR VETS - $4,655 HOPE FOR BEREAVED - $4,572 USO, INC - $4,510 FORT DRUM ARMY COMMUNITY SERVICE - $4,481 UNITED WAY OF SENECA COUNTY, INC - $4,434 CAMP GOOD DAYS & SPECIAL TIMES, INC - $4,423 MEDICAL RESEARCH CHARITIES - $4,388 SARAH HOUSE, INC - $4,365 AMERICAN CANCER SOCIETY- EASTERN DIV - $4,250 JEWISH COMMUNITY CENTER OF SYRACUSE - $4,182 EDUCATE AMERICA! - $4,034 M O S T (MUSEUM OF SCIENCE AND TECHNOLOGY) - $4,009 JUVENILE DIABETES RESEARCH FOUNDATION, CENTRAL NEW YORK CHAPTER - $3,940 SULLIVAN FOOD CUPBOARD - $3,900 CORTLAND COUNTY SEFA - $3,869 FATHER CHAMPLIN'S GUARDIAN ANGEL SOCIETY - $3,725 JOSEPH'S HOUSE FOR WOMEN, INC - $3,684 THE LEUKEMIA & LYMPHOMA SOCIETY WESTERN & CENTRAL NEW YORK CHAPTER - $3,662 MADISON COUNTY FEDERATION COMMUNITY CHESTS - $3,478 WILD ANIMALS WORLDWIDE - $3,465 AMERICAN DIABETES ASSOCIATION - SYRACUSE - $3,377 ARC OF ONONDAGA COUNTY - $3,288 AMERICAN HEART ASSOCIATION OF ONONDAGA COUNTY - $3,282 HOPEPRINT - $3,208 CONSERVATION & PRESERVATION CHARITIES OF AMERICA - $3,142 GREATER CAPITAL REGION SEFA - $3,136 BASCOL - $3,074 WOMEN, CHILDREN, AND FAMILY SERVICE CHARITIES OF AMERICA - $2,954 OPHELIA'S PLACE - $2,938 CHARITIES UNDER 1 PERCENT OVERHEAD - $2,837 LEADERSHIP GREATER SYRACUSE - $2,834 MARCH OF DIMES FOUNDATION, NY CHAPTER CENTRAL NEW YORK DIVISION - $2,831 LITERACY COALITION OF ONONDAGA COUNTY - $2,782 HUMANE ASSOC OF CENTRAL NEW YORK - $2,760 RONALD MCDONALD HOUSE CHARITIES OF CENTRAL NEW YORK - $2,692 CHARITY FOR CHILDREN, INC - $2,680 UNITED WAY OF GREATER ONEIDA, INC - $2,607 FRIENDS OF THE NORTH SYRACUSE EARLY EDUCATION PROGRAM - $2,514 YOUNG LIFE WEST NY30 - $2,500 SKANEATELES EDUCATION FOUNDATION - $2,399 HEALTH FIRST - AMERICA'S CHARITIES - $2,391 KARA FUND, INC - $2,312 JEFFERSON/LEWIS SEFA - $2,234 JUNIOR ACHIEVEMENT OF CENTRAL UPSTATE NY (INCLUDES CNY) - $2,200 EDUCATION FOUNDATION FOR SUFFOLK COUNTY EXTENSION, INC - $2,184 SPAULDING SUPPORT SERVICES - $2,154 UNITED WAY OF GREATER ROCHESTER - $2,146 YOUNG LIFE SYRACUSE NY24 - $2,142 LAFAYETTE OUTREACH, INC - $2,105 HUMAN & CIVIL RIGHTS ORGANIZATIONS OF AMERICA - $2,100 UNITED WAY OF THE ADIRONDACK REGION - $2,065 FOREVER FUND - $2,000 ARTHRITIS FOUNDATION UPSTATE NEW YORK - $1,981 LEARNING DISABILITIES ASSOCIATION OF CENTRAL NEW YORK - $1,980 CHARITIES UNDER 5 PERCENT OVERHEAD - $1,966 NIAGARA FRONTIER SEFA - $1,958 CHRISTIAN CHILDREN'S CHARITIES FEDERATION - $1,932 UNITED WAY OF TOMPKINS COUNTY - $1,920 POSTAL EMPLOYEES' RELIEF FUND - $1,911 CHADWICK RESIDENCE, INC - $1,881 DUNBAR ASSOCIATION, INC - $1,846 UNITED WAY OF THE SOUTHERN TIER - $1,843 JORDAN ELBRIDGE ECUMENICAL FOOD PANTRY - $1,834 SYRACUSE OPEN HOUSE, INC - $1,825 K9S FOR WARRIORS - $1,810 MATTHEW HOUSE, INC - $1,809 THE ALS ASSOCIATION UPSTATE NEW YORK CHAPTER - $1,748 COUNTY NORTH CHILDREN'S CENTER - $1,740 NATIONAL BLACK FEDERATION OF CHARITIES - $1,686 SYRACUSE MODEL NEIGHBORHOOD FACILITY, INC - $1,686 EPILEPSY-PRALID, INC - $1,677 MAUREEN'S HOPE FOUNDATION INC - $1,670 WOUNDED WARRIORS FAMILY SUPPORT - $1,656 SPORTS CHARITIES USA - $1,642 NYS TROOPERS PBS SIGNAL 30 FUND, INC - $1,635 ORENDA SPRINGS - $1,580 FAYETTEVILLE MANLIUS JAMESVILLE DEWITT MEALS ON WHEELS - $1,555 CHARITY WITHOUT BORDERS FEDERATION - $1,547 FRIENDS OF THE ROSAMOND GIFFORD ZOO AT BURNET PARK - $1,545 UNIQUE & NOTEWORTHY CHARITIES - $1,535 EAST SYRACUSE MINOA EDUCATION FOUNDATION - $1,535 CROHN'S & COLITIS FOUNDATION-ROCH (ROCHESTER, SYRACUSE TO ALBANY+SOUTH) - $1,531 ST JUDE CHILDREN'S RESEARCH HOSPITAL - $1,513 HOSPICE OF THE FINGER LAKES - $1,504 HUMAN SERVICE CHARITIES OF AMERICA - $1,448 CHRISTIAN HEALTH SERVICE OF SYRACUSE INC - $1,440 TOURETTE SYNDROME ASSOCIATION OF GREATER NEW YORK STATE - $1,430 MENTAL HEALTH & ADDICTION NETWORK FEDERATION - $1,423 ARC OF ONONDAGA FOUNDATION - $1,404 THE NRA FOUNDATION, INC - $1,387 NEW YORK CITY SEFA - $1,376 UNITED WAY OF ROME & WESTERN ONEIDA COUNTY, INC - $1,376 MAKE-A-WISH FOUNDATION OF AMERICA - $1,369 A BETTER WORLD FUND - $1,336 NATIONAL KIDNEY FOUNDATION OF CNY - $1,326 NATIONAL MULTIPLE SCLEROSIS SOCIETY - $1,309 CATHOLIC CHARITIES OF CHEMUNG & SCHUYLER COUNTY - $1,300 CAZ CARES - $1,300 VNA HOMECARE - $1,300 SYRACUSE CHILDREN'S CHORUS - $1,291 SACRED HEART CHURCH - ANNA'S PANTRY - $1,267 MUSCULAR DYSTROPHY ASSOCIATION CNY - $1,260 MAKE-A-WISH FOUNDATION OF WESTERN AND METRO NEW YORK - $1,250 CHRISTIAN CHARITIES USA - $1,205 ERIE CANAL MUSEUM - $1,201 LUPUS ALLIANCE OF UPSTATE NY WESTERN, CNY, AND NE OF NYS - $1,192 NRA CIVIL RIGHTS DEFENSE FUND - $1,191 PAIGE'S BUTTERFLY RUN - $1,191 BRADY FAITH CENTER - $1,173 FAITH HERITAGE SCHOOL - $1,166 CHILD AID USA - $1,150 CNY CHINESE SCHOOL - $1,146 FRIENDS OF DOROTHY - $1,142 L'ARCHE SYRACUSE, INC - $1,137 CNY FRIENDS - $1,124 NORTHERN OSWEGO COUNTY HEALTH SERVICES - $1,105 AMERICAN FOUNDATION FOR SUICIDE PREVENTION - $1,076 UNITED WAY WORLDWIDE - $1,068 HELPING HOUNDS DOG RESCUE, INC - $1,061 HONOR FLIGHT SYRACUSE, INC - $1,057 VALLEY OF THE SUN UNITED WAY - $1,047 COMFORT ZONE CAMP - $1,040 SPAFFORD AREA HISTORICAL SOCIETY - $1,040 CNY ARTS - $1,035 TOMPKINS/SCHUYLER COUNTIES SEFA - $1,033 CHILDRENS CENTER OF OSWEGO, INC - $1,032 CAYUGA/SENECA COMMUNITY ACTION AGENCY - $1,010 PARKINSON'S DISEASE FOUNDATION - $1,006 LIBERTY RESOURCES, INC - $1,003 ANNUNCIATION HOUSE - $1,000 TEEN CHALLENGE SYRACUSE CHAPTER - $1,000 WCNY PUBLIC TELEVISION - $1,000 511 AGENCIES WITH TOTAL DESIGNATIONS LESS THAN $1,000 - $128,488 TOTAL - $1,633,117

Additional Data

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 Domestic Organizations and Domestic Governments.

(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
ACR HEALTH627 WEST GENESEE STREET SYRACUSE,NY 13204	16-1359060		80,050				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
EXCEPTIONAL FAMILY RESOURCES1065 JAMES STREET SUITE 220 SYRACUSE,NY 13203	16-1098311		22,700				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
ARISE INC635 JAMES STREET SYRACUSE,NY 13203	16-1186293		52,010				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
BOYS AND GIRLS CLUB OF SYRACUSE2100 EAST FAYETTE STREET SYRACUSE,NY 13224	15-0532240		21,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
CATHOLIC CHARITIES OF ONONDAGA COUNTY1654 WEST ONONDAGA STREET SYRACUSE,NY 13204	15-0532085		639,415				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
CENTER FOR COMM ALTERNATIVES115 EAST JEFFERSON STREET SUITE 300 300 SYRACUSE,NY 13202	16-1395992		194,560				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
CONTACT COMMUNITY SERVICES INC6520 BASILE ROWE EAST SYRACUSE, NY 13057	16-0984299		190,746				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
FOOD BANK OF CNY6970 SCHUYLER ROAD EAST SYRACUSE, NY 13057	22-2816988		95,512				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
GIRL SCOUTS OF NY PENN PATHWAYS8170 THOMPSON ROAD CICERO,NY 13039	15-0627396		20,880				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
INTERFAITH WORKS OF CENTRAL NEW YORK INC 3049 EAST GENESEE STREET SYRACUSE,NY 13224	16-1064233		78,426				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
SAMARITAN CENTER INC 310 MONTGOMERY STREET SYRACUSE,NY 13203	16-1328786		40,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LITERACY VOLUNTEERS OF GREATER SYRACUSE 2111 SOUTH SALINA STREET SYRACUSE,NY 13205	16-1002098		30,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
SPANISH ACTION LEAGUE 700 OSWEGO STREET SYRACUSE,NY 13204	16-1023352		34,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
SALVATION ARMY OF THE SYRACUSE AREA677 SOUTH SALINA STREET SYRACUSE,NY 13202	16-1057773		892,205				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
VERA HOUSE INC6181 THOMPSON ROAD SUITE 100 SYRACUSE,NY 13206	51-0201530		232,980				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
YWCA SYRACUSE & ONONDAGA COUNTY120 EAST WASHINGTON STREET SUITE 415 SYRACUSE,NY 13202	15-0532277		118,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
ELMCREST CHILDREN'S CENTER INC960 SALT SPRINGS ROAD SYRACUSE,NY 13244	15-0539090		73,880				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
AMERICAN RED CROSS ONONDAGA-OSWEGO CHAPTER344 WEST GENESEE STREET SYRACUSE,NY 13202	53-0196605		98,500				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
CHILDREN'S CONSORTIUM 2122 ERIE BOULEVARD EAST SYRACUSE,NY 13224	16-1019998		12,500				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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 CENTER1183 MONROE AVENUE ROCHESTER,NY 14620	16-0743039		27,280				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
PEACE INC271 SOUTH SALINA STREET 2ND FLOOR SYRACUSE,NY 13202	16-6095039		152,808				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
SYRACUSE NORTHEAST COMMUNITY CENTER716 HAWLEY AVENUE SYRACUSE,NY 13203	16-1116632		44,700				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AURORA OF CENTRAL NEW YORK INC518 JAMES STREET SUITE 100 SYRACUSE,NY 13203	15-0543651		107,345				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
CHILD CARE SOLUTIONS 6724 THOMPSON ROAD SYRACUSE,NY 13221	16-1057376		85,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
FRANK H HISCOCK LEGAL AID SOCIETY351 SOUTH WARREN STREET SYRACUSE,NY 13202	15-0527253		50,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
HUNTINGTON FAMILY CENTERS405 GIFFORD STREET SYRACUSE,NY 13204	15-0532198		316,230				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
ON POINT FOR COLLEGE INC1654 WEST ONONDAGA STREET SYRACUSE,NY 13204	16-1569356		79,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
SYRACUSE JEWISH FAMILY SERVICES4101 EAST GENESEE STREET SYRACUSE,NY 13214	16-1116632		23,175				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
TRANSITIONAL LIVING SERVICES OF ONONDAGA COUNTY INC420 EAST GENESEE STREET SYRACUSE,NY 13202	16-1039435		38,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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 WORK SCHOLARSHIP CONNECTION1183 MONROE AVENUE ROCHESTER,NY 14620	16-1493404		15,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
MCMAHON RYAN CHILD ADVOCACY CENTER509 WEST ONONDAGA STREET SYRACUSE,NY 13204	16-1563195		18,130				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
WELCH TERRACE HOUSING DEVELOPMENT FUND INC 1047 EAST FAYETTE STREET SYRACUSE,NY 13210	16-1442502		14,480				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
WHOLE ME INC1015 STATE FAIR BOULEVARD SYRACUSE,NY 13209	04-3743001		20,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
RESCUE MISSION ALLIANCE OF SYRACUSE NEW YORK155 GIFFORD STREET SYRACUSE,NY 13202	15-0532146		30,000				SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

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

(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
1415 DESIGNATIONS TO OTHER 501(C)(3) ORGANIZATIONS518 JAMES STREET SYRACUSE,NY 13220	15-0532073		1,633,117				14/15 DESIGNATIONS AS MADE BY CAMPAIGN DONORS TO NON-UNITED WAY OF CENTRAL NEW YORK AGENCIES

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL NEW YORK INC

Employer identification number
15-0532073

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

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

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JAMES D FREYER	CHAIRMAN AND CEO OF HAYLOR, FREYER & COON,INC AND ASSISTANT CHAIR-LEADERS	25,542	UWCNY USED HAYLOR, FREYER, & COON, INC , OF WHICH BOARD MEMBER JAMES D FREYER IS THE CHAIRMAN AND CEO, AS AN INSURANCE BROKER IN 2015 AMOUNT OF TRANSACTION IS THE TOTAL AMOUNT OF INSURANCE PREMIUMS PAID TO OR BROKERED BY HAYLOR, FREYER, & COON, INC		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
UNITED WAY OF CENTRAL NEW YORK INC

Employer identification number
15-0532073

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	18	68,676	AVE LOW/ HIGH DAY SOLD
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Return Reference	Explanation
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 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

Return Reference	Explanation
FORM 990, PART III, LINE 1	UNITED WAY ENVISIONS A WORLD WHERE ALL INDIVIDUALS AND FAMILIES ACHIEVE THEIR HUMAN POTENTIAL THROUGH EDUCATION, FINANCIAL STABILITY AND HEALTHY LIVING IMAGINE A WORLD THAT FOSTERS HOPE AND OPPORTUNITY FOR EVERYONE A WORLD WHERE 1 ALL CHILDREN RECEIVE A QUALITY EDUCATION THAT OFFERS A PATHWAY TO A BRIGHTER TOMORROW 2 THE CYCLE OF POVERTY AND FINANCIAL DEPENDENCE ENDS, AND PRODUCTIVE LIVELIHOODS BEGIN FOR EVEN THE MOST DISADVANTAGED 3 EVERYONE HAS AN EQUAL CHANCE TO LEAD HEALTHY LIVES 4 COMMUNITIES NOT ONLY SET SIGNIFICANT AND MEASURABLE GOALS TO ADVANCE THESE FUNDAMENTAL ELEMENTS OF HUMAN DEVELOPMENT, BUT ACHIEVE THEM

Return Reference	Explanation	
	FORM 990 PART III, LINE 4A	FOCUS AREA #1 EDUCATION PART 1 EDUCATION EDUCATING COMMUNITY MEMBERS TO ACHIEVE THEIR FUL L POTENTIAL CATHOLIC CHARITIES OF ONONDAGA COUNTY PRE-SCHOOL PROGRAM $85,000 THE PROGRAM PROVIDES ACCESSIBLE YEAR-ROUND, EARLY CHILDHOOD EDUCATION AT NO COST THAT ENHANCES COGNITI VE, EMOTIONAL, SOCIAL, PHYSICAL, AND LINGUISTIC DEVELOPMENT SO CHILDREN ARE DEVELOPMENTALL Y ON TRACK WHEN ENTERING KINDERGARTEN THE TARGET POPULATION IS COMPRISED OF VULNERABLE FA MILIES WITH CHILDREN THREE TO FIVE YEARS OLD LIVING IN HIGH-NEED NEIGHBORHOODS OF THE CITY OF SYRACUSE PARTICIPANTS REPRESENT THE CITY'S GROWING ETHNIC AND LINGUISTIC DIVERSITY WI TH MANY CHILDREN BEING ENGLISH LANGUAGE LEARNERS (ELL) THE PROGRAM PROVIDES TRANSPORTATIO N AND EDUCATIONAL OPPORTUNITIES TO SUPPORT AND ENGAGE PARENTS OPERATING SINCE 1972, THE P ROGRAM NOW PROVIDES UNIVERSAL PRE-K IN PARTNERSHIP WITH THE SYRACUSE CITY SCHOOL DISTRICT 316 CHILDREN ATTENDED, AN INCREASE OF 9 5% OVER THE PREVIOUS YEAR REFUGEE YOUTH AND FAMI LY SUPPORT PROGRAM $50,000 THE CCOC REFUGEE YOUTH AND FAMILY SUPPORT PROGRAM (RYP) IS A CO MPREHENSIVE YOUTH DEVELOPMENT PROGRAM SERVING REFUGEE CHILDREN AND TEENS DESIGNED TO HELP THEM ASSIMILATE TO THEIR NEW HOME. THE PROGRAM OFFERS ETHNIC ROLE MODELS, ORIENTATION TO T HE AMERICAN SCHOOL SYSTEM, ACADEMIC ENRICHMENT, AND SUPPORT SERVICES EACH YEAR, APPROXIMA TELY 350 REFUGEE CHILDREN FROM AROUND THE WORLD BEGIN NEW LIVES IN THE CITY OF SYRACUSE. T HE OBJECTIVES OF THE PROJECT ARE TO PREPARE REFUGEE YOUTH FOR ACADEMIC SUCCESS AND SCHOOL AND COMMUNITY INTEGRATION, AND TO FACILITATE PROGRESS OF REFUGEE YOUTH TOWARD A HIGH SCHOO L DEGREE. THE REFUGEE YOUTH PROGRAM HAS PROVIDED SERVICES FOR 22 YEARS 360 CHILDREN ENGAG E IN AFTER-SCHOOL AND ACADEMIC SUPPORT ACTIVITIES CENTER FOR COMMUNITY ALTERNATIVES, INC TRANSITION COACH PROGRAM $60,000 THE TRANSITION COACH PROGRAM PROVIDES COMPREHENSIVE TRAN SITIONAL SUPPORT THAT ASSISTS SUSPENDED MIDDLE SCHOOL YOUTH WHO ATTEND THE SYRACUSE CITY S CHOOL DISTRICT'S (SCSD) ALTERNATIVE CLASSROOMS WITH THEIR SUCCESSFUL TRANSITION TO, AND RE TENTION IN, MAINSTREAM SCHOOL THIS ASSISTANCE IS PROVIDED THROUGH THERAPEUTIC CASE MANAGE MENT, SCHOOL BASED ADVOCACY AND FAMILY SUPPORT AND EDUCATION 129 YOUTH PARTICIPATED IN TH IS PROGRAM CHILD CARE SOLUTIONS, INC COMMUNITY CHILD CARE SCHOLARSHIP PROGRAM $85,000 RE LIABLE CHILD CARE IS A NECESSITY FOR PARENTS WHO MUST WORK OUTSIDE THE HOME TO SUPPORT THE IR FAMILIES CHILDREN'S PHYSICAL, EMOTIONAL AND COGNITIVE DEVELOPMENT IS IMPACTED BY THE Q UALITY OF THE CARE THEY RECEIVE, BUT GOOD CHILD CARE IS EXPENSIVE AND OFTEN UNAFFORDABLE F OR MODERATE-INCOME FAMILIES SINCE 2005, CHILD CARE SOLUTIONS HAS PROVIDED FINANCIAL ASSIS TANCE THROUGH THE COMMUNITY CHILD CARE SCHOLARSHIP PROGRAM TO HELP MODERATE-INCOME WORKING PARENTS IN ONONDAGA COUNTY ENROLL THEIR CHILDREN IN NY STATE REGULATED CHILD CARE CENTERS FOR QUALITY CARE AND EARLY LEARNING 43 CHILDREN RECEIVED CHILD CARE SCHOLARSHIP AWARDS CONTACT COMMUNITY SERVICES, INC PAVING R WAY TO GRADUATE $46,000 PAVING "R" WAY TO GRADUA TE (PRWTG) DELIVERS COMPREHENSIVE YOUTH DEVELOPMENT PROGRAMMING IN SYRACUSE AND NORTH SYRA CUSE SCHOOLS FOR UP TO 600 EDUCATIONALLY AND ECONOMICALLY DISADVANTAGED YOUTH, AGES 10-16 IN THIRD TO EIGHTH GRADES THESE LICENSED SCHOOL-AGED CHILD CARE PROGRAMS PROVIDE FREE BEF ORE, DURING AND AFTER SCHOOL PROGRAMMING THAT INCLUDES ACADEMIC/TUTORIAL ASSISTANCE, RECRE ATION, PERFORMING ARTS, REFERRALS TO HEALTH AND MENTAL HEALTH SERVICES, CAREER EXPLORATION AND CASE MANAGEMENT THESE SERVICES HELP STUDENTS STRENGTHEN ACADEMIC ABILITIES, DEVELOP SOCIAL, EMOTIONAL AND LIFE SKILLS, INCREASE THEIR SELF-AWARENESS, STRENGTHEN AND DEVELOP P ROTECTIVE FACTORS, AND EXPERIENCE THE STABILITY OF A CARING COMMUNITY OF PEERS AND ADULTS 357 STUDENTS PARTICIPATING IN YOUTH DEVELOPMENT ACTIVITIES AND PEER GROUP SESSIONS PRIMA RY PROJECT $35,000 PRIMARY PROJECT IS A SCHOOL-BASED PREVENTION AND EARLY INTERVENTION PRO GRAM THAT ADDRESSES SCHOOL ADJUSTMENT DIFFICULTIES THROUGH DEVELOPMENTALLY APPROPRIATE CHI LD-LED PLAY FOR 650 STUDENTS ENROLLED IN GRADES KINDERGARTEN THROUGH THREE WHO HAVE BEEN I DENTIFIED AS AT RISK FOR SCHOOL MALADJUSTMENT AND/OR FAILURE. CONTACT COMMUNITY SERVICES, INC (CONTACT) PARTNERS WITH BOTH THE SYRACUSE CITY SCHOOL DISTRICT (SCSD) AND THE EAST SY RACUSE-MINOA CENTRAL SCHOOL DISTRICT (ESM) TO PROVIDE PRIMARY PROJECT SERVICES TO HELP IDE NTIFIED STUDENTS BECOME MORE EMOTIONALLY RESILIENT, DEVELOP BETTER SOCIAL SKILLS, AND IMPR OVE SCHOOL ADJUSTMENT AND LEARNING THE PROGRAM IDENTIFIES CHILDREN THROUGH SCREENING TO D ETERMINE EARLY SCHOOL ADJUSTMENT DIFFICULTIES THAT INTERFERE WITH LEARNING OUTCOMES INCLU DE INCREASED TASK ORIENTATION, BEHAVIOR CONTROL, ASSERTIVENESS, AND PEER SOCIAL SKILLS 49 4 CHILDREN STARTED, WERE EVALUATED AND COMPLETED THE YEAR, AN INCREASE OF 52% FROM LAST YE AR STEP (SUCCESS THROUGH EARLY PREVENTION) PROGRAM $26,666 THE SUCCESS THROUGH EARLY PREV ENTION (STEP) PROGRAM IMPROVES STUDENT BEHAVIOR AN

Return Reference	Explanation	
	FORM 990 PART III, LINE 4A	D REDUCES DISCIPLINARY REFERRALS AND SUSPENSIONS HELPING KINDERGARTEN - 6TH GRADE STUDENTS IN THE SYRACUSE CITY SCHOOL DISTRICT BECOME MORE SUCCESSFUL IN SCHOOL STEP SERVICES INCL UDE 1) SCHOOL-WIDE PROFESSIONAL DEVELOPMENT FOCUSED ON BEHAVIORAL INTERVENTION, 2) CLASSR OOM CLIMATE AND MANAGEMENT CONSULTATION FOCUSED ON CLASSROOM BEHAVIOR MANAGEMENT, 3)STUDEN T CONSULTATION AND INTERVENTION FOCUSED ON ASSESSING PROBLEM BEHAVIOR, IDENTIFYING TRIGGER SITUATIONS AND WORKING WITH INDIVIDUAL STUDENTS TO MODIFY THEIR BEHAVIOR AND REINFORCE HE ALTHIER RESPONSES IN THE CLASSROOM, AND 4) ALTERNATIVE EDUCATION CLASSROOMS FOR 4TH AND 5T H GRADE STUDENTS WHO DEMONSTRATE PERSISTENT BEHAVIOR PROBLEMS THAT INTERFERE WITH CLASSROO M INSTRUCTION AND REQUIRE MORE INTENSIVE ACADEMIC, BEHAVIORAL, SOCIAL AND EMOTIONAL SUPPOR T 66 BEHAVIORAL INTERVENTION PLANS COMPLETED HILLSIDE WORK-SCHOLARSHIP CONNECTION HILLSI DE WORK-SCHOLARSHIP CONNECTION $15,000 HILLSIDE WORK-SCHOLARSHIP CONNECTION WORKS WITH MID DLE AND HIGH SCHOOL STUDENTS IN THE SYRACUSE CITY SCHOOL DISTRICT WE ENGAGE STUDENTS AT-R ISK OF DROPPING OUT OF HIGH SCHOOL, PAIR THEM WITH A PROFESSIONAL YOUTH ADVOCATE WHO SERVE S AS A MENTOR, AND HELP ENSURE THEIR HIGH SCHOOL GRADUATION ADDITIONALLY, STUDENTS WHO QU ALIFY ACADEMICALLY ARE TRAINED AND PLACED IN AFTER-SCHOOL/SUMMER JOBS OTHER SERVICES PROV IDED INCLUDE ACADEMIC ENRICHMENTS, SOCIAL, LIFE SKILL, AND LEADERSHIP DEVELOPMENT, AND PO ST-SECONDARY PREPARATION AND SUPPORT 1163 YOUTH SERVED, 22% INCREASE OVER PREVIOUS YEAR HUNTINGTON FAMILY CENTERS, INC FAMILY SUPPORT NETWORK $40,000 FAMILY SUPPORT NETWORK (FSN) IS A UNIQUE YEAR-ROUND EDUCATION PROGRAM FOR PARENTS OF ALL ABILITIES FSN PLACES AN EMP HASIS ON LEARNING THROUGH A VARIETY OF GROUP EXPERIENCES AND APPROACHES THE GOAL OF THIS PROGRAM IS TO IMPROVE FAMILY FUNCTIONING BY HELPING PARENTS DEVELOP SKILLS, ABILITIES AND INSIGHTS TO CARE FOR THEIR CHILDREN AND THEMSELVES THE PROGRAM SERVES PREGNANT AND PARENT ING PARTICIPANTS, MANY OF WHOM HAVE A DEVELOPMENTAL DISABILITY, HAVE BEEN UNSUCCESSFUL ENG AGING WITH TRADITIONAL SERVICES, AND/OR ARE AT RISK OF BECOMING INVOLVED WITH CHILD PROTEC TIVE SERVICES GROUP SESSIONS PROVIDE PARENT EDUCATION, BASIC LIFE SKILLS, AWARENESS AND A CCESS TO COMMUNITY RESOURCES 155 PARENTS PARTICIPATED PRESCHOOL PROGRAM $120,000 THE PRE SCHOOL PROGRAM ENGAGES CHILDREN FROM EIGHTEEN MONTHS TO FIVE YEARS OLD IN AN EXCITING, HIG H QUALITY EDUCATIONAL PROGRAM, DESIGNED TO MEET THEIR COGNITIVE, SOCIAL, EMOTIONAL, AND PH YSICAL NEEDS IT IS A LOW COST PROGRAM SPECIFICALLY DESIGNED TO EQUALIZE AND MAINTAIN EDUC ATIONAL RESOURCES FOR THOSE CHILDREN WHO ARE SOCIALLY, ECONOMICALLY, OR DEVELOPMENTALLY DI SADVANTAGED SPECIAL EVENTS, FIELDTRIPS, AND LITERACY ACTIVITIES ARE PREARRANGED TO ENCOUR AGE PARENTAL INVOLVEMENT AND FAMILY INTERACTION 103 CHILDREN MADE PROGRESS TOWARDS AGE-AP PROPRIATE PHYSICAL, EMOTIONAL, SOCIAL, AND COGNITIVE SKILLS AT MAJOR DEVELOPMENTAL MILESTO NES YOUTH DEVELOPMENT PROGRAM $68,000 HUNTINGTON FAMILY CENTERS YOUTH DEVELOPMENT PROGRAM OFFERS SAFE, STRUCTURED, YEAR ROUND PROGRAMMING FOR YOUTH AGES 5 TO 19 THE YOUTH PROGRAM FOCUSES ON SOCIAL COMPETENCIES, EDUCATIONAL SUPPORT, PHYSICAL ACTIVITY, AND POSITIVE VALU ES IN AN ENVIRONMENT WHERE YOUTH CAN FORM HEALTHY RELATIONSHIPS WITH PEERS AND STAFF ACTI VITIES AND ENRICHMENT EXPERIENCES ARE DEVELOPED TO ENHANCE COGNITIVE, SOCIAL, AND PHYSICAL DEVELOPMENT SERVICES PROVIDED INCLUDE AFTERSCHOOL PROGRAMS FOR YOUTH AND TEENS, A FREE, FULL-DAY SUMMER PROGRAM, AND, OUTREACH, CASE MANAGEMENT, AND MENTORING FOR YOUTH AT HIGH R ISK FOR SCHOOL FAILURE, JUVENILE DELINQUENCY, OR INVOLVEMENT IN THE CRIMINAL JUSTICE SYSTE M 126 UNDUPLICATED YOUTH PARTICIPATED IN THIS PROGRAM

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	FORM 990 PART III, LINE 4A	FOCUS AREA #1 EDUCATION PART 2 INTERFAITH WORKS OF CNY, INC COMMUNITY WIDE DIALOGUE TO EN D RACISM $16,101 INTERFAITH WORKS' COMMUNITY-WIDE DIALOGUE PROGRAM TO END RACISM (CWD), ES TABLISHED IN 1997, IS THE LONGEST RUNNING DIALOGUE-ON-RACE PROGRAM IN THE UNITED STATES T HE PROGRAM HAS ENGAGED MORE THAN 10,000 PEOPLE IN THE SYRACUSE, NEW YORK METRO AREA IN DIA LOGUE AND STUDY CIRCLES TO HEAL RACIAL TENSIONS, TO MITIGATE CONFLICT AMONG PEOPLE FROM DI FFERENT ETHNIC, RELIGIOUS AND SOCIO-ECONOMIC BACKGROUNDS, AND TO IMPROVE SCHOOL, WORKPLACE , AND COMMUNITY CLIMATE THE PROGRAM SEEKS TO CREATE A SAFE SPACE FOR STUDENTS TO DIALOGUE ABOUT INSTITUTIONAL AND STRUCTURAL RACISM, TO LEARN CONFLICT RESOLUTION AND LEADERSHIP SK ILLS, AND TO BUILD ALLIANCES WITH YOUTH FROM DIFFERENT BACKGROUNDS MORE THAN 7000 YOUTH A ND TEENS FROM 14 CITY SCHOOLS AND SEVEN SUBURBAN DISTRICTS HAVE PARTICIPATED SINCE THE PRO GRAM'S INCEPTION 1009 YOUTH WERE INVOLVED WITH THE EXCHANGE THROUGHOUT THE YEAR, THIS IS A 55% INCREASE OVER THE PREVIOUS YEAR LITERACY CNY ADULT ENGLISH LANGUAGE INSTRUCTION $30 ,000 LITERACY VOLUNTEERS OF GREATER SYRACUSE WILL ENROLL ADULT REFUGEES AND/OR IMMIGRANTS IN ONONDAGA COUNTY IN SMALL GROUP ENGLISH LANGUAGE INSTRUCTION DURING EACH YEAR OF THE GRA NT, TARGETING THOSE WITH THE MOST LIMITED ENGLISH PROFICIENCY INSTRUCTION WILL BE PROVIDE D IN SMALL GROUP CLASSES HELD AT THE SYRACUSE EDUCATIONAL OPPORTUNITY CENTER AND SUPPLEMEN TED WITH ONE-TO-ONE TUTORING AND ORAL ENGLISH PRACTICE IN CONVERSATION GROUPS PARTICIPATI NG ADULTS WILL IMPROVE THEIR ENGLISH LANGUAGE PROFICIENCY, AS DEMONSTRATED BY LEARNING GAI NS ON STANDARDIZED ASSESSMENT TESTS AND/OR BY ACHIEVING SELF-IDENTIFIED GOALS, E.G READIN G WITH THEIR CHILDREN, OBTAINING OR SUSTAINING EMPLOY MENT, PASSING THE US CITIZENSHIP TEST , SUCCESSFULLY NAVIGATING THE HEALTH CARE SYSTEM, ETC 58 ADULT LEARNERS WERE SERVED ON P OINT FOR COLLEGE, INC COLLEGE ACCESS & SUCCESS PROGRAM $52,000 OPFC'S ACCESS AND SUCCESS PROGRAM INFORMS OLDER YOUTH/YOUNG ADULTS THAT COLLEGE IS POSSIBLE, AND THEN ADVISES THEM H OW TO ENROLL IN, PERSIST AT AND COMPLETE COLLEGE. STUDENTS COME FROM LOW-INCOME FAMILIES A ND MORE OFTEN ARE THE FIRST GENERATION TO ATTEND COLLEGE FOR 14 YEARS, THE PROGRAM HAS EM POWERED STUDENTS TO OVERCOME FINANCIAL, PERSONAL, AND ACADEMIC CHALLENGES TO SUCCEEDING AT COLLEGE. SERVICES INCLUDE OUTREACH AT 15 COMMUNITY CENTERS, ADVISEMENT ABOUT COLLEGE AND FINANCIAL AID APPLICATIONS, CAMPUS TOURS, TRANSPORTATION, LAST DOLLAR GRANTS FOR HOUSING D EPOSITS, TEXTBOOKS, AND BASIC NEEDS, COLLEGE ORIENTATIONS AND FOLLOW-UP ADVISEMENT SUCH AS VISITS AT COLLEGE CAMPUSES 656 YOUTH, COLLEGE STUDENTS, FORMER COLLEGE STUDENTS AND ADUL TS WHO WERE ADVISED ABOUT ENROLLING/ RE-ENROLLING INTO AN APPROPRIATE HIGHER EDUCATION INS TITUTION PEACE, INC BIG BROTHERS BIG SISTERS $37,233 PEACE, INC 'S BIG BROTHERS BIG SIST ERS (BBBS) PROGRAM IS A PARTNERSHIP WITH THE COMMUNITY TO MENTOR YOUTH IN ONONDAGA COUNTY COMMUNITY MEMBERS ARE THE HEART OF THE PROGRAM - SCHOOL PERSONNEL, HUMAN SERVICES AGENCIE S, CHURCHES, BUSINESSES, HIGH SCHOOL STUDENT VOLUNTEER MENTORS, COLLEGE STUDENT VOLUNTEER MENTORS AND ADULT VOLUNTEER MENTORS PEACE, INC HAS TWO BBBS MENTORING PROGRAMS "TRADITI ONAL" AND "SCHOOL-BASED " CHILDREN (LITTLES) AGES SIX THROUGH TWELVE ARE RECRUITED FROM TH E COMMUNITY THROUGH OUTREACH EFFORTS AND REFERRALS FROM PARTNER AGENCIES THE TRADITIONAL PROGRAM RECRUITS MENTORS FROM THE LOCAL COMMUNITY, WHILE THE SCHOOL-BASED PROGRAM OFFERS T HE OPPORTUNITY TO MENTOR TO OLDER HIGH SCHOOL AND COLLEGE STUDENTS MENTORS ARE CALLED BIG S, AND YOUTH ARE CALLED LITTLES 255 YOUTH HAVE BEEN MENTORED, A 44% INCREASE FROM PREVIOU S YEAR THE BOYS & GIRLS CLUBS OF SYRACUSE CENTRAL VILLAGE YOUTH & TEEN REFUGEE PROGRAM $2 1,000 THE BOYS & GIRLS CLUB AT CENTRAL VILLAGE MEMBERS, AGES 6-12 AND TEENS AGES 13-19, WH O PARTICIPATE IN AFTER SCHOOL PROGRAMMING (ASP) WILL RECEIVE EDUCATION AND LITERACY INSTRU CTION BY DEDICATED STAFF AND VOLUNTEERS, REINFORCED BY FUN, HIGH YIELD ENRICHMENT ACTIVITI ES IN THE 5 CORE AREAS THAT INCLUDE LEADERSHIP, MENTORING, RECREATION, THE ARTS, AND HEAL TH AND FITNESS WITH OUR CURRENT PROGRAMMING FOCUSING ON THE REFUGEE POPULATION AGES 6-12 IN THE COMMUNITY SURROUNDING CENTRAL VILLAGE, BGCS WILL EXPAND OUR TARGETED POPULATION BY ENGAGING REFUGEE TEENS AGES 13-19 IN THE SYRACUSE HOUSING COMMUNITY THE TEEN PROGRAM WILL FOCUS ON HELPING TEENS WITH SCHOOL WORK, BUILDING CHARACTER AND STRONG LEADERSHIP SKILLS 125 CHILDREN PARTICIPATED IN THE VARIOUS PROGRAMS THE SALVATION ARMY DAY CARE SERVICES $ 100,000 THE SALVATION ARMY DAY CARE SERVICES PROGRAMS PROVIDE QUALITY CHILDCARE FOR LOW-IN COME FAMILIES AT THREE LICENSED DAY CARE CENTERS LOCATED IN THE DOWNTOWN AREA OF SYRACUSE. THE PROGRAMS OFFER FAMILIES ACCESS TO QUALITY CHILDCARE FOR THEIR CHILDREN, AGES 6 WEEKS TO 12 YEARS AND PROMOTE THE DEVELOPMENT OF CHILDREN IN A SAFE AND NURTURING ENVIRONMENT T HE PROGRAM PROVIDES OPPORTUNITIES FOR ENHANCED ON-

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	FORM 990 PART III, LINE 4A	SITE PROGRAMMING, INCLUDING HEAD START, UNIVERSAL PRE-K, HOMEWORK HELP AND AN INTEGRATED L EARNING ENVIRONMENT FOR CHILDREN WITH SPECIAL NEEDS OUR SERVICES HELP PREPARE CHILDREN FO R SCHOOL SUCCESS AND PRO-SOCIAL INTERACTIONS ADDITIONALLY, THE SALVATION ARMY'S SOUTH WAR REN CENTER IS ONE OF THE ONLY LICENSED FULL AND PART-TIME PROGRAMS FOR SCHOOL AGE YOUTH IN THIS COMMUNITY AFTER SCHOOL CARE IS PROVIDED EACH DAY AND WHEN SCHOOL IS NOT IN SESSION (I E, HALF-DAYS, SCHOOL HOLIDAYS, EMERGENCY CLOSINGS, ETC) FULL-TIME PROGRAMMING IS PROV IDED 379 CHILDREN HAVE PARTICIPATED FAMILY PLACE VISITATION SERVICES $80,000 FAMILY PLACE PROVIDES A CONTINUUM OF SERVICES TO BIRTH PARENTS AND THEIR CHILDREN WHO ARE IN FOSTER CA RE. PROGRAM COMPONENTS INCLUDE COMPREHENSIVE CLINICAL ASSESSMENT, SUPERVISED VISITATION, A ND TRANSPORTATION OF CHILDREN FOR VISITS, PARENT COACHING, AND PRE- AND POST-VISIT COUNSEL ING ALL SERVICES ARE DESIGNED TO ASSIST PARENTS IN MAKING SIGNIFICANT CHANGES THAT WILL E NABLE FAMILY UNIFICATION WHERE CHILDREN WILL RETURN HOME SAFELY FROM FOSTER CARE. FAMILY P LACE SERVES COMPLEX FAMILIES WHO STRUGGLE WITH CHRONIC POVERTY, MENTAL HEALTH ISSUES, SUBS TANCE ABUSE, DOMESTIC/FAMILY VIOLENCE AND SEXUAL ABUSE. 2,176 VISITATION HOURS WERE HELD F OR 143 PARENTS PARTNERSHIP FOR YOUTH AND FAMILY INTERVENTION $195,000 THE PARTNERSHIP FOR YOUTH AND FAMILY INTERVENTION WILL PROVIDE A COMPREHENSIVE AND INTEGRATED NETWORK OF YOUT H DEVELOPMENT PROGRAMMING AND FAMILY STRENGTHENING SERVICES TO PROMOTE INCREASED PARTICIPA TION IN SYRACUSE BOYS AND GIRLS CLUB, (EAST FAYETTE ST CLUB AND SHONNARD STREET CLUB) AND CATHOLIC CHARITIES VINCENT HOUSE. PROGRAM ACTIVITIES WILL BE PROVIDED TO VULNERABLE AND A T RISK YOUTH, 6-19 YEARS OF AGE, AND THEIR FAMILIES THE SALVATION ARMY, SYRACUSE AREA SER VICES, AS LEAD AGENCY, IN PARTNERSHIP WITH CATHOLIC CHARITIES OF ONONDAGA COUNTY AND THE B OYS & GIRLS CLUB OF SYRACUSE WILL ADD TARGETED OUTREACH TO NEW AND UNDERSERVED RESIDENTS O F THE CITY'S NEAR WESTSIDE AND EASTSIDE NEIGHBORHOODS, TO ENCOURAGE THEIR PARTICIPATION IN THE PRO-SOCIAL ACTIVITIES AND THE ENHANCED CASE MANAGEMENT AND FAMILY SUPPORT SERVICES OF FERED BY THE PARTNERSHIP IN THESE TWO TARGETED NEIGHBORHOODS 972 YOUTH PARTICIPATED IN TH IS NEW COLLABORATIVE PROGRAM BEGINNING IN JULY, 2014 WHOLE ME, INC WHOLE ME AFTERSCHOOL PROGRAM FOR DEAF/HARD-OF-HEARING CHILDREN $20,000 WMI PROVIDES BILINGUAL/BICULTURAL AFTERS CHOOL PROGRAMS FOR D/HH CHILDREN, YOUTHS AND YOUNG ADULTS WHO COMMUNICATE USING AMERICAN S IGN LANGUAGE AND/OR SPOKEN ENGLISH ACTIVITIES FOCUS ON ENHANCING EVERYDAY COMMUNICATION, LITERACY AND DAILY LIVING SKILLS PROGRAMS AND SERVICES ARE DESIGNED TO ASSIST CHILDREN/YO UTHS WITH TRANSITION FROM SCHOOL TO THE COMMUNITY, SELF-SUFFICIENCY AND EMPLOYABILITY WMI ALSO OFFERS PROGRAMS FOR FAMILY AND COMMUNITY MEMBERS INTERESTED IN LEARNING ABOUT DEAF C ULTURE AND AMERICAN SIGN LANGUAGE. 32 YOUTH PARTICIPATED IN THIS NEW PROGRAM BEGINNING IN JULY, 2014 YWCA OF SYRACUSE & ONONDAGA COUNTY, INC GIRLS INC AT THE YWCA $40,000 GIRLS I NC AT THE YWCA IS A MULTIFACETED AND PROGRESSIVE PROGRAM THAT PUTS ITS MISSION INTO PRACT ICE THROUGH ITS RESEARCH, ADVOCACY, AND PUBLIC EDUCATION WORK WE EQUIP GIRLS TO NAVIGATE GENDER, ECONOMIC, AND SOCIAL BARRIERS, AND TO GROW INTO HEALTHY, EDUCATED AND INDEPENDENT ADULTS OUR PROGRAM DELIVERS AFTER SCHOOL/EVENING PROGRAMMING, SUMMER PROGRAMMING AND WEEK END WORKSHOPS/CONFERENCES FOR GIRLS AGE 5-18 IN OUR COMMUNITY WE PROVIDE A SAFE OUT-OF-SC HOOL-TIME ENVIRONMENT THAT ENHANCES SOCIAL SKILLS AND HEALTHY CHOICES, AND PROMOTES LEARNI NG OUR HOLISTIC AND MULTIFACETED PROGRAMMING IS DRIVEN BY RESEARCH-BASED CURRICULA DESIGN ED TO DEVELOP AND PROMOTE GIRLS' STRENGTHS THROUGH MOTIVATING, DELIBERATE, AND INTERACTIVE ACTIVITIES 255 GIRLS, AGES 5 - 18 WERE SERVED THIS PAST YEAR IN THIS PROGRAM, AN INCREAS E OF 31%

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	FORM 990 PART III, LINE 4A	FOCUS AREA #2 INCOME INCOME PROMOTING FINANCIAL STABILITY AND ECONOMIC INDEPENDENCE ACCES SCNY (FORMERLY TRANSITIONAL LIVING SERVICES OF ONONDAGA COUNTY, INC) PROVISIONS $18,000 P ROVISIONS BAKERY AND RESTAURANT IS TRANSITIONAL EMPLOY MENT PLACEMENT WHICH PROVIDES SUPPOR TED EMPLOY MENT TO ADULTS WHO HAVE BEEN LABELED WITH A MENTAL HEALTH DIAGNOSIS PEOPLE LEAR N TRANSFERABLE WORK SKILLS IN A VALUED COMMUNITY SETTING WHILE EARNING A MINIMUM WAGE TRA INEES WORK IN AN ATTRACTIVE, COMPETITIVE BUSINESS SETTING WHERE THEY GAIN EXPERIENCE AS CO OKS, BAKERS, DISHWASHERS, JANITORS, WAITERS AND COUNTER PEOPLE THEIR EXPERIENCE ENABLES T HEM TO DEVELOP THE WORK SKILLS AND INTERPERSONAL SKILLS THEY NEED IN ORDER TO OBTAIN AND M AINTAIN COMPETITIVE EMPLOY MENT IN THE COMMUNITY EQUALLY, IF NOT MORE IMPORTANT, WORK AT P ROVISIONS BECOMES PART OF EACH TRAINEE'S RECOVERY PROCESS, HELPING EACH INDIVIDUAL TO RECO GNIZE THEIR ABILITIES AND POTENTIAL FOR GROWTH, AND THEREBY RESTORING HOPE DESPITE ANY DIA GNOSIS THEY MAY HAVE 35 INDIVIDUALS WERE TRAINED AND EMPLOY ED IN THIS PROGRAM AURORA OF CNY, INC VOCATIONAL AND EMPLOY MENT SERVICES FOR PEOPLE WITH VISION/HEARING LOSS $38,000 A URORA 'S VOCATIONAL AND EMPLOY MENT SERVICES PROGRAM EQUIPS YOUTH AND ADULTS WITH VISION OR HEARING LOSS OR BOTH WITH THE SKILLS TO SECURE AND MAINTAIN EMPLOY MENT THIS PROGRAM PROV IDES SPECIALIZED JOB READINESS AND VOCATIONAL SKILL BUILDING THROUGH PRE-VOCATIONAL (SOFT- SKILLS) AND ASSISTIVE TECHNOLOGY TRAINING, PRE-COLLEGE PREPARATION AND EMPLOY MENT PLACEMEN T AND RETENTION, IN AN EXPERIENTIAL, COMMUNITY-BASED CONTEXT THAT SPECIFICALLY ADDRESSES T HE UNIQUE NEEDS OF WORKERS WITH VISION OR HEARING LOSS 92 INDIVIDUALS LEARNED JOB READINE SS/RETENTION SKILLS CATHOLIC CHARITIES OF ONONDAGA COUNTY CULINARY ARTS FOR SELF-SUFFICIE NCY $50,000 AS A RESULT OF THE CULINARY ARTS FOR SELF-SUFFICIENCY PROGRAM, UNEMPLOY ED INDI VIDUALS LACKING TRANSFERABLE JOB SKILLS WILL BE TRAINED AND CERTIFIED TO WORK IN A COMMERC IAL KITCHEN AND FIND EMPLOY MENT THE ECONOMIC DOWNTURN SEVERELY CONSTRAINS THE ALREADY LIM ITED EMPLOY MENT OPTIONS FOR REFUGEES AND OTHER INDIVIDUALS RECEIVING CASH ASSISTANCE THROU GH THE COUNTY SOCIAL SERVICES DEPARTMENT CULINARY ARTS FOR SELF-SUFFICIENCY (CASS) BEGAN IN 2012 AS A FIVE-WEEK VOCATIONAL TRAINING IN ESSENTIAL SKILLS OF THE FOOD SERVICE INDUSTR Y COMBINED WITH JOB DEVELOPMENT/SEARCH ASSISTANCE AND SUPPORT SERVICES THE PROGRAM CURREN TLY SERVES REFUGEES AND SECONDARY MIGRANTS WHO HAVE ARRIVED IN THE PAST TWO YEARS AND HAVE FEW TRANSFERABLE JOB SKILLS AND LOWER LEVELS OF ENGLISH LANGUAGE PROFICIENCY HOWEVER, TH E PROGRAM WILL BE EXPANDED TO NATIVE BORN INDIVIDUALS PROVIDED THERE ARE SUFFICIENT RESOUR CES THE OBJECTIVE IS TO DECREASE THE NUMBER OF UNEMPLOY ED INDIVIDUALS BY HELPING THEM TO ACQUIRE JOB SKILLS THAT ARE IN DEMAND IN THE LOCAL COMMUNITY 52 ADULTS PARTICIPATED IN TH IS NEW PROGRAM BEGINNING IN JULY, 2014 REFUGEE RESETTLEMENT PROGRAM $46,000 THE CCOC REFU GEE RESETTLEMENT PROGRAM WELCOMES MEN, WOMEN, AND CHILDREN TO THE UNITED STATES WHEN THEY ARE FORCED TO FLEE THEIR OWN COUNTRIES BECAUSE OF WAR, OPPRESSION, OR PERSECUTION AS A RE SULT OF THE CCOC REFUGEE RESETTLEMENT PROGRAM'S EFFORTS, REFUGEES WILL DEVELOP THE SKILLS NECESSARY TO BECOME SELF-SUFFICIENT CONTRIBUTING MEMBERS OF THE SY RACUSE COMMUNITY IN 201 3, THE LARGEST RESETTLEMENT POPULATIONS WERE FROM BURMA, BHUTAN, SOMALIA, AND IRAQ DESPIT E THE HARDSHIPS INHERENT IN THE FORCED MIGRATION EXPERIENCE, REFUGEES ARE EXTREMELY MOTIVA TED PEOPLE WHO WANT TO BE SELF-SUPPORTING FOR THE PAST 35 YEARS, THE CCOC REFUGEE RESETTL EMENT PROGRAM HAS STRIVED TO PROVIDE NEWLY ARRIVING REFUGEES WITH A SAFE PLACE TO START A NEW LIFE, AND WITH THE SKILLS AND SUPPORTS NECESSARY TO ACHIEVE ECONOMIC SELF-SUFFICIENCY THROUGH EMPLOY MENT 218 INDIVIDUALS PARTICIPATED IN EMPLOY MENT PREPARATION CLASSES AND 193 WERE ABLE TO OBTAIN A JOB CENTER FOR COMMUNITY ALTERNATIVES, INC SELF-DEVELOPMENT REEN TRY $30,000 THE SELF-DEVELOPMENT REENTRY PROGRAM PROVIDES COMMUNITY SUPPORT TO YOUNG MEN AND WOMEN AGES 18-25 RETURNING TO THE COMMUNITY AFTER A PERIOD OF INCARCERATION AT THE ONO NDAGA COUNTY CORRECTIONAL FACILITY (OCCF), SO THAT THEIR COMMUNITY REINTEGRATION CAN BE SU CCESSFUL AND SAFE THE PROGRAM OBJECTIVES ARE TO DEVELOP EMPLOY MENT READINESS, FACILITATE JOB PLACEMENT AND JOB RETENTION, AND HELP PARTICIPANTS OVERCOME THE FORMAL AND INFORMAL BA RRIERS TO SUCCESSFUL REENTRY 21 INDIVIDUALS SUCCESSFULLY PARTICIPATED IN THIS PROGRAM ON POINT FOR COLLEGE, INC ON POINT FOR JOBS $27,000 ON POINT FOR JOBS (OPFJ) IS A PROGRAM T HAT TARGETS FIRST GENERATION COLLEGE GRADUATES AND COLLEGE UPPERCLASSMEN AND PROVIDES THEM WITH WORKFORCE PREPARATION SKILLS, LIMITED START-UP RESOURCES, MINI JOB FAIRS AND NETWORK ING OPPORTUNITIES, SUMMER INTERNSHIP/JOB AND PERMANENT JOB SEARCH COUNSELING AND JOB DEVEL OPMENT 127 INDIVIDUALS PARTICIPATED IN THIS PROGRAM PEACE, INC EITC YOU'VE EARNED IT $ 70,000 THE EARNED INCOME TAX CREDIT (EITC) IS ONE

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	FORM 990 PART III, LINE 4A	OF SEVERAL TAX CREDITS THAT INDIVIDUALS CAN ACCESS THAT MAY INCREASE THEIR AVAILABLE FINAN CIAL RESOURCES EITC YOU'VE EARNED IT!, PEACE, INC 'S FREE TAX PREPARATION PROGRAM FOR L OWER INCOME ONONDAGA COUNTY RESIDENTS, ENSURES PEOPLE RECEIVE THE HIGHEST POSSIBLE STATE A ND FEDERAL INCOME TAX REFUNDS, AND SAVES THEM FROM LOSING FUNDS TO HIGH INTEREST RATES FRO M PREDATORY LENDERS AND/OR TAX PREPARATION FEES THE PROGRAM ALSO OFFERS FINANCIAL EDUCATI ON TO HELP PEOPLE MANAGE THEIR MONEY AND PLAN FOR THE FUTURE $4,190,339 REFUNDED THROUGH FREE TAX PREPARATION SERVICES THE SALVATION ARMY EMERGENCY AND PRACTICAL ASSISTANCE SERVI CES (E/PAS) $43,000 THE EMERGENCY AND PRACTICAL ASSISTANCE SERVICES (E/PAS) PROGRAM HELPS ECONOMICALLY DISADVANTAGED INDIVIDUALS AND FAMILIES IN CRISIS BY MEETING BASIC NEEDS SUCH AS OBTAINING FOOD, HOUSING, CLOTHING AND THE ESSENTIALS OF DAILY LIVING CRISIS INTERVENTI ON, INDIVIDUALIZED ADVOCACY AND SUPPORT, AND LINKAGES TO MAINSTREAM AND COMMUNITY RESOURCE S ARE PROVIDED IN ORDER TO STABILIZE HOUSING AND INCOME E/PAS PROVIDES HOUSING LOCATION, HOUSING SUBSIDIES, PRACTICAL ASSISTANCE, TRANSPORTATION, HOUSEHOLD MANAGEMENT AND OTHER LI FE-SKILL TRAINING FOR THOSE WHO ARE HOMELESS, UNEMPLOYED, UNDER-EMPLOYED, MENTALLY ILL AND /OR PRIOR MEMBERS OF THE ARMED FORCES 10,247 INDIVIDUALS RECEIVED FOOD ASSISTANCE YWCA O F SYRACUSE & ONONDAGA COUNTY, INC WOMEN'S RESIDENCE PROGRAM $78,000 THE YWCA SYRACUSE & O NONDAGA COUNTY'S WOMEN'S RESIDENCE PROGRAM IS A RESIDENTIAL PROGRAM SERVING UNDERPRIVILEGE D WOMEN, AND WOMEN WITH CHILDREN (SIXTEEN AND UP), FROM VARIOUS BACKGROUNDS (INCLUDING THO SE WITH, BUT NOT LIMITED TO, DOMESTIC VIOLENCE, MENTAL HEALTH, HOMELESSNESS, SUBSTANCE ABU SE, POVERTY, LOW EDUCATION, AND TRAUMA HISTORIES) BY PROVIDING SAFE, STABLE, AND AFFORDABL E HOUSING WITHIN A STRUCTURED, SUPPORTIVE ENVIRONMENT THE PROGRAM ASSISTS WOMEN IN DEVELO PING INDEPENDENT LIVING SKILLS, ALLOWING THEM TO OVERCOME CHALLENGES, FUNCTION AT THEIR HI GHEST DEGREE OF INDEPENDENCE, AND BETTER THEIR QUALITY OF LIFE 118 WOMEN WERE ADMITTED, E VALUATED AND DEVELOPED AN INDIVIDUAL SERVICE PLAN (ISP) DURING THE PAST YEAR, AN INCREASE OF 34%

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FORM 990, PART III, LINE 4A	FOCUS AREA #3 HEALTH PART 1 HEALTH IMPROVING PEOPLE'S OVERALL WELL-BEING ACR HEALTH ADOLESCENT HEALTH INITIATIVE $16,330 THE ADOLESCENT HEALTH INITIATIVE IS A TARGETED PREVENTION PROGRAM THAT EQUIPS YOUNG PEOPLE AT RISK FOR UNINTENDED PREGNANCY, SEXUALLY TRANSMITTED DISEASES (STDS), INCLUDING HIV, AND ALCOHOL AND SUBSTANCE USE (AS IT RELATES TO UNINTENDED PREGNANCY AND RISK OF HIV/STD INFECTION), WITH INFORMATION AND SKILLS TO MAKE HEALTHY CHOICES THROUGHOUT THEIR LIVES THE PROGRAM WORKS WITH YOUTH AGES 12-22 IN SCHOOL-BASED AND COMMUNITY LOCATIONS, PROVIDING EVIDENCE-BASED COMPREHENSIVE SEX EDUCATION THAT HAS BEEN PROVEN EFFECTIVE IN REDUCING THE INCIDENCE OF RISKY BEHAVIORS IN AT RISK YOUTH AND YOUNG ADULTS PARTICIPANTS IN THE PROGRAM GAIN LIFELONG SKILLS NEEDED TO PRACTICE ALTERNATIVES TO RISKY BEHAVIORS 76 YOUTH HELPED BY THIS PROGRAM SAFETY FIRST HEALTH OUTREACH PROJECT (SFHOP) $36,440 THE SAFETY FIRST HEALTH OUTREACH PROJECT CONDUCTS STREET AND WEB-BASED OUTREACH TO HIGH RISK TARGET POPULATIONS AND ENGAGES THOSE INDIVIDUALS IN SERVICES BASED ON THE NEEDS THEY PERSONALLY IDENTIFY SFHOP IS A MOBILE PROGRAM, MEETING THE COMMUNITY AND CONSUMERS WHERE THEY LIVE OR ARE LOCATED, AND OFFERS A SPECTRUM OF PREVENTION SERVICES, INCLUDING INDIVIDUAL RISK REDUCTION COUNSELING, HIV AND VIRAL HEPATITIS C (HCV) RAPID TESTING, STD SCREENING FOR GONORRHEA AND CHLAMYDIA, SYRINGE EXCHANGE SERVICES, ASSESSMENT OF MENTAL HEALTH/SUBSTANCE TREATMENT NEEDS, AND, REFERRALS CONNECTING PEOPLE TO OTHER COMMUNITY RESOURCES (E.G PRIMARY CARE, FOOD PANTRY, HOUSING, INSURANCE ENROLLMENT, CARE COORDINATION) 18,920 PREVENTION SUPPLIES DISTRIBUTED TO YOUTH AND ADULTS TO HELP PREVENT RISKY BEHAVIOR THE Q CENTER $27,280 THE Q CENTER PROVIDES A VAST ARRAY OF SERVICES FOR LGBTQ YOUTH/YOUNG ADULTS AGES 8-26, THEIR FAMILIES, AND ALLIES WHICH INCLUDE THE FOLLOWING WEEKLY AND SEMI-MONTHLY SUPPORT GROUPS FOR LGBTQ YOUTH/YOUNG ADULTS, SEMI-MONTHLY SUPPORT GROUPS FOR PARENTS OF LGBTQ YOUTH, MONTHLY MEETINGS FOR LGBTQ PARENTS, AFTER SCHOOL PROGRAMMING, EXPERIENCED TUTORS, A STATE-OF-THE-ART CYBER CENTER, AN LGBTQ INCLUSIVE LIBRARY, CASE MANAGEMENT, MENTAL HEALTH ASSESSMENTS AND REFERRALS, REFERRALS TO LGBTQ AFFIRMING HEALTH AND HUMAN SERVICE PROVIDERS, SCHOOL-BASED GAY-STRAIGHT ALLIANCE SUPPORT, LGBTQ CULTURAL COMPETENCY WORKSHOPS FOR PROVIDERS, SOCIAL EVENTS, FIELD TRIPS, AND LEADERSHIP AND ADVOCACY TRAINING ALL SERVICES ARE PROVIDED AT NO COST 160 YOUTH GROUP SUPPORT SESSIONS HELD DURING THE PAST YEAR ARISE CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM (CDPAP) $16,310 ARISE'S CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM (CDPAP) PROVIDES INDIVIDUALS WITH DISABILITIES IN-HOME PERSONAL CARE ASSISTANCE THAT ALLOWS THEM TO CONTINUE LIVING SAFELY IN THE COMMUNITY CDPAP REDUCES ISOLATION, INCREASES PHYSICAL AND EMOTIONAL HEALTH, AND PREVENTS UNNECESSARY INSTITUTIONALIZATION CDPAP IS CONSUMER DIRECTED, WHICH ALLOWS CONSUMERS TO ALLOCATE THEIR WEEKLY PERSONAL CARE HOURS ON A FLEXIBLE DAY-TO-DAY BASIS DEPENDING ON THEIR NEEDS THEY ALSO CONTROL HIRING, TRAINING, SUPERVISING, AND DISMISSING THEIR PERSONAL ASSISTANTS, WHICH RESULTS IN IMPROVED OUTCOMES FOR CONSUMERS 46 INDIVIDUALS RECEIVING IN HOME CARE SUPPORT MENTAL HEALTH SERVICES ENGAGEMENT SPECIALIST $22,700 SERVICES TO BE PROVIDED BY ARISE'S MENTAL HEALTH SERVICES ENGAGEMENT SPECIALIST ARE AN ENHANCEMENT OF OUR CURRENT OUTPATIENT MENTAL HEALTH CLINIC SERVICES, SERVICES WILL ASSURE THAT THOSE WHO DROP OUT OF SERVICE ARE ENGAGED TO ASSURE SUCCESSFUL OUTCOMES THE ENGAGEMENT SPECIALIST WILL SERVE INDIVIDUALS WITH CHRONIC OR SERIOUS MENTAL ILLNESS, OR THOSE WHO ARE DIFFICULT TO ENGAGE IN TREATMENT DUE TO SOCIOECONOMIC BARRIERS THE CLINIC ENGAGEMENT SPECIALIST WILL PROVIDE INDIVIDUALIZED, HANDS-ON CARE COORDINATION TO HELP INDIVIDUALS BUILD A STRONG NATURAL SUPPORT SYSTEM AND ACCESS THE ARRAY OF RESOURCES AND SERVICES THEY NEED TO ENSURE EFFECTIVE COMMUNITY-BASED TREATMENT OF THEIR MENTAL HEALTH NEEDS 392 INDIVIDUALS PROVIDED WITH ENHANCED MENTAL HEALTH COORDINATION SERVICES AURORA OF CNY, INC COMMUNITY LIVING SKILLS FOR PEOPLE WITH VISION/HEARING LOSS $69,345 AURORA'S COMMUNITY LIVING SKILLS PROGRAM FOR PEOPLE WITH VISION/HEARING LOSS ASSISTS INDIVIDUALS OF ALL AGES WHO ARE BLIND, VISUALLY IMPAIRED, DEAF OR HARD OF HEARING TO REMAIN INDEPENDENT, SAFE AND PRODUCTIVE IN THEIR HOMES AND THE COMMUNITY BY PROVIDING SUPPORT, RESOURCES AND SPECIALIZED TRAINING PROGRAM PARTICIPANTS LEARN SKILLS FOR COPING, ADJUSTMENT TO SENSORY LOSS, SAFE TRAVEL, HOUSEHOLD MANAGEMENT AND ACTIVITIES OF DAILY LIVING TO ACHIEVE THEIR GOALS OF INDEPENDENCE AND OVERALL PERSONAL HEALTH AND WELL-BEING 820 INDIVIDUALS/FAMILIES INCREASED THEIR SAFETY/WELL-BEING BY LEARNING NEW SKILLS

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	FORM 990, PART III, LINE 4A	FOCUS AREA #3 HEALTH PART 2 CATHOLIC CHARITIES OF ONONDAGA COUNTY BETTER BEGINNINGS $24,55 0 THE PROGRAM IS A SPECIALIZED FAMILY-FOCUSED HOME VISITATION PSY CHOTHERAPY PROGRAM THAT S ERVES PARENTS WHO HAVE BEEN DIAGNOSED WITH CHRONIC MENTAL HEALTH PROBLEMS AND ARE EXPERIEN CING DIFFICULTIES PARENTING THEIR CHILDREN LESS THAN FIVE YEARS OF AGE THE MAJORITY OF PA RENTS HAD PREVIOUSLY NOT SUCCESSFULLY ENGAGED IN ONGOING MENTAL HEALTH TREATMENT SINCE 19 87, THIS PROGRAM HAS PROVIDED EVIDENCE-BASED INDIVIDUAL AND FAMILY THERAPY IN CONJUNCTION WITH CHILD DEVELOPMENT AND PARENT EDUCATION THE GOALS OF THE SERVICE ARE TO PREVENT A MEN TAL HEALTH HOSPITALIZATION AND FOSTER CARE PLACEMENT WHILE FOSTERING IMPROVED DAY-TO-DAY P ARENT FUNCTIONING AND MORE CONSISTENT AND EFFECTIVE PARENT/CHILD BONDING 37 FAMILIES WERE SERVED ELDERLY SERVICES $23,635 AS A RESULT OF THE CATHOLIC CHARITIES ELDERLY SERVICES P ROGRAMS, SENIOR CITIZENS WILL RECEIVE THE SKILLS AND SERVICES NECESSARY TO REMAIN LIVING I NDEPENDENTLY IN THE COMMUNITY THE ELDERLY SERVICES PROGRAMS HAVE ASSISTED OLDER INDIVIDUA LS TO BE AS INDEPENDENT AS POSSIBLE AND REMAIN SAFELY IN THE COMMUNITY SINCE 1977 THE PRO GRAMS PROVIDE SERVICE TO ONONDAGA COUNTY RESIDENTS, 60 YEARS AND OLDER, AND THEIR CAREGIVE RS ELDERLY SERVICES PROVIDES A CONTINUUM OF INTERVENTIONS BEGINNING WITH INFORMATION AND REFERRAL AND PROGRESSING TO CASE MANAGEMENT WITH PROVISIONS FOR TRANSPORTATION, HOME REPAI RS, AND VOLUNTEER OPPORTUNITIES TRAINED STAFF MEET WITH SENIORS IN THEIR HOMES OR OTHER C ONVENIENT LOCATIONS TO ASSESS THEIR NEEDS AND PROVIDE SERVICES IN ADDITION, SOCIALIZATION , NUTRITION, AND EXERCISE PROGRAMS ARE PROVIDED AT THE AGENCY'S SENIOR CENTER, THE SALINA CIVIC CENTER, ENCOURAGING SENIORS TO IMPROVE THEIR QUALITY OF LIFE AS WELL AS TAKE ADVANTA GE OF THE OPPORTUNITY TO MEET WITH STAFF FOR INDIVIDUALIZED NEEDS 464 SENIORS RECEIVED HO ME REPAIR SERVICES HEALTHY TEENS/HEALTHY BABIES $23,630 THE OBJECTIVE OF THE HEALTHY TEEN S/HEALTHY BABIES PROGRAM IS TO ENSURE YOUNG WOMEN DELIVER HEALTHY BABIES AND RAISE THEIR I NFANTS IN A SAFE, HEALTHY, AND NURTURING ENVIRONMENT THE PROGRAM PROVIDES A CONTINUUM OF EVIDENCE- BASED SERVICES THAT ARE WRAPPED AROUND THE 30 YEAR OLD, AWARD-WINNING LULLABY LEA GUE COURSE PREGNANT ADOLESCENTS AND YOUNG WOMEN LIVING IN THE CITY OF SYRACUSE PARTICIPAT E IN THE LULLABY LEAGUE FOUR-WEEK BIRTHING AND INFANT CARE EDUCATION COURSE, AS WELL AS PR EGNANCY CASE MANAGEMENT BEFORE AND AFTER BIRTH WOMEN WHO PRESENT WITH POSTPARTUM OR MATER NAL DEPRESSION RECEIVE IN-HOME THERAPY A SUPPORT GROUP AND PARENTING COURSE ARE AVAILABLE TO NEW MOTHERS AND THEIR BABIES 132 PARTICIPANTS PARENT EDUCATION $48,900 THE PROGRAM P ROVIDES A CONTINUUM OF HOME VISITING SERVICES (I E., PARENT AIDE) AND CURRICULUM- BASED INS TRUCTION TO PARENTS WHOSE CHILDREN ARE AT RISK OF OR PLACED IN FOSTER CARE DUE TO ABUSE AN D NEGLECT USING EVIDENCE-BASED CURRICULUM BOTH IN THE HOME AND CLASSROOM, PROGRAM STAFF T EACHES PARENTING AND LIVING SKILLS PARENTS LEARN ABOUT CHILD DEVELOPMENT, AGE APPROPRIATE EXPECTATIONS, APPROPRIATE DISCIPLINARY PRACTICES, AND HOW TO MAINTAIN A SAFE ENVIRONMENT THEY ARE ALSO LINKED TO NATURAL COMMUNITY RESOURCES TO REDUCE ISOLATION THE OBJECTIVE IS TO INCREASE THE PARENTS' MASTERY SO THEY CAN CREATE AN ENVIRONMENT WHERE CHILDREN ARE SAF E, NURTURED, AND ACHIEVE PHY SICAL AND EMOTIONAL WELL-BEING THE AGENCY HAS BEEN PROVIDING PARENT AIDE SERVICE FOR THE PAST 40 YEARS 299 FAMILIES WERE SERVED BY THIS PROGRAM PSY CH OTHERAPY PROGRAM $72,980 THE PROGRAM PROVIDES ACCESSIBLE, COMMUNITY-BASED MENTAL HEALTH SE RVICES FOR INDIVIDUALS WITH MENTAL HEALTH CHALLENGES RESULTING IN CHAOTIC LIVES, UNPRODUCT IVE BEHAVIORS, AND AN INABILITY TO MANAGE LIFE STRESSES FOR 38 YEARS, SERVICE HAS BEEN DE VOTED TO INDIVIDUALS AND FAMILIES WITHIN ONONDAGA COUNTY WHO ARE UNABLE TO AFFORD MENTAL H EALTH TREATMENT RECENTLY, SPECIAL ATTENTION HAS BEEN DEVOTED TO TRAUMA SURVIVORS, REFUGEE S, AND THE ELDERLY MANY ARE UNEMPLOYED OR UNDEREMPLOYED, WITHOUT HEALTH INSURANCE, OR HAV E HIGH DEDUCTIBLES THAT PROHIBIT THE USE OF INSURANCE FOR SERVICE PROFESSIONAL, EVIDENCE- BASED THERAPEUTIC INTERVENTIONS ARE OFFERED TO INDIVIDUALS AND FAMILIES SEEKING IMPROVED F UNCTIONING AND NEW SKILLS TO ENHANCE DAILY LIFE 221 CLIENTS LEARNED TO BETTER COPE WITH S OCIAL OR BEHAVIORAL PROBLEMS YOUTH DEVELOPMENT PROGRAM $54,720 THE PROGRAM PROVIDES YOUTH AGES 6 TO 18 LIVING IN TWO DISADVANTAGED SYRACUSE NEIGHBORHOODS WITH SAFE, SUPERVISED PLA CES TO GO AFTER SCHOOL, DURING SCHOOL HOLIDAYS, AND IN THE SUMMER THE AGENCY HAS PROVIDED THIS NEIGHBORHOOD BASED YOUTH DEVELOPMENT APPROACH SINCE THE FIRST NEIGHBORHOOD CENTER WA S FOUNDED IN 1944 THE PROGRAM OFFERS CHILDREN AND TEENS OPPORTUNITIES TO USE THEIR FREE T IME CONSTRUCTIVELY BY ENGAGING IN HOMEWORK ASSISTANCE, RECREATIONAL AND SOCIALIZATION ACTI VITIES, PRO-SOCIAL SKILL DEVELOPMENT AND POSITIVE ROLE MODELS THE OBJECTIVE IS TO SUPPORT YOUTH TO BUILD DEVELOPMENTAL ASSETS AND REDUCE RI

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	FORM 990, PART III, LINE 4A	SKY BEHAVIORS SO THAT THEY WILL SUCCESSFULLY TRANSITION INTO ADULTHOOD 252 TEENS WERE SER VED CENTER FOR COMMUNITY ALTERNATIVES, INC ALTERNATIVES A VIOLENCE PREVENTION AND PEER LEADERSHIP PROGRAM $45,580 THE ALTERNATIVES PROGRAM PROVIDES VIOLENCE PREVENTION TRAINING, PEER LEADERSHIP DEVELOPMENT, AND "WORK" OPPORTUNITIES FOR YOUTH AT RISK OF SCHOOL DROPOUT AND LIKELY FINDING THEMSELVES IN THE "SCHOOL TO PRISON PIPELINE." THE PROGRAM WILL BE PAR T OF CCA'S ONGOING WORK WITH STUDENTS SUSPENDED FROM MIDDLE SCHOOL, AT SERIOUS RISK OF SUS PENSION DETERMINED AT A SUSPENSION HEARING, OR ENROLLED IN OUR AFTER SCHOOL PROGRAM LOCATE D AT FOWLER HIGH SCHOOL THE PROGRAM PROVIDES PARTICIPANTS WITH OPPORTUNITIES TO UNDERSTAN D PERSONAL TRIGGERS THAT LEAD TO VIOLENT BEHAVIOR AND HOW TO CONTROL THOSE TRIGGERS, LEARN COMMUNICATION SKILLS AND PARTICIPATE IN TEAM BUILDING ACTIVITIES, AND TEACH THESE SKILLS TO THEIR PEERS AT OTHER YOUTH-SERVING ORGANIZATIONS IN THE COMMUNITY 210 YOUTH RECEIVED P EER-LED VIOLENCE PREVENTION TRAINING AT PEER-LED TRAINING WORKSHOPS ONONDAGA CASA $46,480 THE ONONDAGA COURT APPOINTED SPECIAL ADVOCATES (CASA) PROGRAM PROTECTS THE COUNTY'S MOST VULNERABLE RESIDENTS-CHILDREN INVOLVED IN ABUSE AND NEGLECT CASES-GUARANTEEING THAT THEIR BEST INTERESTS ARE REPRESENTED IN COURT CASA RECRUITS, TRAINS, AND SUPERVISES VOLUNTEERS WHO PROVIDE CRITICAL INFORMATION TO JUDGES TO GUARANTEE THAT EACH CHILD'S NEEDS ARE MET WH ILE IN FOSTER CARE CASA REDUCES INSTABILITY IN THESE CHILDREN'S LIVES, INCREASING WELLBEI NG, LESSENING TIME SPENT IN THE CHILD WELFARE SYSTEM, AND ENSURING THAT CHILDREN FIND SAFE , PERMANENT, NURTURING HOMES IT IS THE ONLY PROGRAM OF ITS KIND IN ONONDAGA COUNTY AND SE RVES 1/3 OF CHILDREN INVOLVED IN NEGLECT AND ABUSE CASES 464 CONTACT HOURS WITH CHILDREN & PARENTS SYRACUSE RECOVERY COMMUNITY $12,500 THE SYRACUSE RECOVERY COMMUNITY (SRC) IS A PEER-LED PROGRAM THAT SUPPORTS MEN AND WOMEN IN LONG-TERM RECOVERY FROM ALCOHOL AND DRUG A BUSE. IT PROVIDES HEALTH AND WELLNESS SERVICES TO PROMOTE IMPROVED QUALITY OF LIFE ACROSS A RANGE OF DOMAINS THAT CONTRIBUTE TO PRODUCTIVE, SELF-SUSTAINING LIVES SERVICES ARE DEFI NED AND DELIVERED BY PEERS AND INCLUDE RECOVERY SUPPORT GROUPS, LIFE SKILLS GROUPS, SOBER SOCIAL AND RECREATIONAL ACTIVITIES, EMPLOYMENT AND HOUSING ASSISTANCE, FINANCIAL LITERACY AND FAMILY SUPPORT 15 INDIVIDUALS RECEIVING RECOVERY COUNSELING TO IMPROVE FAMILY RELATIO NS CHILDREN'S CONSORTIUM BABY BEGINNINGS $12,500 BABY BEGINNINGS IS A HOSPITAL-BASED COLL ABORATION FOR NEW PARENTS BETWEEN CROUSE HOSPITAL AND THE CONSORTIUM THE MAIN OBJECTIVES OF THE PROGRAM ARE TO REDUCE THE RISK FOR CHILD ABUSE AND NEGLECT AND HELP PARENTS RAISE C HILDREN TO BECOME RESPONSIBLE AND CAPABLE ADULTS THIS COMPREHENSIVE CLASS IS DESIGNED TO TEACH NEW PARENTS HOW TO CARE FOR THEIR NEWBORN UP TO 3 YEARS OF AGE. THE GOAL OF THIS CLA SS IS TO HELP SHORTEN THE LEARNING CURVE AND EASE THE TRANSITION INTO PARENTING BY PROVIDI NG RELEVANT INFORMATION SO THAT PARENTS CAN RELAX AND ENJOY THE NEWEST ADDITION TO THEIR F AMILY 846 HOSPITAL ROOM VISITS WERE CONDUCTED THIS PAST YEAR

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	FORM 990, PART III, LINE 4A	FOCUS AREA #4 SAFETY NET PART 1 SAFETY NET PROVIDING SUPPORT SERVICES TO MEET BASIC COMMU NITY NEEDS AMERICAN RED CROSS OF CENTRAL NEW YORK READY CNY $86,000 "READY CNY" WILL ENAB LE OUR COMMUNITY TO LIMIT THE IMPACT OF DISASTERS BY (1) EDUCATING CITIZENS AND ORGANIZATI ONS TO BE BETTER PREPARED INDIVIDUALLY, (2) ASSURING RED CROSS READINESS AS WELL AS THE RE ADINESS GOVERNMENT AND NON-PROFIT RESPONSE AGENCIES TO RESPOND TO A DISASTER, AND (3) ENGA GING A COMMUNITY NETWORK TO TAKE AN ACTIVE ROLE IN DISASTER MITIGATION THIS COMMUNITY "SA FETY NET" PROVIDES IMMEDIATE EMERGENCY ASSISTANCE TO PEOPLE AFTER DISASTERS AND WORKS TO H ELP PEOPLE PREVENT OR MITIGATE THE SEVERITY OF THESE EVENTS THROUGH EDUCATION AND MATERIAL RESOURCES ASSURING CONSISTENCY OF PROGRAM DELIVERY, WE ARE BUILDING A COMMUNITY-WIDE MOV EMENT TO PREPARE FOR DISASTERS, ENABLE THE RED CROSS TO CONTINUE VITAL SERVICES, AND BE A CATALYST FOR COMMUNITY PARTNERS TO PREPARE FOR RESPOND TO AND RECOVER FROM DISASTERS 554 INDIVIDUALS WERE SERVED SERVICES TO THE ARMED FORCES $12,500 AMERICAN RED CROSS SERVICES TO ARMED FORCES (SAF) PROVIDES SUPPORT TO OUR MILITARY, VETERANS AND THEIR FAMILIES THROUG H PROGRAMS AND SERVICES THAT BEGIN WITH ENLISTMENT, CONTINUE DURING ACTIVE SERVICE AND THR OUGH LIFE AFTER THE MILITARY, PROVIDING EMERGENCY SERVICES, FAMILY SERVICES AND HOSPITAL S UPPORT THE AMERICAN RED CROSS IS THERE EVERY STEP OF THE WAY THROUGH THIS CONTINUUM OF CA RE 386 INDIVIDUALS AND FAMILIES OF MEN AND WOMEN IN THE ARMED SERVICES WERE ASSISTED WITH VARIOUS SERVICES ARISE CRISIS MANAGEMENT & PREVENTION SERVICE (CMPS) $13,000 ARISE'S CRI SIS MANAGEMENT & PREVENTION SERVICE (CMPS) PROVIDES SUPPORT THAT HELPS INDIVIDUALS WITH LO W INCOME AND WITH DISABILITIES MANAGE AND PREVENT A CRISIS, THEREBY STABILIZING THEIR LIVI NG SITUATION AND ELIMINATING THE POTENTIAL FOR CHRONIC HOUSING VULNERABILITY, HOMELESSNESS , RISKS TO HEALTH AND SAFETY, AND INSTITUTIONALIZATION CMPS PROVIDES ONE-ON-ONE SUPPORT T HAT HELPS INDIVIDUALS DEVELOP AN INDEPENDENT LIVING PLAN, APPLY FOR AND SECURE BENEFITS AN D INCOME SUPPORTS, NAVIGATE THE SOCIAL SECURITY ADMINISTRATION AND DEPARTMENT OF SOCIAL SE RVICES, AND ENHANCE THE SKILLS THEY NEED TO PREVENT FUTURE CRISES THE CMPS PROGRAM SERVES 80 INDIVIDUALS WITH DISABILITIES, AND THEIR FAMILIES, EACH YEAR 68 INDIVIDUALS TO HELP W ITH CRISIS MANAGEMENT ISSUES CATHOLIC CHARITIES OF ONONDAGA COUNTY COORDINATED SERVICES F OR HOMELESS MEN $48,500 HOMELESSNESS REMAINS A SERIOUS ISSUE IN THE SYRACUSE COMMUNITY, ES PECIALLY AMONG INDIVIDUALS WITH DISABILITIES AND MENTAL HEALTH DIAGNOSES AS A RESULT OF T HE COORDINATED SERVICES FOR HOMELESS MEN PROGRAM, INDIVIDUALS HAVE A SAFE PLACE TO SLEEP A T NIGHT AS WELL AS ACCESS TO THE SERVICES AND SUPPORTS THAT CAN ASSIST THEM IN OBTAINING A PLACE TO CALL HOME THE PROGRAM SERVES APPROXIMATELY 900 PEOPLE EACH YEAR WHO STRUGGLE WI TH POVERTY, SUBSTANCE ABUSE ISSUES, INADEQUATE DAILY LIVING SKILLS, AND EVEN DOMESTIC VIOL ENCE CCOC HAS PROVIDED HOMELESS SERVICES FOR 33 YEARS 49,883 SHELTER NIGHTS OF SERVICE W ERE PROVIDED FOR HOMELESS MEN, AN INCREASE OF 14% FROM PREVIOUS YEAR COORDINATED SERVICES FOR HOMELESS WOMEN AND FAMILIES $63,500 HOMELESSNESS REMAINS A SERIOUS ISSUE IN THE SYRAC USE COMMUNITY, ESPECIALLY AMONG INDIVIDUALS WITH DISABILITIES AND MENTAL HEALTH DIAGNOSES AS A RESULT OF THE COORDINATED SERVICES FOR HOMELESS WOMEN AND FAMILIES PROGRAM, INDIVIDU ALS AND FAMILIES HAVE A SAFE PLACE TO SLEEP AT NIGHT AS WELL AS ACCESS TO THE SERVICES AND SUPPORTS THAT CAN ASSIST THEM IN OBTAINING A PLACE TO CALL HOME THE PROGRAM SERVES APPRO XIMATELY 800 PEOPLE EACH YEAR WHO STRUGGLE WITH POVERTY, SUBSTANCE ABUSE ISSUES, INADEQUAT E DAILY LIVING SKILLS, AND DOMESTIC VIOLENCE CCOC HAS PROVIDED HOMELESS SERVICES FOR 33 Y EARS 24,140 SHELTER NIGHTS OF SERVICE WERE PROVIDED FOR HOMELESS WOMEN AND CHILDREN EMER GENCY ASSISTANCE SERVICES $48,000 AS A RESULT OF THE CATHOLIC CHARITIES EMERGENCY ASSISTAN CE SERVICES (CCEAS), THE EMERGENCY NEEDS OF THOSE IN THE COMMUNITY WHO ARE POOR AND VULNER ABLE WILL BE MET CCEAS WAS ESTABLISHED IN THE EARLY 1970S, AND THROUGHOUT ITS FOUR DECADE S OF SERVICE, THIS PROGRAM HAS GROWN AND EVOLVED AS THE NEEDS OF THIS TARGET POPULATION HA VE INCREASED OR CHANGED, BUT THE CORE MISSION REMAINS THE SAME TO PROVIDE FAMILIES AND IN DIVIDUALS WITH THE MEANS TO ALLEVIATE AN IMMEDIATE CRISIS, AND TO HELP THEM TO DEVELOP THE SKILLS AND RESOURCES TO PREVENT ITS RECURRENCE 4,440 UNDUPLICATED INDIVIDUALS RECEIVING EMERGENCY ASSISTANCE CONTACT COMMUNITY SERVICES, INC CRISIS INTERVENTION SERVICES $57,00 0 NATIONAL, STATE AND LOCAL DATA INDICATE THAT THERE IS AN INCREASING DEMAND FOR BASIC NEE DS ASSISTANCE, MENTAL HEALTH SERVICES, AND GENERAL SUPPORT FOR PEOPLE FACING A CRISIS CRI SIS INTERVENTIONS SERVICES (CIS) PROVIDES 24-HOUR COUNSELING SUPPORT, CRISIS INTERVENTION, AND INFORMATION AND REFERRAL TO PEOPLE IN CRISIS AND/OR IN NEED OF EMOTIONAL SUPPORT TO W ORK TOWARD DEVELOPING A PLAN TO MANAGE AND/OR PREV

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	FORM 990, PART III, LINE 4A	ENT FUTURE CRISIS WE SERVE THE COMMUNITY THROUGH THE CONTACT HOTLINE, ONONDAGA COUNTY'S H ELPLINE, MENTAL HEALTH CONNECTION, NATIONAL SUICIDE PREVENTION LIFELINE (NSPL), CRISIS CHA T, TELECARE AND THE NEONATAL ABSTINENCE SYNDROME (NAS) LINE CIS ALSO PROVIDES AFTER-HOURS TELEPHONE SUPPORT FOR A NUMBER OF MENTAL HEALTH CLINICS AND HUMAN SERVICES AGENCIES 70,1 42 CALLS IN AND OUT REGARDING CRISIS SERVICES FOOD BANK OF CENTRAL NEW YORK RETAIL PARTNE RSHIP PROGRAM $47,000 THE RETAIL PARTNERSHIP PROGRAM (RPP) COLLECTS NUTRITIOUS FOOD FROM R ETAIL PARTNERS FOR DISTRIBUTION TO INDIVIDUALS IN NEED IN COLLABORATION WITH COMMUNITY-BAS ED ORGANIZATIONS THE PROGRAM SALVAGES FOOD THAT RETAILERS CONSIDER UNSELLABLE AND OFFERS INDIVIDUALS IN NEED THE OPPORTUNITY TO RECEIVE NUTRITIOUS FOOD, IN THEIR NEIGHBORHOODS FO OD BANK CURRENTLY ACQUIRES FOOD FROM 17 RETAIL PARTNERS IN ONONDAGA COUNTY, WHICH IS THEN IMMEDIATELY DISTRIBUTED THROUGH TWO DIFFERENT METHODS 8 MONTHLY FRESH FOODS DISTRIBUTIONS OR 47 EFPS THROUGHOUT THE COUNTY THIS DUAL APPROACH ENSURES THAT ONONDAGA COUNTY PROGRAM S ARE ABLE TO RECEIVE NUTRITIOUS PRODUCE, BREAD AND DAIRY DAILY 73,137 INDIVIDUAL MEALS W ERE SERVED EACH MONTH FRANK H HISCOCK LEGAL AID SOCIETY CIVIL LEGAL ASSISTANCE PROGRAM $ 50,000 THE CIVIL LEGAL ASSISTANCE PROGRAM HELPS LOW-INCOME INDIVIDUALS PREVENT AND MANAGE CRISES AND INCREASE INDEPENDENCE, SAFETY AND SECURITY FOR THEIR FAMILIES BY PROVIDING FREE LEGAL ASSISTANCE IN A WIDE RANGE OF LEGAL MATTERS SERVICES, INCLUDING COMPLETE REPRESENT ATION, ADVICE, BRIEF SERVICE AND REFERRAL, ARE PROVIDED IN FAMILY LAW, HOUSING AND UNEMPLO YMENT MATTERS SPECIALIZED PROJECTS PROVIDE REPRESENTATION TO SPECIAL POPULATIONS INCLUDIN G VICTIMS OF DOMESTIC VIOLENCE, NON-CUSTODIAL PARENTS, CANCER PATIENTS, IMMIGRANTS AND REF UGEES AND PEOPLE FACING HOMELESSNESS DUE TO EVICTION AND FORECLOSURE SERVICES ARE PROVIDE D PRIMARILY TO ONONDAGA COUNTY RESIDENTS THE CANCER, IMMIGRATION AND FORECLOSURE PROJECTS SERVE MULTI-COUNTY REGIONS IN CENTRAL NEW YORK 2,114 CIVIL CASES HANDLED DURING PAST YEA R HUNTINGTON FAMILY CENTERS, INC EMERGENCY SERVICES $23,000 HUNTINGTON FAMILY CENTERS, I NC OFFERS EMERGENCY SERVICES TO INDIVIDUALS AND FAMILIES IN NEED OF FOOD, CLOTHING, AND L EAD-FREE HOUSING, WHILE HELPING THEM FIND THE RESOURCES TO REDUCE FUTURE CRISIS AND PROMOT E THE HIGHEST DEGREE OF INDEPENDENCE TO ACCOMPLISH THIS, HUNTINGTON FAMILY CENTERS OPERAT ES A FOOD PANTRY AND A CLOTHING EXCHANGE ROOM (THE TRADING POST) WHERE INDIVIDUALS AND FAM ILIES CAN OBTAIN FREE CLOTHING AND HOUSEHOLD GOODS HFC PROVIDES FREE INSTRUCTIONS AND CLE ANING SUPPLIES TO REDUCE LEAD EXPOSURE TO SMALL CHILDREN LIVING IN HOUSING WITH POTENTIAL LEAD THREATS, AND SERVES AS A FOOD SENSE SITE 1,410 INDIVIDUALS RECEIVED FOOD ASSISTANCE, 55% INCREASE FROM PREVIOUS YEAR INTERFAITH WORKS OF CNY, INC COMMUNITY INTEGRATION PROG RAM $31,500 INTERFAITH WORKS REFUGEE RESETTLEMENT SERVES PEOPLE WHO HAVE FLED THEIR HOME C OUNTRY DUE TO WAR, FAMINE, AND POLITICAL REPRESSION NATIVE FOREIGN LANGUAGE SPEAKERS AND CARING CASEWORKERS ON THE AGENCY'S STAFF GUIDE THE REFUGEES' INITIAL INTEGRATION THE AGEN CY PROVIDES A FURNISHED APARTMENT, FOOD, MEDICAID, EDUCATION AND HEALTH SCREENING, AND SUP PORTS EMPLOY MENT PREPARATION, AS WELL AS AN ORIENTATION TO BASIC LIFE SKILLS LIKE RIDING T HE BUS, USING A GROCERY STORE, REGISTERING ONE'S CHILD FOR SCHOOL, AND HANDLING MONEY MOS T REFUGEES HAVE NEVER LIVED IN URBAN ENVIRONMENTS, ARRIVING WITH LITTLE KNOWLEDGE ON HOW T O NAVIGATE SOCIAL SERVICE, EDUCATIONAL, OR MEDICAL SYSTEMS THROUGH THE COMMUNITY INTEGRAT ION PROGRAM, REFUGEES HAVE ACCESS TO CASE-SPECIFIC PROBLEM ASSISTANCE FOR UP TO FIVE YEARS AFTER ARRIVAL 280 REFUGEES WERE SERVED

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	FORM 990, PART III, LINE 4A	FOCUS AREA #4 SAFETY NET PART 2 RESCUE MISSION FOOD SERVICES $30,000 THE RESCUE MISSION FO OD SERVICES CENTER IS LOCATED ON THE MAIN CAMPUS IN THE MISSION DISTRICT AT 148 GIFFORD ST REET, IN SYRACUSE. THEY PROVIDE THREE MEALS A DAY, 365 DAYS A YEAR TO MEN, WOMEN AND CHILD REN IN NEED. BOXED LUNCHES ARE PROVIDED FOR INDIVIDUALS WHO MAY HAVE MISSED MEAL TIMES DUE TO THEIR WORK SCHEDULE. 7,256 UNIQUE INDIVIDUALS WERE SERVED IN THIS PROGRAM. SAMARITAN C ENTER HOT MEALS PROGRAM $40,000 SAMARITAN CENTER SERVES HOT, NUTRITIOUS MEALS 365 DAYS A Y EAR TO ANYONE IN NEED WITHOUT QUESTIONS, JUDGMENT OR PRECONDITIONS. THE HOT MEALS PROGRAM IS SPECIFICALLY DESIGNED TO COMBAT HUNGER, ALLEVIATE SOCIAL ISOLATION AND PROVIDE A PLATFO RM FOR CASE MANAGEMENT, EDUCATION AND INFORMATION/REFERRAL SERVICES WHILE OFFERING OPPORTU NITIES FOR A BROAD BASE OF COMMUNITY VOLUNTEERS. A HOT BREAKFAST MEAL IS OFFERED FIVE DAYS PER WEEK, SERVING ON AVERAGE 140 MEALS PER DAY. OUR DINNER MEAL IS OFFERED SEVEN DAYS A W EEK, SERVING ON AVERAGE 210 MEALS PER DAY. THE SAMARITAN CENTER HAS SEEN A STEADY GROWTH I N THE NUMBER OF GUESTS AND THE NUMBER OF MEALS SERVED EACH DAY WITH OVER 115,000 MEALS SER VED IN THE CALENDAR YEAR 2014. SPANISH ACTION LEAGUE OF ONONDAGA COUNTY, INC. HOUSING SERV ICES $14,000 THE HOUSING PROGRAM PROVIDES SERVICES IN CNY FOCUSING ON THE LATINO COMMUNITY , BUT ALSO SERVES OTHER POPULATIONS. PROGRAMS INCLUDE FIRST TIME HOMEBUYER CLASSES AND SER VICES, RENTAL SUBSIDY SERVICES, INTENSIVE CASE MANAGEMENT, ADVOCACY, SHORT TERM COUNSELING , HOUSING, FINANCIAL, LEGAL, AND SOCIAL SERVICE NAVIGATION, INTERPRETATION/TRANSLATION, OU TREACH, RELOCATION ASSISTANCE, HOMELESSNESS PREVENTION AND SERVICES, MEDIATIONS, EVICTIONS PREVENTION, RAPID REHOUSING, COURT ACCOMPANIMENT, DONATION ASSISTANCE, AND REFERRALS. 379 INDIVIDUALS RECEIVED RELOCATION SERVICES. SYRACUSE NORTHEAST COMMUNITY CENTER BASIC NEEDS PROGRAM $22,000 SNCC'S BASIC NEEDS ASSISTANCE PROGRAM SERVES FAMILIES AND INDIVIDUALS FRO M ALL WALKS OF LIFE WHO ARE FACING HUNGER, ISOLATION, UNSTABLE HOUSING, POOR HEALTH, AND C RIPPLING POVERTY. WE SUPPORT FAMILIES IN CRISIS THROUGH THE OPERATION OF A FOOD PANTRY, PR OVISION OF EMERGENCY RENTAL ASSISTANCE, AND COMPREHENSIVE REFERRAL AND CASE MANAGEMENT SER VICES. INDIVIDUALS VISIT OUR FOOD PANTRY BECAUSE THEY ARE FACING A FOOD SHORTAGE, BUT OUR BASIC NEEDS STAFF ALSO WORK WITH THEM TO IDENTIFY THE UNDERLY ING ISSUES CONTRIBUTING TO TH IS CRISIS. SNCC STAFF THEN PROVIDE THE CONNECTIONS TO THE ONSITE AND COMMUNITY RESOURCES A ND SERVICES INDIVIDUALS NEED TO STABILIZE THEIR LIVES. 3,550 INDIVIDUALS RECEIVED FOOD ASS ISTANCE. THE SALVATION ARMY BARNABAS RESIDENTIAL $30,000 BARNABAS RESIDENTIAL PROVIDES EME RGENCY AND TRANSITIONAL HOUSING FOR RUNAWAY AND HOMELESS YOUTH AND YOUNG ADULTS, AGES 16-2 4 YEARS OLD. SERVICES FOR YOUTH ARE AVAILABLE 24 HOURS A DAY, 365 DAYS PER YEAR. IN ADDITI ON TO HOUSING COMPONENTS, BARNABAS RESIDENTIAL OFFERS CASE MANAGEMENT, INDEPENDENT LIVING SKILLS, EMPLOY MENT READINESS ACTIVITIES, LEADERSHIP PREPARATION, COMMUNITY/VOLUNTEER SERVI CE AND RECREATION. BARNABAS RESIDENTIAL IS CERTIFIED BY THE NYS OFFICE OF CHILD AND FAMILY SERVICES (OCFS). BARNABAS HAS TWO LOCATIONS IMMEDIATELY ACROSS THE STREET FROM ONE ANOTHE R. BARNABAS RESIDENTIAL PROVIDES HOUSING FOR UP TO 19 YOUTH AT ONE TIME, IN EITHER A GROUP LIVING ENVIRONMENT OR INDIVIDUAL APARTMENTS. 167 YOUTH RECEIVED CASE MANAGEMENT SERVICES. BOOTH HOUSE $45,000 BOOTH HOUSE IS AN EMERGENCY SHELTER FOR RUNAWAY, HOMELESS AND HIGH-RI SK YOUTH, AGES 12-17 YEARS OLD. THE PROGRAM PROVIDES YOUTH WITH IMMEDIATE HOUSING 24 HOURS A DAY, 365 DAYS PER YEAR. IN ADDITION TO EMERGENCY HOUSING, BOOTH HOUSE OFFERS A VARIETY OF CRISIS SERVICES INCLUDING AN ALTERNATIVE TO JUVENILE JUSTICE DETENTION, PLANNED RESPITE , FAMILY MEDIATION, CASE MANAGEMENT, HOMEBOUND SCHOOLING, LIVING SKILLS AND RECREATION ACT IVITIES. BOOTH HOUSE IS CERTIFIED BY THE NYS OFFICE OF CHILD AND FAMILY SERVICES (OCFS). L OCATED IN THE CITY OF SYRACUSE ON MIDLAND AVENUE, BOOTH HOUSE IS A LARGE, COMFORTABLE 15-B ED HOME SITUATED IN A RESIDENTIAL NEIGHBORHOOD. 2,494 DAYS OF CARE WERE PROVIDED. EMERGENC Y FAMILY SHELTER $80,000 THE SALVATION ARMY EMERGENCY FAMILY SHELTER PROVIDES TEMPORARY EM ERGENCY HOUSING FOR HOMELESS FAMILIES OF ANY CONFIGURATION INCLUDING EXTENDED FAMILIES, ME N WITH CHILDREN, OLDER MALE CHILDREN AND SINGLE WOMEN. CRISIS COUNSELING, COMPREHENSIVE SO CIAL WORK SERVICES AND LINKAGES TO MAINSTREAM AND COMMUNITY RESOURCES ARE PROVIDED TO SECU RE AND MAINTAIN PERMANENT HOUSING. 26,861 SHELTER CARE DAYS PROVIDED TO HOMELESS INDIVIDUA LS / FAMILIES. SPECIALIZED MENTAL HEALTH CLINIC $26,000 SPECIALIZED MENTAL HEALTH CLINIC I S A UNIQUE BLEND OF THERAPEUTIC INTERVENTIONS THAT WILL MEET THE NEEDS OF A TARGETED POPUL ATION OF FAMILIES AND INDIVIDUALS NOT SERVED ELSEWHERE IN THE COMMUNITY. THESE SPECIALIZED CLINICAL SERVICES INCLUDE PRE- AND POST-ADOPTION COUNSELING FOR CHILDREN AND FAMILIES, F UNCTIONAL FAMILY THERAPY (FFT) FOR FAMILIES WITH A

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	FORM 990, PART III, LINE 4A	DOLESCENTS WHO ARE STRUGGLING WITH EMOTIONAL AND BEHAVIORAL PROBLEMS, DOMESTIC VIOLENCE CO UNSELING AND MENTAL HEALTH COUNSELING FOR TRANSITION AGE YOUTH (16-24 YEARS) IN ADDITION, WE PLAN TO WORK CLOSELY WITH THE REFUGEE COMMUNITY TO DEVELOP SERVICES TO ADDRESS SYMPTOM S OF POST-TRAUMATIC STRESS DISORDER WITH SPECIAL ATTENTION TO CULTURAL AND LANGUAGE BARRIE RS CLIENTS HAVE THE OPTION OF RECEIVING SERVICES IN THEIR HOME OR A CLINIC OFFICE SETTING 246 INDIVIDUALS WERE SERVED WOMEN'S SHELTER $16,000 THE SALVATION ARMY WOMEN'S SHELTER IS A 15-BED SHELTER FOR MENTALLY ILL, CHRONICALLY HOMELESS WOMEN THE SHELTER PROVIDES MEA LS AND INTENSIVE CASEWORK SERVICES LEADING TO BOTH INDEPENDENT AND SUPPORTIVE PERMANENT HO USING FOR THE RESIDENTS RESIDENTS OF THE SHELTER RECEIVE EMERGENCY AND CRISIS INTERVENTIO N, CASE MANAGEMENT AND OUTREACH, MENTAL HEALTH, HEALTH AND DRUG AND ALCOHOL ASSESSMENTS R EFERRALS AND LINKAGES ARE PROVIDED FOR NEEDED SERVICES 5,031 SHELTER DAYS PROVIDED TO HOM ELESS WOMEN AND THEIR FAMILIES ACCESS CNY (FORMERLY TRANSITIONAL LIVING SERVICES OF ONOND AGA COUNTY, INC) BRIDGE SERVICES $20,000 PEOPLE STRUGGLING WITH A SERIOUS MENTAL ILLNESS ARE AT RISK OF CRISIS THE BRIDGE PROGRAM PROVIDES AN IMMEDIATE RESPONSE THAT CAN AVERT TH OSE CRISES STAFF RESPOND TO ACUTE PROBLEMS THAT DEVELOP REGARDING ISSUES RELATED TO HOUSI NG, FINANCES, AND PHYSICAL AS WELL AS PSYCHIATRIC HEALTH WHICH IN MANY CASES COULD LEAD TO MEDICAL OR PSYCHIATRIC HOSPITALIZATION OR HOMELESSNESS 56 INDIVIDUALS INCREASED THEIR KN OWLEDGE AND SKILLS NECESSARY TO MANAGE / PREVENT CRISIS VERA HOUSE, INC ADVOCACY PROGRAM $80,000 THE ADVOCACY PROGRAM PROVIDES COMPREHENSIVE SERVICES TO ASSIST VICTIMS OF VIOLENC E (DOMESTIC, SEXUAL, FAMILY, AND ALL OTHER CRIMES) THE SERVICES OF THE PROGRAM INCLUDE SH ORT-TERM COUNSELING, INFORMATION AND REFERRALS, SAFETY PLANNING, EDUCATION TO CLIENTS AND THE COMMUNITY, AND ADVOCACY WITH LEGAL, MEDICAL, AND SOCIAL SYSTEMS ADVOCATES PROVIDE FAC E TO FACE CRISIS INTERVENTION AT LOCAL AREA HOSPITALS, LAW ENFORCEMENT OFFICES, SCHOOLS, A ND NURSING HOMES, AND ARE STATIONED AT THE DISTRICT ATTORNEY'S OFFICE, THE SPECIALIZED DOM ESTIC VIOLENCE COURTS AND CHILD PROTECTIVE SERVICES OTHER SERVICES INCLUDE A 24-HOUR CRIS IS AND SUPPORT LINE AND THE FAMILY COURT HELP DESK 1,550 INDIVIDUAL CLIENTS WERE HELPED, 14% INCREASE OVER PREVIOUS YEAR EMERGENCY SHELTER PROGRAM $39,000 THE VERA HOUSE EMERGENC Y SHELTER PROGRAM PROVIDES COMPREHENSIVE SUPPORT SERVICES AND SHELTER TO VICTIMS OF DOMEST IC, SEXUAL AND FAMILY VIOLENCE - WOMEN, CHILDREN AND MEN - WHO ARE HOMELESS AND IN CRISIS DUE TO THE DOMESTIC VIOLENCE/SEXUAL ASSAULT THE PROGRAM PROVIDES A SAFE PLACE TO STAY AND ASSISTS RESIDENTS IN SECURING SAFETY AND STABILITY WHEN LEAVING THE SHELTER SHELTER RESI DENTS RECEIVE CARING, PROMPT ATTENTION, INCLUDING SPECIFIC EDUCATION TO PUT THEIR DOMESTIC /SEXUAL VIOLENCE EXPERIENCES IN CONTEXT THE PROGRAM ALSO PROVIDES CASE MANAGEMENT AND GRO UPS CONTAINING INFORMATION REGARDING RESOURCES AND OPTIONS, WHICH EMPOWERS THE SHELTER RES IDENTS AND PROVIDES HOPE FOR THEIR FUTURE 10,545 BED NIGHTS WERE PROVIDED TO INDIVIDUALS / FAMILIES

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	FORM 990, PART III, LINE 4A	FOCUS AREA #3 HEALTH PART 3 CONTACT COMMUNITY SERVICES, INC CHILDREN 1ST $12,500 CHILDREN 1ST IS A SIX-HOUR CLASS FOR PARENTS INVOLVED IN DIVORCE, SEPARATION, OR CUSTODY DISPUTES CERTIFIED, TRAINED PROFESSIONALS COVER TOPICS INCLUDING ADULT EMOTION/PSYCHOLOGY, CHILD E MOTION/PSYCHOLOGY, AND THE LEGAL PROCESS/ALTERNATIVES THE PRIMARY GOAL IS TO TEACH PARENT S WAYS THEY CAN REDUCE THE STRESS OF FAMILY CHANGES, AND PROTECT THEIR CHILDREN FROM THE N EGATIVE EFFECTS OF ONGOING PARENTAL CONFLICT IN ORDER TO FOSTER AND PROMOTE THEIR CHILDREN 'S HEALTHY ADJUSTMENT AND DEVELOPMENT THE PROGRAM WAS CERTIFIED BY THE NEW YORK STATE PAR ENT EDUCATION AND AWARENESS PROGRAM, QUALIFYING IT AS A COURT MANDATED CLASS CLASSES ARE OFFERED ONE SATURDAY PER MONTH AND TWO SUNDAYS PER YEAR 84 CLIENTS LEARNED HOW TO BETTER DEAL WITH SOCIAL OR BEHAVIORAL PROBLEMS SUICIDE-SAFER COMMUNITY PROJECT $13,580 BUILDING A SUICIDE-SAFER COMMUNITY REQUIRES THE ENGAGEMENT, AWARENESS AND VIGILANCE OF SCHOOLS, PUB LIC AND PRIVATE ORGANIZATIONS AND INDIVIDUALS THE SUICIDE-SAFER COMMUNITY PROJECT PROVIDE S EVIDENCE-BASED SUICIDE PREVENTION WORKSHOPS THAT TEACH PARTICIPANTS HOW TO RECOGNIZE WAR NING SIGNS, ASK APPROPRIATE QUESTIONS AND MAKE REFERRALS, POST-INTERVENTION TRAINING THAT TEACHES HOW TO PROMOTE HEALING AND REDUCE RISK, A MENTAL HEALTH WORKSHOP THAT HELPS TO INC REASE KNOWLEDGE AND DECREASE STIGMA THE PROGRAM ALSO INCREASES PUBLIC AWARENESS OF SUICID E, ITS WARNING SIGNS AND LOCAL RESOURCES THROUGH MEDIA MESSAGES AND EDUCATIONAL MATERIALS AND BRINGS TOGETHER COMMUNITY MEMBERS THROUGH THE ONONDAGA COUNTY SUICIDE PREVENTION COALI TION 1,460 INDIVIDUALS PARTICIPATED IN SUICIDE PREVENTION WORKSHOPS ELMCREST CHILDREN'S CENTER, INC FAMILY TRANSITIONS PROGRAM $73,880 ELMCREST'S FAMILY TRANSITIONS PROGRAM IS A COMMUNITY BASED TREATMENT PROGRAM THAT PROVIDES SPECIALIZED SEXUAL ABUSE SERVICES (SSAS) TO LOCAL YOUTH AND THEIR FAMILIES WHO ARE FACED WITH CHALLENGES RELATED TO SEXUAL ABUSE. U SING A FAMILY SYSTEMS APPROACH, THE PROGRAM WORKS WITH CHILDREN/ADOLESCENTS WHO SEXUALLY A CT OUT, WHO ARE SEXUALLY REACTIVE, AND CHILDREN WHO HAVE BEEN SEXUALLY VICTIMIZED ADDITIO NALLY, THIS PROGRAM STRIVES TO WORK WITH THE ENTIRE FAMILY SYSTEM INCLUDING SIBLINGS, WHO MAY NOT HAVE BEEN DIRECTLY INVOLVED, BUT WHO ARE INDIRECTLY AFFECTED BY THE ABUSE. THIS PR OGRAM SERVES 125 INDIVIDUALS FROM ONONDAGA COUNTY EXCEPTIONAL FAMILY RESOURCES FAMILY RES PITE SERVICES $22,700 EFR'S FAMILY RESPITE SERVICES PROVIDES RELIABLE, QUALITY CARE FOR IN DIVIDUALS WITH A DEVELOPMENTAL DISABILITY AND THEIR SIBLINGS, GIVING THEIR CAREGIVERS A MU CH NEEDED BREAK (RESPITE) FROM THE CHALLENGES AND STRESS OF CARING FOR A FAMILY MEMBER WIT H SPECIAL NEEDS CHILDREN WITH DISABILITIES AND INDIVIDUALS WITH DEVELOPMENTAL DISABILITIE S OF ALL AGES ARE PARTICULARLY AT RISK FOR ABUSE, OFTEN BY OVERSTRESSED CAREGIVERS WHO ARE NOT ABLE TO TAKE A BREAK FROM THEIR CONSTANT CAREGIVING RESPONSIBILITIES UNLIKE MOST RES PITE SERVICES FOR INDIVIDUALS WITH DISABILITIES FUNDED WITHIN NYS, OUR RESPITE SERVICES AR E ABLE TO SUPPORT NOT ONLY THE INDIVIDUAL WITH A DISABILITY BUT THE ENTIRE FAMILY, REDUCIN G STRESS AND PREVENTING ABUSE FROM TAKING PLACE. OUR FAMILY RESPITE SERVICES ALSO PROVIDE FLEXIBILITY MOST RESPITE SERVICES CANNOT, PARTICULARLY IN RESPONSE TO EMERGENCIES, SUCH AS UNEXPECTED CAREGIVER HOSPITALIZATION OR INCARCERATION, AS HAS OCCURRED IN RECENT YEARS 7 ,038 RESPITE HOURS PROVIDED FOR FAMILIES WITH AUTISTIC CHILDREN GIRL SCOUTS OF NY PENN PAT HWAYS, INC CONNECTIONS (FORMERLY KNOWN AS INNER-CONNECTIONS) $20,880 THE GIRL SCOUT LEADE RSHIP EXPERIENCE. CONNECTIONS IS A PROGRAM ESTABLISHED FOR LOW-INCOME, AT-RISK GIRLS IN GR ADES K-12, LIVING WITHIN THE CITY OF SYRACUSE. THE PURPOSE OF OUR PROGRAM IS TO PROVIDE TH IS TYPICALLY UNDERSERVED SEGMENT OF GIRLS WITH SAFE, SUPPORTIVE SPACES WHERE THEY CAN DISC OVER NEW INTERESTS AND ABILITIES, CONNECT WITH PEERS AND POSITIVE ADULT MENTORS, AND LEARN HOW THEY CAN TAKE ACTION TO BECOME LEADERS FOR CHANGE IN THEIR OWN LIVES AND COMMUNITIES 763 GIRLS WERE SERVED IN THIS PROGRAM LAST YEAR HILLSIDE CHILDREN'S CENTER FAMILY PRESER VATION INITIATIVE $27,280 THE FAMILY PRESERVATION INITIATIVE (FPI) PROVIDES INTENSIVE, IN- HOME CLINICAL SERVICES TO SOME OF THE COUNTY'S MOST VULNERABLE CHILDREN AND THEIR FAMILIES TO LOWER THE RISK OF CHILDREN ENTERING FOSTER CARE AND TO RETURN CHILDREN IN CARE TO THEI R FAMILIES SOONER THAN THEY WOULD HAVE RETURNED WITHOUT FPI SERVICES FPI IS BASED ON THE BELIEF THAT CHILDREN AND FAMILIES THRIVE WHEN FAMILIES HAVE THE KNOWLEDGE, SUPPORT AND RES OURCES THEY NEED THIS NEW PROGRAM SERVED 101 CHILDREN FROM 45 FAMILIES HUNTINGTON FAMILY CENTERS, INC CLOVER CORNER $24,550 CLOVER CORNER IS A MULTI-PURPOSE SENIOR CENTER DESIGN ED TO ADDRESS THE OVERALL HEALTH AND WELLBEING OF OLDER ADULTS OF ALL ABILITIES OFFERING D AILY OPPORTUNITIES FOR SOCIALIZATION, INFORMATION, EDUCATION, NUTRITION, AND LEISURE TIME ACTIVITIES YEAR-ROUND PROGRAMMING PROVIDES CONTAC

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	FORM 990, PART III, LINE 4A	T WITH OTHER SENIORS IN THE COMMUNITY, FOSTERING FRIENDSHIPS AND LESSENING FEELINGS OF ISO LATION STAFF PROVIDES SENIORS WITH FURTHER RESOURCES AND SUPPORTS IN ORDER TO MAINTAIN TH EIR INDEPENDENCE IN THE COMMUNITY SENIORS TAKE PART IN VARIOUS TRIPS THROUGHOUT THE YEAR TO FURTHER ENHANCE INDEPENDENCE AND LESSON FEELINGS OF ISOLATION IN COLLABORATION WITH P E A C E INC, A NUTRITIOUS HOT LUNCH IS PROVIDED TO PARTICIPANTS DAILY 3,391 NUTRITIOUS MEALS SERVED TO SENIORS DURING THE YEAR, A 6% INCREASE FROM PREVIOUS YEAR HOPE (HUNTINGTO N OBSERVATION AND PARENT EDUCATION) $40,680 THE HOPE (HUNTINGTON OBSERVATION AND PARENT ED UCATION) PROGRAM IS A FAMILY REUNIFICATION PROGRAM PROVIDING SUPERVISED VISITATION WITH PR E/POST COUNSELING FOR PARENTS WITH CHILDREN IN FOSTER CARE HOPE OFFERS STRUCTURED FEEDBAC K, CURRICULUM BASED INSTRUCTION, AND ONGOING SUPPORT TO ACHIEVE PERMANENCY SERVICES ARE P ROVIDED TO EXPEDITE REUNIFICATION WHENEVER POSSIBLE AND CAN INCLUDE SHORT TERM AFTERCARE S ERVICES FOLLOWING THE CHILD'S DISCHARGE FROM FOSTER CARE HOPE IS A COMPONENT OF THE INTEG RATED VISITATION SERVICES PARTNERSHIP (FAMILY PLACE) WHICH INCLUDES THE DEPARTMENT OF SOCI AL SERVICES, SALVATION ARMY (CLINICAL AND FAMILY COACH SERVICES), HUNTINGTON FAMILY CENTER S (HOPE PARENT EDUCATION PROGRAM), AND CATHOLIC CHARITIES (PARENT AIDE PROGRAM) 55 UNDUPL ICATED PARENTS SERVED INTERFAITH WORKS OF CNY, INC CENTER FOR NEW AMERICANS MENTAL HEALT H SUPPORT PROGRAM $18,150 SYRACUSE IS AMONG THE TOP TEN CITIES IN THE UNITED STATES WELCOM ING REFUGEES WHO ARE SURVIVORS OF TRAUMA AND TORTURE THEIR SPECIAL NEEDS ARE CHALLENGING AND DIFFICULT TO MEET WITH THE TRADITIONAL LOCAL NETWORK OF CARE INITIATED IN 2008 AND SU PPORTED BY THE UNITED WAY SINCE 2011, INTERFAITH WORKS' (IFW) CENTER FOR NEW AMERICANS MEN TAL HEALTH SUPPORT PROGRAM PROVIDES VULNERABLE REFUGEE INDIVIDUALS WITH CULTURALLY APPROPR IATE MENTAL AND EMOTIONAL HEALTH SUPPORT SERVICES INCLUDE ASSESSMENT, INDIVIDUAL AND FAMI LY COUNSELING, HOME VISITS, AND GUIDED PSYCHIATRIC REFERRALS TRAINED MENTAL HEALTH INTERP RETERS AND PEER HELPERS ARE PRESENT THROUGHOUT THE TREATMENT PROCESS FOR REFUGEE CLIENTS W ITH LIMITED ENGLISH LANGUAGE PROFICIENCY 178 CLIENTS WERE SERVED SENIOR COMPANION PROGRA M $12,675 THE SENIOR COMPANION PROGRAM OFFERS SENIORS AGE 55 AND OLDER THE OPPORTUNITY TO SERVE ELDERLY INDIVIDUALS IN THEIR COMMUNITY COMPANIONS SERVE AT-RISK, FRAIL ELDERLY WHO WOULD IN MANY CASES HAVE TO MOVE TO A NURSING HOME IF THEY DID NOT HAVE THIS ONE-TO-ONE SU PPORT COMPANIONS PRIMARILY PROVIDE FRIENDSHIP AND COMPANIONSHIP TO THEIR OFTEN LONELY AND ISOLATED ELDERLY CLIENTS, BUT ALSO CAN ALERT DOCTORS AND FAMILY MEMBERS TO POTENTIAL PROB LEMS, ASSIST WITH SHOPPING AND MEAL PREPARATION, AND PROVIDE MUCH NEEDED RESPITE TO FAMILY MEMBERS AND CAREGIVERS MOST COMPANIONS HELP DIRECTLY WITH IN-HOME CLIENTS, WHILE SOME WO RK IN SENIOR DAY CARE FACILITIES, ASSISTING THEIR CLIENTS WITH MEALS, ACTIVITIES, AND SOCI ALIZATION A FRAIL, ELDERLY PERSON GENERALLY LIVES LONGER, AND IS IN BETTER HEALTH, WHEN S OCIALIZATION AND SUPPORTIVE FRIENDSHIPS ARE PROVIDED INSTITUTIONALIZATION IN A SKILLED NU RSING FACILITY IS ALSO DELAYED OR AVOIDED BY ADDING AN IN-HOME CAREGIVER TO AN ELDERLY CLI ENT WHILE THEY ARE STILL LIVING INDEPENDENTLY 144 HOMEBOUND SENIORS WERE SERVED BY SENIOR COMPANIONS DURING THE YEAR, A 37% INCREASE FROM PREVIOUS YEAR

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	FORM 990, PART III, LINE 4A	FOCUS AREA #3 HEALTH PART 4 MCMAHON/RYAN CHILD ADVOCACY CENTER HUMAN TRAFFICKING $18,130 H UMAN TRAFFICKING, LIKE OTHER GLOBAL ISSUES, IS A CRIME THAT IMPACTS ALL COMMUNITIES THIS HUMAN TRAFFICKING PROPOSAL PROVIDES SERVICES TARGETING SEXUALLY EXPLOITED YOUTH AGES 12-17 THE PROGRAM WILL OFFER INTENSIVE CASE MANAGEMENT AND ADVOCACY SERVICES, WHICH INCLUDES A SSESSMENT, PLANNING, AND REFERRALS, COORDINATION OF A MULTI-DISCIPLINARY TEAM AND, PROMOTI ON OF COMMUNITY AWARENESS ABOUT SEXUAL EXPLORATION OF CHILDREN, INCLUDING IDENTIFICATION A ND REFERRAL THE INTEGRATED CONTINUUM OF SERVICE WILL RESPOND TO YOUTH THROUGH CRISIS COUN SELING, STREET OUTREACH, CASE MANAGEMENT PROVISION OF SAFE SHELTER, TRANSITIONAL LIVING SE RVICES, LIFE SKILLS TRAINING, DISCHARGE PLANNING, AND AFTERCARE 14 CHILDREN IDENTIFIED AS CHILD HUMAN SEX TRAFFICKING VICTIMS RECEIVING SERVICES PEACE, INC START HEALTHY, STAY H EALTHY $45,575 START HEALTHY, STAY HEALTHY IMPROVES THE PHYSICAL AND EMOTIONAL HEALTH OF O UR COMMUNITY'S YOUNGEST AND OLDEST RESIDENTS THROUGH ONE-ON-ONE ATTENTION AND SUPPORT FOR CHILDREN WITH SPECIAL NEEDS, MEANINGFUL VOLUNTEER ASSIGNMENTS FOR LOW-INCOME SENIOR CITIZE NS, AND WARM, NUTRITIOUS MEALS FOR BOTH POPULATIONS 4,293 NUTRITIOUS MEALS WERE SERVED IN THE FIRST YEAR OF THIS PROGRAM SPANISH ACTION LEAGUE OF ONONDAGA COUNTY, INC FAMILY SER VICES $20,000 FAMILY SERVICES DEPARTMENT OFFERS INDIVIDUALIZED ASSISTANCE TO PATIENTS, FAM ILIES, AND CAREGIVERS TO HELP OVERCOME HEALTH CARE SYSTEM BARRIERS AND FACILITATE TIMELY A CCESS TO QUALITY MEDICAL AND PSYCHOSOCIAL CARE ADDITIONALLY, SPECIALIZED CASE MANAGEMENT IS OFFERED TO PATIENTS OR VICTIMS IDENTIFY WITH DOMESTIC VIOLENCE, AS WELL AS SUBSTANTIAL OUTREACH AND PUBLIC EDUCATION EFFORTS THROUGHOUT CNY 210 INDIVIDUALS RECEIVED ACCESS TO S ERVICES SYRACUSE JEWISH FAMILY SERVICE, INC AGEWISE CARE $23,175 AGEWISE CARE IS AN ACCE SSIBLE, COMPREHENSIVE SYSTEM INTEGRATING CARE MANAGEMENT AND EMOTIONAL AND BEHAVIORAL HEAL TH SERVICES FOR OLDER ADULTS SCREENING AND ASSESSMENT, COMPREHENSIVE CARE PLANNING AND CO ORDINATION, INFORMATION AND REFERRAL, PERSONAL AFFAIRS ASSISTANCE, BENEFITS AND SERVICE CO ORDINATION, FAMILY LIAISON AND SUPPORT, TRANSPORTATION, HOME-DELIVERED MEALS, AND THERAPEU TIC COUNSELING AND PSYCHO-EDUCATIONAL PROGRAMMING THAT RAISES AWARENESS, ADVOCATES FOR BEH AVIOR CHANGE, BUILDS COPING SKILLS, EDUCATES ABOUT RESOURCES, AND PROVIDES SOCIAL SUPPORT SERVICES ARE OFFERED IN OFFICE LOCATIONS, CLIENT HOMES, AND FAMILIAR COMMUNITY-BASED SITE S, BOTH DIRECTLY THROUGH SJFS AND IN PARTNERSHIP WITH AGENCIES WORKING WITH AGING AND/OR E MOTIONAL/BEHAVIORAL ISSUES 385 UNDUPLICATED CLIENTS SERVED BY THIS PROGRAM SYRACUSE NORT HEAST COMMUNITY CENTER SENIOR PROGRAM $22,700 SNCC PROUDLY PROMOTES HEALTHY AND INDEPENDEN T LIFESTYLES WHILE CARING FOR OLDER ADULTS THROUGH OUR CONTEMPORARY SENIOR PROGRAM FOR 35 YEARS, SNCC HAS ASSISTED SENIORS IN MAINTAINING AUTONOMOUS CONTROL OVER THEIR LIVES BY PR OVIDING DIRECT SERVICES AND SOCIAL EXPERIENCES IN AND OUTSIDE OF OUR NEIGHBORHOOD-BASED CO MMUNITY CENTER SENIOR SUPPORT, ONE OF SNCC'S CORE ORGANIZATIONAL VALUES, HELPS OLDER ADUL TS STAY ACTIVE AND LIVE INDEPENDENTLY BY PROVIDING NUTRITIOUS MEALS, GROUP EXERCISE, OUTDO OR RECREATION AND COMMUNITY FIELD TRIPS THIS PROGRAM ALSO PROVIDES FREE POINT-TO-POINT TR ANSPORTATION TO THE GROCERY STORE, TO MEDICAL APPOINTMENTS, OR TO OTHER ERRAND LOCATIONS, CASE MANAGEMENT SERVICES, AND OTHER VARIOUS PROGRAMMING OPPORTUNITIES 2,241 NUTRITIOUS ME ALS SERVED THE SALVATION ARMY BARNABAS CENTER $31,870 BARNABAS CENTER PROVIDES RUNAWAY, H OMELESS AND HIGH-RISK YOUTH AND YOUNG ADULTS (AGES 12-24 YEARS OLD) WITH A VARIETY OF NON- RESIDENTIAL SERVICES INCLUDING CASE MANAGEMENT, GANG INTERVENTION, STREET OUTREACH, PREGNA NCY PREVENTION, INDEPENDENT LIVING SKILLS, YOUTH LEADERSHIP, EDUCATIONAL ASSISTANCE, EMPLO YMENT TRAINING AND RECREATION BARNABAS CENTER IS A SAFE SUPPORTIVE ENVIRONMENT WHERE HIGH -RISK YOUTH RECEIVE ENCOURAGEMENT THAT PROVIDES THE KNOWLEDGE AND EMPOWERMENT TO TRANSITIO N FROM CHILDHOOD TO YOUNG ADULTHOOD AS PART OF THIS PRIMARY FOCUS, YOUTH ARE ENCOURAGED T O CONTINUALLY BUILD AND REFINE THEIR STRENGTH-BASED ASSETS, GAINING THE POISE AND PERSPECT IVE TO ACHIEVE POSITIVE OUTCOMES ASSOCIATED WITH THEIR PERSONAL LIFE GOALS 474 YOUTH PART ICIPATED IN THE DROP-IN CENTER PREVENTIVE SERVICES PROGRAM $165,150 THE PREVENTIVE SERVIC ES PROGRAM PROVIDES INTENSIVE SUPPORT SERVICES TO FAMILIES WHOSE CHILDREN ARE AT-RISK OF F OSTER CARE PLACEMENT BECAUSE OF AN INDICATED CHILD ABUSE OR NEGLECT REPORT, OR ARE AT IMMI NENT RISK OF ABUSE OR NEGLECT CLIENTS ARE ECONOMICALLY DISADVANTAGED AND IMPACTED BY ISSU ES SUCH AS DOMESTIC VIOLENCE, MENTAL HEALTH, AND SUBSTANCE ABUSE THE PRIMARY OBJECTIVE IS TO PREVENT FOSTER CARE PLACEMENT BY PROVIDING SUPPORTIVE SERVICES TO FAMILIES WHICH ENABL E THEIR CHILDREN TO REMAIN SAFELY AT HOME 719 CHILDREN WERE SERVED FROM 319 FAMILIES SEN IOR SERVICES $57,465 THE SALVATION ARMY SENIOR SER

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	VICES PROVIDES A CONTINUUM OF COMMUNITY-BASED, NON-RESIDENTIAL SERVICES TO HELP SENIORS MA INTAIN A HIGH DEGREE OF INDEPENDENCE, REDUCE ISOLATION AND TO STAY ACTIVE IN THE COMMUNITY THE TARGET POPULATION IS WELL AND FRAIL SENIORS, AS WELL AS OLDER ADULTS WITH DEVELOPMEN TAL DISABILITIES THE PROGRAM IS DESIGNED TO MAXIMIZE LEVELS OF PHYSICAL AND EMOTIONAL HEA LTH AND WELL-BEING AND OFFERS A FULL RANGE OF PROGRAM ACTIVITIES, CASE MANAGEMENT, SUPPORT AND ADVOCACY SERVICES DESIGNED TO PROVIDE OLDER ADULTS AND THEIR CAREGIVERS WITH LINKAGES TO MAINSTREAM AND COMMUNITY RESOURCES 110 SENIORS RECEIVE SOCIAL DAYS SERVICES DAILY TR ANSITIONAL APARTMENTS & PARENTING CENTER (TAPC) $22,720 THE TAPC IS A 24-UNIT APARTMENT AN D PARENTING FACILITY PROVIDING LONG-TERM TRANSITIONAL HOUSING AND NON-RESIDENTIAL SERVICES FOR PREGNANT AND PARENTING GIRLS, AGES 16-21 (INCLUDING THEIR DEPENDENT INFANTS AND TODDL ERS) FOR ALMOST 25 YEARS, TAPC YOUTH HAVE BENEFITED FROM SUPPORTIVE HOUSING, CASE MANAGEM ENT, PARENTING AND LIVING SKILLS CLASSES, PREGNANCY PREVENTION AND ASSISTANCE WITH MAINTAI NING ONGOING SCHOOL ENROLLMENT THE TAPC OFFERS A CARING HOMELIKE ENVIRONMENT WHERE YOUNG GIRLS RECEIVE 24-HOUR SUPERVISION, CRISIS INTERVENTION, ADVOCACY AND COUNSELING, ASSISTANC E WITH MEDICAL APPOINTMENTS, RECREATION, SOCIALIZATION AND LICENSED DAYCARE SERVICES THE COMBINATION OF THESE DAILY SUPPORTS AND CRITICAL INTERVENTIONS CREATE A COMPREHENSIVE APPR OACH THAT BREAKS THE CYCLE OF POVERTY AND HOMELESSNESS FOR THESE YOUNG FAMILIES 51 CLIENT S DEMONSTRATED INCREASED KNOWLEDGE AND BASIC PARENTING SKILLS REGARDING MATERNAL AND INFAN T HEALTH VERA HOUSE, INC ADULT AND YOUTH COUNSELING PROGRAM $72,980 THE VERA HOUSE ADULT AND YOUTH COUNSELING PROGRAM PROVIDES SPECIALIZED CLINICAL INTERVENTION AND TREATMENT TO CHILDREN, ADOLESCENTS, ADULTS, AND FAMILIES IMPACTED BY SEXUAL AND/OR DOMESTIC VIOLENCE, A DDRESSING BOTH SHORT-TERM CRISIS NEEDS AND LONG-TERM PERSONAL AND FAMILY EFFECTS OF TRAUMA AT NO CHARGE TO CLIENTS THIS PROGRAM USES A MULTIDISCIPLINARY APPROACH TO PROVIDE INDIVI DUAL, FAMILY, AND GROUP THERAPY BY A TEAM OF MASTER'S LEVEL CLINICIANS SPECIALIZING IN TRA UMA TREATMENT 7,269 INDIVIDUAL COUNSELING SESSIONS FOR ADULTS WERE HELD DURING THE YEAR YOUTH PREVENTION & EDUCATION PROGRAM $41,000 THE VERA HOUSE YOUTH PREVENTION & EDUCATION P ROGRAM IS A PRIMARY PREVENTION PROGRAM WITH THE GOAL OF CHALLENGING YOUNG PEOPLE'S ATTITUD ES ABOUT DATING AND SEXUAL VIOLENCE WHILE INCREASING THEIR KNOWLEDGE AND UNDERSTANDING OF STRATEGIES TO PREVENT OR AVOID ABUSE IT INCLUDES AGE APPROPRIATE AND CULTURALLY RELEVANT CONTENT ABOUT DATING AND DOMESTIC VIOLENCE, SEXUAL ASSAULT, SEXUAL HARASSMENT, FAMILY VIOL ENCE, BULLYING, BECOMING AN EMPOWERED BYSTANDER AND HEALTHY RELATIONSHIPS FOR YOUTH AGES 3 -21 THE PROGRAM ALSO INCLUDES A PEER LEADERSHIP AND MENTORING COMPONENT FOR HIGH SCHOOL S TUDENTS 7,658 YOUTH REACHED IN ELEMENTARY, MIDDLE AND HIGH SCHOOL THROUGHOUT THE YEAR WE LCH TERRACE APARTMENTS SERVICES COORDINATION $14,480 WELCH TERRACE AS A SUPPORTIVE HOUSING PROGRAM PROVIDES THE WRAP-AROUND CARE OF A SERVICES COORDINATOR/LIFE SKILLS COACH ON-SITE FOR THE RESIDENTS OF A 23 UNIT SINGLE-BEDROOM APARTMENT BUILDING TO QUALIFY AS A TENANT, PERSONS ARE LOW-INCOME AND HAVE ONE OR MORE HIV-RELATED DISABILITIES WHILE THE PROGRAM I S INDEPENDENT LIVING, WELCH TERRACE FOSTERS A COMMUNITY OF CARING AMONG RESIDENTS WHO ARE EMPOWERED TO ADDRESS EDUCATION DEFICITS, CHRONIC MENTAL HEALTH NEEDS, SUBSTANCE ABUSE AS W ELL AS COMPLEX MEDICAL CONCERNS HIGH QUALITY STANDARDS ARE MET FOR THE PHYSICAL PROPERTY AND PROGRAM TO OFFER A COMFORTABLE AND SECURE ENVIRONMENT FOR PERSONAL SAFETY AND STABILIT Y 30 YOUTH / ADULTS WERE SERVED IN THIS PROGRAM

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	CERTAIN ARTICLES OF THE BY-LAWS WERE AMENDED IN 2015 TO CONFORM TO THE NEW YORK STATE NON-PROFIT REVITALIZATION ACT OF 2013 CHANGES INCLUDE CLARIFICATION OF NO MEMBERS OF THE ORGANIZATION AND AN UPDATE OF THE CODE OF ETHICS AND WHISTLEBLOWER POLICIES

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

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

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 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

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