

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

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	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, P.O. BOX 2129 City or town, state or country, and ZIP + 4 SYRACUSE, NY 13220 F Name and address of principal officer: FRANCIS J. LAZARSKI PO BOX 2129, SYRACUSE, NY 13220	D Employer identification number 15-0532073 E Telephone number (315) 428-2205 G Gross receipts \$ 8,409,866. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.UNITEDWAY-CNY.ORG	
K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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: UNITED WAY OF CENTRAL NEW YORK ADVANCES THE COMMON GOOD BY MOBILIZING OUR COMMUNITY TO IMPROVE			
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	32	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	32	
	5	Total number of employees (Part V, line 2a)	5	50	
	6	Total number of volunteers (estimate if necessary)	6	2860	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Revenue	8	Contributions and grants (Part VIII, line 1h)	6,173,918.	5,990,939.
9		Program service revenue (Part VIII, line 2g)	219,013.	231,395.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,970.	-261,468.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	24,589.	10,479.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,461,490.	5,971,345.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,681,793.	3,986,680.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,507,225.	1,587,538.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	
		16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 788,477.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	906,263.	934,553.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,095,281.	6,508,771.		
19	Revenue less expenses. Subtract line 18 from line 12	-633,791.	-537,426.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,243,009.	8,991,427.	
	21	Total liabilities (Part X, line 26)	6,856,849.	6,436,515.	
	22	Net assets or fund balances. Subtract line 21 from line 20	3,386,160.	2,554,912.	

Part II Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	▶	Signature of officer	Date
	▶	FRANCIS J. LAZARSKI, PRESIDENT	Type or print name and title
Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	DERMODY BURKE & BROWN CPAS LLC 443 N FRANKLIN ST STE 100 SYRACUSE, NY 13204-1441	Preparer's identifying number (see instructions) EIN ▶ 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 (see instructions)

1 Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION UNITED WAY OF CENTRAL NEW YORK IS ORGANIZED AROUND A SET OF GUIDING ORGANIZATIONAL PRINCIPLES: A CORE MISSION THAT DEFINES OUR ROLE IN THE COMMUNITY, A VISION THAT INSPIRES OUR EFFORTS, AND STRATEGIES THAT SHAPE OUR WORK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 4,604,375. including grants of \$) (Revenue \$) COMMUNITY IMPACT:

THE COMMUNITY PROGRAM FUND IS THE BEST-KNOWN SERVICE UNITED WAY PROVIDES TO ITS STAKEHOLDERS. YOUR GIFT IS INVESTED IN THE FINEST LOCAL PROGRAMS THAT ARE PROVEN TO HELP PEOPLE IMPROVE THEIR LIVES. UNITED WAY BUILDS THE COMMUNITY PROGRAM FUND ON THREE PRINCIPLES: KNOW THE NEEDS OF THE LOCAL COMMUNITY, INVEST IN THE VERY BEST PROGRAMS THAT ADDRESS THESE NEEDS, AND ACHIEVE MEASURABLE RESULTS. THROUGH THIS STRATEGY YOUR GIFT ADDRESSES CRITICAL CONCERNS AND SUPPORTS EFFECTIVE PROGRAMS.

THE COMMUNITY PROGRAM FUND IS UNITED WAY'S MAJOR SOURCE OF FUNDING TO NON-PROFITS IN CENTRAL NEW YORK. THE COMMUNITY PROGRAM FUND TAKES A MEASURED APPROACH TO COMMUNITY CHANGE, FUNDING PROGRAMS IN FIVE KEY

4b (Code:) (Expenses \$ 249,930. including grants of \$) (Revenue \$) VOLUNTEER RESOURCES:

IN ADDITION TO INVESTING FINANCIAL RESOURCES IN STRATEGIC PROGRAMS, UNITED WAY OF CENTRAL NEW YORK OPERATES A COMPREHENSIVE VOLUNTEER CENTER THAT SUPPORTS OUR MISSION TO MOBILIZE THE COMMUNITY.

THE FOCUS OF THE VOLUNTEER CENTER IS TO PROVIDE MEANINGFUL VOLUNTEER OPPORTUNITIES TO INDIVIDUALS AND GROUPS, WHILE PROVIDING NONPROFIT ORGANIZATIONS WITH VOLUNTEER MANAGEMENT ASSISTANCE, CONSULTATION AND TRAINING SUPPORT. TYPICALLY OVER 300 VOLUNTEER LISTINGS CAN BE FOUND AT WWW.1-800-VOLUNTEER.ORG.

IN 2008, THE UNITED WAY OF CENTRAL NEW YORK VOLUNTEER CENTER PLACED 964

4c (Code:) (Expenses \$ 214,501. including grants of \$) (Revenue \$)

SUCCESS BY 6, AN INITIATIVE OF UNITED WAY OF CENTRAL NEW YORK, BRINGS TOGETHER LEADERS OF BUSINESS, EDUCATION, GOVERNMENT AND THE COMMUNITY TO WORK ON BEHALF OF YOUNG CHILDREN. THE SUCCESS BY 6 MISSION PROMOTES THE CONCEPT THAT BY AGE 6, ALL CHILDREN IN ONONDAGA COUNTY WILL ATTAIN THE NECESSARY MENTAL, PHYSICAL, SOCIAL AND EMOTIONAL DEVELOPMENT TO SUCCESSFULLY EMBRACE EDUCATIONAL AND SOCIAL OPPORTUNITIES FOR GROWTH AND LEARNING. SUCCESS BY 6 IS A READ AHEAD PARTNER.

SUCCESS BY 6 IS A COMMUNITY INITIATIVE THAT WORKS TO ENSURE THAT KIDS IN ONONDAGA COUNTY ARE READY FOR SUCCESS IN SCHOOL AND LIFE. THE INITIATIVE IS LED BY UNITED WAY OF CENTRAL NEW YORK, AND WORKS IN PARTNERSHIP WITH MANY LOCAL BUSINESS, NON-PROFITS, AND COMMUNITY

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 5,068,806. (Must equal Part IX, Line 25, column (B).)

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		X
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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 16		
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?	X	
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 50		
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 this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Did the organization solicit any contributions that were not tax deductible?		X
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 provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
7h			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter: N/A		
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: N/A		
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?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
	12b		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11	Is there any officer, director or 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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
BETSY R. FOOTE - (315) 428-2205
P.O. BOX 2129, SYRACUSE, NY 13220

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GAIL KINSELLA CHAIR OF BOARD OF DIRECT	1.00	X		X				0.	0.	0.
JOSEPH ASH DIRECTOR	1.00	X						0.	0.	0.
CHRISTINE BOWERS DIRECTOR	1.00	X						0.	0.	0.
KIMBERLY BOYNTON SECRETARY/ TREASURER	1.00	X		X				0.	0.	0.
SHARI CONSTANTINE ASS'T VICE CHAIR, MKT&CO	1.00	X						0.	0.	0.
ANTHONY D'ANGELO SENIOR VICE CHAIR	1.00	X		X				0.	0.	0.
LOLA DELANS DIRECTOR	1.00	X						0.	0.	0.
JIM ENNIS VICE CHAIR VOL RESOURCES	1.00	X		X				0.	0.	0.
MARION ERVIN ASS'T VICE CHAIR VOL RES	1.00	X						0.	0.	0.
CHARLES FENNELL DIRECTOR	1.00	X						0.	0.	0.
PAULA FREEDMAN VICE CHAIR HUMAN RESOURC	1.00	X		X				0.	0.	0.
RICHARD HOLE DIRECTOR	1.00	X						0.	0.	0.
ANDREA LATCHEM ASS'T VICE CHAIR, LEADER	1.00	X						0.	0.	0.
GREG LOH VICE CHAIR, LEADERSH	1.00	X		X				0.	0.	0.
PATRICK MANNION ASS'T VICE CHAIR, RESOURC	1.00	X						0.	0.	0.
TOM MCKEOWN DIRECTOR	1.00	X						0.	0.	0.
SASCHA MILLIGAN DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SHERRY MOSSOTTI VICE CHAIR, MKT&COMM	1.00	X		X				0.	0.	0.
JOSEPH L. RUFO ASS'T SEC/ TREASURER	1.00	X		X				0.	0.	0.
RICHARD V. SIMONE, JR DIRECTOR	1.00	X						0.	0.	0.
CHARLES M. SPROCK, JR ASS'T VICE CHAIR COMMUNI	1.00	X						0.	0.	0.
DEBRA STEHLE DIRECTOR	1.00	X						0.	0.	0.
PATRICIA STITH DIRECTOR	1.00	X						0.	0.	0.
KIMBERLY TOWNSEND CHAIR INVESTMENT COMMITT	1.00	X		X				0.	0.	0.
PAUL TREMONT ASS'T VICE CHAIR RESOURC	1.00	X						0.	0.	0.
DAVID WALL DIRECTOR	1.00	X						0.	0.	0.
MARTHA WINSLOW VICE CHAIR, COMM IMPA	1.00	X		X				0.	0.	0.
1b Total								189,970.	0.	37,041.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ 0

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII Statement of Revenue				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a 33,475.					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 5957464.					
	g	Noncash contributions included in lines 1a-1f: \$	53,649.					
	h	Total. Add lines 1a-1f		5,990,939.				
	Program Service Revenue	2 a	<u>SERVICE FEE INCOME</u>	Business Code 900099	231,395.	231,395.		
		b					
c							
d							
e							
f		All other program service revenue						
g		Total. Add lines 2a-2f		231,395.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		148,037.			148,037.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a		(i) Real	(ii) Personal				
			Gross Rents					
		b	Less: rental expenses					
		c	Rental income or (loss)					
	d	Net rental income or (loss)						
	7 a		(i) Securities	(ii) Other				
			Gross amount from sales of assets other than inventory	2029016.				
		b	Less: cost or other basis and sales expenses	2438521.				
		c	Gain or (loss)	-409505.				
	d	Net gain or (loss)			-409,505.	-409,505.		
	8 a		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					
	9 a		Gross income from gaming activities. See Part IV, line 19	a				
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a		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					
11 a	<u>OTHER REVENUE- EXCLUDE</u>	900099	10,479.			10,479.		
b							
c							
d	All other revenue							
e	Total. Add lines 11a-11d		10,479.					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		5,971,345.	-178,110.		0.	158,516.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	3,986,680.	3,986,680.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	236,280.	107,657.	128,623.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,085,224.	514,667.	168,196.	402,361.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	55,960.	26,594.	5,967.	23,399.
9 Other employee benefits	109,398.	56,397.	23,064.	29,937.
10 Payroll taxes	100,676.	43,620.	25,246.	31,810.
11 Fees for services (non-employees):				
a Management				
b Legal	1,260.	388.	629.	243.
c Accounting	33,354.		27,354.	6,000.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	34,268.		34,268.	
g Other	104,875.	60,193.	25,955.	18,727.
12 Advertising and promotion				
13 Office expenses	99,012.	18,917.	36,709.	43,386.
14 Information technology	34,252.	12,853.	12,352.	9,047.
15 Royalties				
16 Occupancy	158,964.	69,550.	43,372.	46,042.
17 Travel	18,385.	4,760.	5,471.	8,154.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,708.	15,962.	7,524.	4,222.
20 Interest				
21 Payments to affiliates	103,342.	39,340.	28,251.	35,751.
22 Depreciation, depletion, and amortization	21,527.	9,392.	5,356.	6,779.
23 Insurance	10,457.	4,623.	3,155.	2,679.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PRINTING	145,232.	5,869.	52,782.	86,581.
b PROGRAM EXPENSES	129,685.	89,758.	14,855.	25,072.
c RECOGNITION	12,232.	1,586.	2,359.	8,287.
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	6,508,771.	5,068,806.	651,488.	788,477.
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	151,521.	1	121,792.
	2	Savings and temporary cash investments	2,106,526.	2	1,687,076.
	3	Pledges and grants receivable, net	3,979,020.	3	3,966,354.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	26,164.	9	27,207.
	10a	Land, buildings, and equipment: cost basis ...	500,238.		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	457,501.	10c	42,737.
	11	Investments - publicly traded securities	3,844,011.	11	3,114,271.
	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	73,064.	15	31,990.
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,243,009.	16	8,991,427.	
Liabilities	17	Accounts payable and accrued expenses	105,060.	17	129,119.
	18	Grants payable	2,278,635.	18	2,214,053.
	19	Deferred revenue	76,678.	19	74,046.
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	98,375.	23	98,375.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	4,298,101.	25	3,920,922.
	26	Total liabilities. Add lines 17 through 25	6,856,849.	26	6,436,515.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	389,336.	27	146,059.
	28	Temporarily restricted net assets	2,939,294.	28	2,353,146.
	29	Permanently restricted net assets	57,530.	29	55,707.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	3,386,160.	33	2,554,912.	
34	Total liabilities and net assets/fund balances	10,243,009.	34	8,991,427.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
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?		X
b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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: (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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 the Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the organizations the organization supports.

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

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6964660.	7025630.	6699734.	6173918.	5971345.	32835287.
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 - 3	6964660.	7025630.	6699734.	6173918.	5971345.	32835287.
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.						32835287.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	6964660.	7025630.	6699734.	6173918.	5971345.	32835287.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	44,185.	75,328.	106,861.	43,970.	-261,468.	8,876.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	14,241.	10,771.	15,777.	24,589.	10,479.	75,857.
11 Total support. Add lines 7 through 10						32920020.
12 Gross receipts from related activities, etc. (see instructions)					12	1,162,359.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	99.74 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	98.85 %
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33 1/3% support tests - 2008. 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 - 2007. 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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NATIONAL GRID <hr/> 300 ERIE BOULEVARD WEST <hr/> SYRACUSE, NY 13202	\$ 303,561.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	NATIONAL GRID <hr/> 300 ERIE BOULEVARD WEST <hr/> SYRACUSE, NY 13202	\$ 303,561.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	SUNY UPSTATE MEDICAL UNIVERSITY <hr/> 750 EAST ADAMS STREET <hr/> SYRACUSE, NY 13210	\$ 511,740.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	LOCKHEED MARTIN CORP <hr/> 497 ELECTRONICS PARKWAY <hr/> LIVERPOOL, NY 13088	\$ 415,210.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	WELCH ALLYN <hr/> 4341 STATE STREET ROAD <hr/> SKANEATELES FALLS, NY 13153	\$ 170,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WELCH ALLYN <hr/> 4341 STATE STREET ROAD <hr/> SKANEATELES FALLS, NY 13153	\$ 252,865.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization UNITED WAY OF CENTRAL NEW YORK, INC.	Employer identification number 15-0532073
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	WEGMANS 7519 OSWEGO ROAD LIVERPOOL, NY 13090	\$ 271,733.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MAGNA POWERTRAIN 6600 NEW VENTURE GEAR DRIVE EAST SYRACUSE, NY 13057	\$ 181,666.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	CARRIER 6304 THOMPSON ROAD SYRACUSE, NY 13206	\$ 142,474.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	SYRACUSE UNIVERSITY UNIVERSITY AVENUE SYRACUSE, NY 13210	\$ 197,093.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	UNITED PARCEL SERVICE 6975 NORTHERN BOULEVARD EAST SYRACUSE, NY 13057	\$ 158,221.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area

Protection of natural habitat Preservation of certified historic structure

Preservation of open space

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b** If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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	57,530.				
b Contributions	0.				
c Investment earnings or losses	-1,823.				
d Grants or scholarships	0.				
e Other expenditures for facilities and programs	0.				
f Administrative expenses	0.				
g End of year balance	55,707.				

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment _____ %
 - b** Permanent endowment 100.00 %
 - c** Term endowment _____ %
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		500,238.	457,501.	42,737.
e Other				
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				42,737.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

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

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

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

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

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

(a) Description of liability	(b) Amount
Federal income taxes	
UNDESIGNATED ALLOCATIONS PAYABLE	3,920,922.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	3,920,922.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,971,345.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,508,771.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-537,426.
4	Net unrealized gains (losses) on investments	4	-293,822.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-293,822.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-831,248.

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

1	Total revenue, gains, and other support per audited financial statements	1	5,649,083.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-293,822.
b	Donated services and use of facilities	2b	5,828.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-287,994.
3	Subtract line 2e from line 1	3	5,937,077.
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	34,268.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	34,268.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	5,971,345.

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

1	Total expenses and losses per audited financial statements	1	6,480,331.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,828.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	5,828.
3	Subtract line 2e from line 1	3	6,474,503.
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	34,268.
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	34,268.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	6,508,771.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART V, LINE 4: THE ENDOWMENT FUND WAS ESTABLISHED BY A DONOR TO HELP

WITH GENERAL OPERATING EXPENSE FOR THE ORGANIZATION. INTEREST AND

DIVIDENDS FROM THE FUND ARE USED FOR GENERAL OPERATIONS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

1 (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
AIDS COMMUNITY RESOURCES, INC. 627 WEST GENESEE STREET SYRACUSE, NY 13204	16-1359060		68,160.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
EXCEPTIONAL FAMILY RESOURCES 1065 JAMES STREET, SUITE 220 SYRACUSE, NY 13203	16-1098311		22,669.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ARISE, INC. 635 JAMES STREET SYRACUSE, NY 13203	16-1186293		193,207.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HIAWATHA SEAWAY COUNCIL, INC. BOY SCOUTS OF AMERICA - 2803 BREWERTON ROAD - SYRACUSE, NY 13211	16-0966978		18,600.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
BOYS AND GIRLS CLUB OF SYRACUSE 2100 EAST FAYETTE STREET SYRACUSE, NY 13224	15-0532240		162,750.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CATHOLIC CHARITIES OF ONONDAGA COUNTY - 1654 WEST ONONDAGA STREET - SYRACUSE, NY 13204	15-0532085		733,644.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **39.**
- 3** Enter total number of other organizations ▶

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

Schedule I (Form 990) 2008

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

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

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

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(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. ALTERNATIVES 115 EAST JEFFERSON STREET, SUITE 300 SYRACUSE, NY 13202	16-1395992		122,179.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CONTACT COMMUNITY SERVICES, INC. 6520 BASILE ROWE EAST SYRACUSE, NY 13057	16-0984299		207,625.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
DUNBAR ASSOCIATION, INC. 1453 SOUTH STATE STREET SYRACUSE, NY 13205	15-0533563		204,108.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
FOOD BANK OF CNY 6970 SCHUYLER ROAD EAST SYRACUSE, NY 13057	22-2816988		47,430.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
GIRL SCOUTS OF NY PENN PATHWAYS 8170 THOMPSON ROAD CICERO, NY 13039	15-0627396		41,850.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
INTERFAITH WORKS OF CENTRAL NEW YORK, INC. - 3049 EAST GENESEE STREET - SYRACUSE, NY 13224	16-1064233		77,097.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
JEWISH COMMUNITY CENTER OF SYRACUSE - 5655 THOMPSON ROAD - DEWITT, NY 13214	15-0539101		37,200.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SAMARITAN CENTER, INC. 310 MONTGOMERY STREET SYRACUSE, NY 13203	16-1328786		33,480.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(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		21,762.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
MOTHER MARIANNE COPE HOUSING DEVELOPMENT FUND CO., INC. - 1047 EAST FAYETTE STREET - SYRACUSE, NY 13210	16-1442502		18,603.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
NEW JUSTICE CONFLICT RESOLUTION SERVICES, INC. - 1153 WEST FAYETTE STREET, SUITE 301 - SYRACUSE, NY 13204	22-2330747		13,950.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SPANISH ACTION LEAGUE 700 OSWEGO STREET SYRACUSE, NY 13204	16-1023352		137,442.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SALVATION ARMY OF THE SYRACUSE AREA - 677 SOUTH SALINA STREET - SYRACUSE, NY 13202	16-1057773		629,284.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
VERA HOUSE, INC. 6181 THOMPSON ROAD, SUITE 100 SYRACUSE, NY 13206	51-0201530		278,945.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
YMCA SYRACUSE & ONONDAGA COUNTY 120 EAST WASHINGTON STREET, SUITE 4 SYRACUSE, NY 13202	15-0532277		151,590.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ELMCREST CHILDREN'S CENTER, INC 960 SALT SPRINGS ROAD SYRACUSE, NY 13244	15-0539090		93,572.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(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 CHAPTER - 220 HERALD PLACE - SYRACUSE, NY 13202	53-0196605		180,265.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CHILDREN'S CONSORTIUM 2122 ERIE BOULEVARD EAST SYRACUSE, NY 13224	16-1019998		13,950.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HILLSIDE CHILDREN'S CENTER 1183 MONROE AVENUE ROCHESTER, NY 14620	16-0743039		47,031.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
LIBERTY RESOURCES, INC 1065 JAMES STREET, SUITE 200 SYRACUSE, NY 13203	16-1129675		54,405.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
P.E.A.C.E. 271 SOUTH SALINA STREET, 2ND FLOOR SYRACUSE, NY 13202	16-6095039		41,850.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SYRACUSE BEHAVIORAL HEALTHCARE 770 JAMES STREET, SUITE 141 SYRACUSE, NY 13203	15-0532288		14,385.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ENABLE 1603 COURT STREET SYRACUSE, NY 13204	15-0532247		60,985.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
LEARNING DISABILITIES ASSOCIATION OF CNY - 722 WEST MANLIUS STREET - EAST SYRACUSE, NY 13057	16-1279753		11,067.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(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 CENTER - 716 HAWLEY AVENUE - SYRACUSE, NY 13203	16-1116632		51,150.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
AURORA OF CENTRAL NEW YORK, INC. 518 JAMES STREET, SUITE 100 SYRACUSE, NY 13203	15-0543651		83,700.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
CHILD CARE SOLUTIONS 6724 THOMPSON ROAD SYRACUSE, NY 13221	16-1057376		155,077.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
FRANK H. HISCOCK LEGAL AID SOCIETY 351 SOUTH WARREN STREET SYRACUSE, NY 13202	15-0527253		93,000.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
HUNTINGTON FAMILY CENTERS 405 GIFFORD STREET SYRACUSE, NY 13204	15-0532198		358,913.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
MENTAL HEALTH ASSOCIATION OF ONONDAGA COUNTY - 6493 RIDINGS ROAD, #112 - SYRACUSE, NY 13206	16-0909919		18,600.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
ON POINT FOR COLLEGE, INC. 1654 WEST ONONDAGA STREET SYRACUSE, NY 13204	16-1569356		55,800.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
SYRACUSE JEWISH FAMILY SERVICES 4101 EAST GENESEE STREET SYRACUSE, NY 13214	16-1116632		14,415.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1
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Department of the Treasury
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**Continuation Sheet for Schedule I (Form 990)
▲ Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).**

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**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the U.S. (Schedule I (Form 990), Part II.)

(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, INC. - 420 EAST GENESEE STREET - SYRACUSE, NY 13202	16-1039435		32,942.	0.			SEE VISION AREA FOR COMMUNITY IMPACT IN SCHEDULE O
08/09 DESIGNATIONS TO UNITED WAY AGENCIES - 518 JAMES STREET - SYRACUSE, NY 13220	15-0532073		-511,060.	0.			08/09 SPECIFIC DESIGNATIONS NETTED FOR "FIRST DOLLARS IN" FUNDING STRATEGY

2 Enter total number of Section 501(c)(3) and government organizations **3** Enter total number of other organizations

**SCHEDULE M
(Form 990)**

NonCash Contributions

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Department of the Treasury
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▶ To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	14	43,515	AVE LOW/ HIGH DAY SOLD
10 Securities - Closely held stock	X	1	10,134	REPURCHASE AMOUNT BY C
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 Acknowledgment **29** 0

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

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

SCHEDULE M, LINE 32B: UNITED WAY OF CENTRAL NEW YORK USES AN
INVESTMENT FIRM TO MAINTAIN AND/ OR SELL NON-CASH CONTRIBUTIONS OF
SECURITIES.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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Name of the organization

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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PEOPLE'S LIVES AND ENABLING OUR COMMUNITY TO REACH ITS FULL CARING POTENTIAL. SINCE 1921, WE HAVE ENGAGED COMMUNITY LEADERS AND VOLUNTEERS TO ASSESS THE HUMAN CARE NEEDS IN SYRACUSE AND ONONDAGA COUNTY AND HAVE HELPED LEAD THE WAY IN IMPROVING THE QUALITY OF LIFE IN OUR COMMUNITY. FURTHER DETAIL IS AVIALABLE IN SCHEDULE O.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION: TO INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER.

VISION: TO BECOME A COMMUNITY REACHING ITS FULL CARING POTENTIAL.

STRATEGIES:

1. UNDERSTAND THE NEEDS OF OUR COMMUNITY
2. ESTABLISH STRATEGIC PARTNERSHIPS TO MOBILIZE RESOURCES
3. INCREASE DONOR ENGAGEMENT IN CARING FOR THIS COMMUNITY
4. FOCUS COMMUNITY INVESTMENTS TO ACHIEVE MEASURABLE IMPACT

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

KEEPING KIDS SAFE COALITION:

THE KEEPING KIDS SAFE COLLABORATION INCLUDES MOST OF THE LOCAL NON-PROFIT ORGANIZATIONS, GOVERNMENT OFFICES, AND EDUCATIONAL INSTITUTIONS THAT ARE ACTIVE IN THE AREA OF ABUSE PREVENTION. THE INITIATIVE HAS ALSO REACHED OUT TO FAITH-BASED PARTNERS AND NEIGHBORHOOD LEADERS IN A DELIBERATE EFFORT TO EXPAND THE TRADITIONAL BASE OF PARTNERSHIPS.

SCHEDULE O
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Department of the Treasury
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Supplemental Information to Form 990

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THIS COLLABORATIVE APPROACH HAS LED TO BETTER UNDERSTANDING OF WHERE GAPS IN SERVICE AND INEFFECTIVE COMMUNICATION MAY HAVE WEAKENED THE EFFECTIVENESS OF OUR ABUSE PREVENTION EFFORTS. THE INITIATIVE HAS PURPOSELY INCLUDED MORE LISTENING AND LEARNING FROM NON-TRADITIONAL SOURCES SUCH AS THE COMMUNITY FORUMS AND INTERVIEWS WITH YOUNG MOTHERS TO LEARN MORE ABOUT WHERE THERE ARE OPPORTUNITIES TO IMPROVE.

ONE CONSISTENT GOAL HAS BEEN TO PROVIDE HIGHLY AT-RISK PARENTS, ESPECIALLY TEEN MOTHERS, WITH THE SUPPORTS THEY NEED TO BE GOOD PARENTS AND MANY GOOD PROGRAMS HAVE BEEN DEVELOPED TO HELP. BUT WHEN THE KEEPING KIDS SAFE COALITION MET WITH TEEN MOMS TO LEARN HOW THEY WERE FARING AS NEW PARENTS, IT BECAME CLEAR THAT THERE WAS A COMMUNICATION GAP THAT NEEDED TO BE FILLED.

IT WAS FOUND THAT SOME TEEN MOMS HAVE VERY GOOD SUPPORT NETWORKS, OFTEN PARENTS OR GRANDPARENTS, AND MIGHT NOT NEED HELP. SOME HAVE NO SUPPORT AT ALL. MANY OF THESE TEEN MOMS WERE UNAWARE OF THE SERVICES AVAILABLE TO HELP THEM. OFTEN, THEY DIDN'T EVEN KNOW WHAT HELP THEY NEEDED, JUST THAT THEY NEEDED SOME KIND OF HELP.

TO THAT END, UNITED WAY HAS CREATED OUTREACH MATERIALS FOR YOUNG MOMS AND PEOPLE IN THE COMMUNITY WHO WORK WITH THEM. BY ADOPTING AN ENCOURAGING APPROACH, "BE THE BEST YOU CAN FOR YOUR BABY," AND PROVIDING A SIMPLE LIST OF CONTACTS, THE INITIATIVE HOPES TO INFLUENCE YOUNG MOTHERS TO GIVE THESE SERVICES A TRY.

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THE BASIC IDEA IS TO GIVE AT-RISK PARENTS QUICK REFERRALS TO ORGANIZATIONS THAT CAN HELP WITH AN IMMEDIATE CRISIS: FOOD, FORMULA, SHELTER, HEALTHCARE, ADVICE, SUPPORT, AND REFUGE FROM VIOLENCE. FOR EXAMPLE, NOT HAVING DIAPERS OR FOOD IS A STRESSOR, AND CHILD ABUSE OFTEN HAPPENS WHEN THERE IS A CULMINATION OF STRESSORS IN A FAMILY. ONCE A PARENT IS CONNECTED WITH A PROGRAM TO HELP WITH AN IMMEDIATE CRISIS, THE AGENCY CAN OFFER REFERRALS TO MORE SPECIALIZED SERVICES.

IN ADDITION, A COMPREHENSIVE COMMUNITY RESOURCE GUIDE HAS BEEN CREATED TO HELP PROFESSIONALS AND COMMUNITY MEMBERS WHO WORK WITH TEEN PARENTS OR OTHER AT-RISK FAMILIES. THE GUIDE INCLUDES THE WARNING SIGNS OF CHILD ABUSE AND NEGLECT, LINKS TO STATE AND COUNTY CHILD ABUSE HOTLINES AND PREVENTION PROGRAMS, AND A COMPREHENSIVE LIST OF SERVICES AVAILABLE TO HELP AT-RISK PARENTS.

LITERACY COALITION OF ONONDAGA COUNTY (LCOC)

THIS COALITION HAS DEVELOPED A COMMON VISION THAT ONONDAGA COUNTY WILL BE RECOGNIZED AS A WORLD-CLASS COMMUNITY FOR LITERACY. THE LCOC BELIEVES THAT LITERACY IS THE FOUNDATION OF FULL AND REWARDING PARTICIPATION IN THE SOCIAL, ECONOMIC AND CIVIC LIFE OF OUR COMMUNITY. ITS FOCUS IS ON THE FACT THAT LITERACY AFFECTS EVERYONE- INDIVIDUALS, FAMILIES, BUSINESS, COMMUNITY ORGANIZATIONS AND GOVERNMENT.

THE LCOC IS FUNDED BY A GRANT FROM THE CENTRAL NEW YORK COMMUNITY FOUNDATION. UNITED WAY OF CENTRAL NEW YORK IS A MANAGING PARTNER AND THE ADMINISTRATIVE AGENT FOR THE LCOC. LCOC STAFF WORK IN THE UNITED

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WAY OFFICES.

THE COALITION HAS ESTABLISHED 5 KEY OBJECTIVE AREAS, WHICH ARE:

1. COUNTYWIDE PLANNING: AN ONONDAGA COUNTY LITERACY PLAN THAT WILL SERVE AS THE BLUEPRINT FOR ALL COMMUNITY ACTIVITIES SUPPORTING EFFORTS TO RAISE LITERACY LEVELS;

2. COALITION DEVELOPMENT: A LITERACY COALITION AND GOVERNANCE STRUCTURE WILL GUIDE THE IMPLEMENTATION OF THE LITERACY PLAN AND ITS ACTION AGENDA IN YEARS ONE - THREE;

3. CAPACITY BUILDING: THE LITERACY PLAN WILL IDENTIFY CLEAR TARGETS AND SPECIFIC STRATEGIES TO INCREASE THE NUMBER OF STUDENTS AT ALL AGES SUCCESSFULLY COMPLETING LITERACY PROGRAM ACTIVITIES / RAISING LITERACY LEVELS;

4. PROGRAM DEVELOPMENT: THE LITERACY PLAN AND KEY INDICATORS OF LITERACY BY DEFINITION DEMAND NEW PROGRAMS DEVELOPMENT ACTIVITIES TO ACHIEVE HIGHER LEVELS OF LITERACY ACROSS THE COMMUNITY; AND

5. FUND DEVELOPMENT: LED BY THE CNY COMMUNITY FOUNDATION THROUGH 2010, THE LCOC WILL PURSUE SUSTAINABLE FUNDING.

BOTH THE KEEPING KIDS SAFE COALITION PROGRAM AND THE LITERACY COALITION OF ONONDAGA COUNTY ARE PART OF UNITED WAY OF CENTRAL NEW YORK'S COMMUNITY IMPACT DIVISION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS VISION AREAS. THE VISION AREAS ARE FURTHER EXPLAINED IN SCHEDULE O.

SCHEDULE O
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FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

PEOPLE WHO PROVIDED OVER 31,000 HOURS OF SERVICE TO 132 NONPROFIT AND PUBLIC AGENCIES, FOR A VALUE OF OVER \$640,629 INVESTMENT IN OUR COMMUNITY.

THE FOUR MAJOR PROGRAMS OF THE VOLUNTEER CENTER ARE:

1. 1.800. VOLUNTEER.ORG REFERS ADULTS, YOUTH, AND FAMILIES, AS WELL AS GROUPS OF EMPLOYEES, STUDENTS, CLUBS AND OTHERS TO MEANINGFUL VOLUNTEER OPPORTUNITIES. THERE'S MORE THAN ONE WAY TO LIVE UNITED, AND ONE OF THE EASIEST WAYS IS THROUGH VOLUNTEERING. WHETHER YOU'RE A NON-PROFIT LOOKING FOR VOLUNTEERS, AN INDIVIDUAL LOOKING FOR OPPORTUNITIES, OR A CORPORATE GROUP LOOKING TO GIVE BACK TO THE COMMUNITY, THE UNITED WAY OF CENTRAL NEW YORK VOLUNTEER CENTER IS HERE TO SERVE YOU.

2. GIFTS - IN - KIND DONATIONS OF MATERIAL GOODS OR PROFESSIONAL SERVICES ARE CALLED "GIFTS IN KIND." THESE CONTRIBUTIONS ARE VERY VALUABLE TO NON-PROFITS, HELPING THEM STRETCH THEIR BUDGETS AND BETTER SERVE THEIR CLIENTS. OUR GIFTS-IN-KIND PROGRAM IS THE COMMUNITY'S IN-KIND CONNECTION CENTER. WE HELP BUSINESSES FIND NEW USES FOR UNWANTED EQUIPMENT AND INVENTORY, AND HELP AGENCIES FIND THE ITEMS THEY NEED TO DO THEIR WORK.

UNITED WAY'S GIFTS-IN-KIND PROGRAM COLLECTS ABOUT \$500,000 IN DONATED GOODS ANNUALLY FROM RETAILERS SUCH AS WILLIAMS SONOMA, POTTERY BARN, TALBOT'S AND BED, BATH AND BEYOND-GOODS THAT MAY BE COSMETICALLY

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DAMAGED, BUT ARE PERFECTLY USABLE. STAFF DISTRIBUTES THE GOODS TO 70
NONPROFITS IN CENTRAL NEW YORK.

3. THE CORPORATE VOLUNTEER COUNCIL OF CENTRAL NEW YORK (CVC) IS A
COALITION OF BUSINESSES, ORGANIZATIONS AND ASSOCIATIONS THAT RECOGNIZE
THE IMPORTANCE OF VOLUNTEERISM IN OUR COMMUNITY. THE CVC FUNCTIONS AS A
PARTNER WITH UNITED WAY OF CENTRAL NEW YORK, OPERATING INDEPENDENTLY
BUT RECEIVING SUPPORT FROM UNITED WAY. ITS MISSION IS TO PROVIDE
PROFESSIONAL GUIDANCE; DEVELOPMENT, SUPPORT AND NETWORKING
OPPORTUNITIES FOR CORPORATE MEMBERS AND TO ADDRESS COMMUNITY NEEDS
THROUGH EMPLOYEE, RETIREE, MEMBER AND FAMILY VOLUNTEER EFFORTS.

CORPORATE VOLUNTEER COUNCIL HELPS BUSINESSES:

A. EXCHANGE INFORMATION WITH OTHER ORGANIZATIONS AND LEARN THE
BEST PRACTICES OF THE COMMUNITY'S LEADING COMPANIES, ORGANIZATIONS AND
ASSOCIATIONS;

B. MULTIPLY LIMITED RESOURCES THROUGH PARTNERSHIP EFFORTS;

C. STAY CURRENT ON LOCAL VOLUNTEER ISSUES;

D. IMPROVE THEIR COMPANY'S LEADERSHIP AND COORDINATION OF
VOLUNTEER EFFORTS;

E. DEVELOP AND EXPAND EMPLOYEE OR MEMBER VOLUNTEER PROGRAMS; AND

F. ENHANCE THE ORGANIZATION'S BUSINESS, PUBLIC AND COMMUNITY
RELATIONS.

4. CHRISTMAS BUREAU: THE ANNUAL CHRISTMAS BUREAU IS AN IMPORTANT
PARTNERSHIP THAT UNITED WAY, ALONG WITH SUCCESS BY 6 IS A KEY

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STAKEHOLDER. IN DECEMBER, WITH THE HELP OF HUNDREDS OF VOLUNTEERS, FOOD BASKETS, TOYS AND BOOKS (DONATED BY SUCCESS BY 6) ARE PROVIDED TO CLOSE TO 2,300 LOW-INCOME FAMILIES. PARENTS OF OVER 5,000 CHILDREN IN THOSE FAMILIES ARE ABLE TO SEE SMILING FACES ON CHRISTMAS MORNING AND SERVE A WONDERFUL CHRISTMAS DINNER. UNITED WAY WORKS WITH UPS AND MEMBERS OF THE 174TH FIGHTER WING TO PICK UP HUNDREDS OF BARRELS OF DONATED NON-PERISHABLE FOOD ITEMS AND TOYS. FAMILIES ARE REQUIRED TO PRE-REGISTER AT SEVERAL COMMUNITY SITES THROUGHOUT ONONDAGA COUNTY. DURING THE WEEK BEFORE CHRISTMAS, THESE FAMILIES WILL THEN HAVE THE OPPORTUNITY TO RECEIVE TOYS, FOOD AND BOOKS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS MEMBERS. WHETHER YOU'RE A CHILDCARE PROVIDER, A PRESCHOOL TEACHER, A PARENT OR A GRANDPARENT, SUCCESS BY 6 IS YOUR LINK TO RESOURCES ABOUT CHILDCARE, EARLY CHILDHOOD EDUCATION AND CHILD DEVELOPMENT.

SUCCESS BY 6 FOCUSES ON PREPARING KIDS TO ENTER SCHOOL AND BE SUCCESSFUL IN THE FOLLOWING WAYS:

1. BY EDUCATING AND INVOLVING PARENTS TO HELP THEM PLAY A MORE ACTIVE ROLE IN THEIR CHILDREN'S SUCCESS;
2. BY FOCUSING COMMUNITY EFFORTS TO BUILD THE BEST EARLY CHILDHOOD DEVELOPMENT PROGRAMS POSSIBLE;
3. BY HELPING PARENTS AND CAREGIVERS UNDERSTAND THE EFFECT THEY HAVE ON THE LIVES OF THE CHILDREN THEY CARE FOR; AND
4. BY ADVOCATING FOR THE BEST, PHYSICAL, INTELLECTUAL AND EMOTIONAL

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CARE FOR ALL YOUNG CHILDREN IN ONONDAGA COUNTY

TOUCHPOINTS

WHEN CHILDREN SHOW A SUDDEN BURST IN ONE AREA OF DEVELOPMENT, THEY OFTEN FALL BEHIND IN ANOTHER AREA. THIS IS A GOOD THING, BUT CAN BE FRUSTRATING FOR PARENTS AND DAYCARE PROVIDERS. THE TOUCHPOINTS APPROACH HELPS PARENTS AND DAYCARE PROVIDERS UNDERSTAND CHILDREN'S BEHAVIOR AND WATCH FOR THESE MOMENTS, OR "TOUCHPOINTS".

THE TOUCHPOINTS INDIVIDUAL LEVEL TRAINING PROGRAM IS MADE UP OF FIVE INDIVIDUALS FROM FOUR LOCAL ORGANIZATIONS THAT HAVE HAD THE FORTUNE OF BEING SENT TO TRAINING AT THE BRAZELTON TOUCHPOINTS CENTER IN BOSTON. THROUGHOUT 2008 AND 2009 THE GROUP WILL TRAIN MORE THAN 300 PEOPLE IN ONONDAGA COUNTY WHO WORK WITH CHILDREN AND FAMILIES ON THE TOUCHPOINTS APPROACH. TOUCHPOINTS IS BASED ON MORE THAN 60 YEARS OF WORK AND RESEARCH BY WORLD-RENOWNED PEDIATRICIAN DR. T. BERRY BRAZELTON AND THE BRAZELTON TOUCHPOINTS CENTER HE FOUNDED.

THE FAMILY LITERACY ALLIANCE OF GREATER SYRACUSE (FLAGS) FLAGS IS A COLLABORATION OF INDIVIDUALS FROM MORE THAN 70 ORGANIZATIONS THAT PROVIDE FAMILY LITERACY SERVICES IN GREATER SYRACUSE.

[HTTP://WWW.FLAGS-CNY.ORG](http://www.flags-cny.org)

SUCCESS BY 6 COOKBOOK: COOK EASY, NUTRITIOUS MEALS FOR YOUR FAMILY ON A BUDGET.

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FORM 990, PART VI, SECTION A, LINE 10: 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 THEY REVIEWED IT AT THEIR NEXT BOARD OF DIRECTORS MEETING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION ANNUALLY REMINDS THE BOARD OF DIRECTORS AND STAFF OF THE CODE OF ETHICS, WHICH INCLUDES A SUBSTANTIAL POLICY ON CONFLICTS OF INTEREST, EACH YEAR WHEN THE MEMBERSHIP CERTIFICATION IS REVIEWED FOR UNITED WAY WORLDWIDE.

ALSO DURING TIMES WHEN THE STAFF IS RECOMMENDING AND THE BOARD OF DIRECTORS IS APPROVING ORGANIZATIONS FOR FUNDING, ALL ARE REMINDED TO ABSTAIN FROM VOTING IF THEY HAVE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO'S COMPENSATION IS DETERMINED ANNUALLY BASED ON PERFORMANCE MEASURED TO ESTABLISHED GOALS. THE CEO PREPARES A SELF-ASSESSMENT WHICH IS REVIEWED IN COMBINATION WITH EXECUTIVE COMMITTEE AND BOARD INPUT BY THE BOARD CHAIR AND SENIOR VICE CHAIR. COMMUNITY SALARY SURVEY INFORMATION IS INCORPORATED INTO THE DECISION MATRIX.

DURING THE ANNUAL BUDGET PROCESS, THE BOARD OF DIRECTORS APPROVES A MAXIMUM PERCENT OF SALARY INCREASE THAT MAY BE GIVEN TO EACH EMPLOYEE. EMPLOYEES OF THE ORGANIZATION RECEIVE AN ANNUAL REVIEW. AT THE TIME OF THIS REVIEW, COMPENSATION IS DISCUSSED AND EMPLOYEES MAY RECEIVE AN INCREASE IN THEIR SALARY UP TO THE MAXIMUM LEVEL APPROVED BY THE BOARD OF DIRECTORS DURING

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THE ANNUAL BUDGET PROCESS.

FORM 990, PART VI, SECTION C, LINE 19: THE 990 AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE ORGANIZATION'S WEBSITE (WWW.UNITEDWAY-CNY.ORG) OR UPON REQUEST TO THE 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.

FORM 990, PART I, LINE 1

ACTIVITIES TO ACCOMPLISH UWCNY'S GOALS

WE ACCOMPLISH THIS THROUGH THE FOLLOWING ACTIVITIES:

1. RAISING MILLIONS OF DOLLARS EACH YEAR THROUGH A COMMUNITY CAMPAIGN, AND INVESTING THAT MONEY IN HIGH QUALITY PROGRAMS SERVING THE HEALTH AND HUMAN SERVICE NEEDS OF CHILDREN, FAMILIES, AND INDIVIDUALS THROUGHOUT ONONDAGA COUNTY. APPROXIMATELY 1 IN EVERY 4 PERSONS IN THE CITY AND COUNTY IS AFFECTED BY OR ENGAGED BY UNITED WAY IN SOME MANNER;

2. INVESTING MONEY, STAFF TIME, AND OTHER RESOURCES IN THE COMMUNITY PROGRAM FUND, WITH A GOAL TOWARD IMPROVING THE CONDITIONS AND SYSTEMS AFFECTING ALL PEOPLE IN OUR COMMUNITY;

3. HELPING STRENGTHEN THE CAPACITY OF HUNDREDS OF NONPROFIT AGENCIES BY RECRUITING THOUSANDS OF VOLUNTEERS FOR THEM EACH YEAR; AND

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4. CONVENING KEY STAKEHOLDERS AROUND ISSUES THAT AFFECT OUR COMMUNITY,
AND DEVELOPING SOLUTIONS TO THESE ISSUES IN A COLLABORATIVE MANNER.

FORM 990, PART III, LINE 4A

ADDITIONAL COMMUNITY IMPACT PROGRAMS

AFL-CIO COMMUNITY SERVICES LIAISON:

UNITED WAY ACTIVELY REACHES OUT TO EMPLOYEES AT WORKPLACES THAT WILL
SOON BE CLOSING. IN EARLY MARCH 2009, UNITED WAY HELD A COMMUNITY
SERVICES FAIR AT SYRACUSE CHINA WHERE 275 JOBS WILL BE SENT OVERSEAS.
WORKING CLOSELY WITH CNY WORKS AND THE ONONDAGA COUNTY DEPARTMENT OF
LABOR, UNITED WAY HELPED CONNECT WORKERS TO SERVICES AT A VARIETY OF
COMMUNITY AGENCIES. UNITED WAY HAS ORGANIZED SIMILAR FAIRS FOR OTHER
COMPANIES, INCLUDING CARRIER CORPORATION AND HONEYWELL.

COMMUNITY SERVICES LIAISON HELEN HUDSON SPENDS TIME WITH WORKERS WHO
WILL SOON BE DISPLACED. SHE MEETS WITH THEM INDIVIDUALLY TO HELP THEM
PLAN FOR THE FUTURE AND LINKS THEM TO TRAININGS AT THE SYRACUSE
WORKFORCE DEVELOPMENT CENTER IN PARTNERSHIP WITH THE GREATER SYRACUSE
LABOR COUNCIL AND THE AFL-CIO. HERE THEY LEARN TO WRITE RESUMES, GET
EXPERIENCE INTERVIEWING, AND LEARN NEW SKILLS IN COMPUTERS AND A
VARIETY OF LABOR TRADES. SHE ALSO HELPS LINK THEM TO HUMAN SERVICE
AGENCIES WHERE THEY CAN FIND HELP. CENTRAL NEW YORK IS RICH IN PROGRAMS
THAT OFFER A WIDE VARIETY OF SERVICES, BUT NAVIGATING THIS SYSTEM CAN
BE OVERWHELMING.

SCHEDULE O
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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

IN PARTNERSHIP WITH THE GREATER SYRACUSE LABOR COUNCIL, UNITED WAY
PRODUCES A GUIDE TO SERVICES FOR THE UNEMPLOYED. THE GUIDE LISTS
COUNSELING SERVICES, SUPPORTS FOR FINANCIAL, FOOD, ENERGY AND OTHER
BASIC NEEDS, CONTACT INFORMATION FOR REDUCED-COST LEGAL ASSISTANCE AND
LINKS TO HEALTH CLINICS AND HEALTH INSURANCE INFORMATION.

DONOR CHOICE:

EVERY YEAR IN OUR ANNUAL COMMUNITY FUNDRAISING CAMPAIGN, AND TRUE TO
OUR MISSION TO MOBILIZE THE COMMUNITY TO IMPROVE PEOPLE'S LIVES, WE
PROVIDE THE OPPORTUNITY FOR DONORS TO SUPPORT OTHER NONPROFIT
ORGANIZATIONS INCLUDING UNITED WAYS WITHIN THE STATE AND NATIONALLY.
AS A COURTESY TO OUR DONORS WE PROCESS THOSE DONOR DESIGNATIONS. ALL
AGENCIES RECEIVING DONOR DESIGNATIONS MUST ANNUALLY VERIFY COMPLIANCE
WITH PROVISIONS OF THE USA PATRIOT ACT AND VERIFY THEY ARE AN AGENCY IN
GOOD STANDING AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION.

DESIGNATED GIFTS DO NOT SUPPORT UNITED WAY'S COMMUNITY INITIATIVES OR
AGENCY CAPACITY BUILDING EFFORTS, OUR SERVICES OR PARTNERSHIPS. WHEN
CHOOSING THIS OPTION, DONORS SHOULD RECOGNIZE THAT UNITED WAY DOES NOT
PROVIDE OVERSIGHT OF THE FISCAL, MANAGEMENT, OR PROGRAMMATIC QUALITY OF
AGENCIES SUPPORTED BY DONORS THROUGH THIS FUND.

FORM 990, PART III, LINE 4A

VISION AREA 1 FOR COMMUNITY IMPACT

NURTURE, PROTECT AND TEACH YOUNG CHILDREN

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CHILDREN MAKE PROGRESS TOWARDS AGE-APPROPRIATE PHYSICAL, EMOTIONAL,
SOCIAL AND COGNITIVE SKILLS AT MAJOR DEVELOPMENTAL MILESTONES

CATHOLIC CHARITIES OF ONONDAGA COUNTY

PRESCHOOL PROGRAM \$95,209.00

PRESCHOOL PROGRAMS PROVIDE HIGH QUALITY, AFFORDABLE EARLY CHILDHOOD
EDUCATION TO PREPARE CHILDREN FOR KINDERGARTEN AND INCREASE THEIR
POTENTIAL FOR SUCCESS IN SCHOOL.

CHILDREN'S CONSORTIUM

TEEN PARENTS AND BABIES \$13,950.00

THE TEEN PARENTS AND BABIES PROGRAM PROVIDES SPECIALIZED HOME-BASED
PARENTING EDUCATION, INFANT/TODDLER STIMULATION, AND EARLY LEARNING
EXPERIENCES FOR PARENTS BETWEEN THE AGES OF 12 AND 20 AND THEIR
CHILDREN.

ENABLE

SOCIAL SKILLS TRAINING PROGRAM (STARS) \$36,270.00

THE SOCIAL SKILLS TRAINING PROGRAM (STARS) HELPS CHILDREN AND TEENS
WITH AUTISM AND RELATED DISORDERS LEARN HOW TO RELATE MORE EFFECTIVELY
WITH THEIR PEERS. THE WEEKLY CURRICULUM-BASED PROGRAM UTILIZES
BEHAVIORAL REINFORCEMENT AND SUPPORTIVE COUNSELING BY PROFESSIONALS.

ENABLE

FAMILY EMPOWERMENT AND PARTNERSHIP PROGRAM \$15,415.00

THE FAMILY EMPOWERMENT PROGRAM HELPS FAMILIES DEVELOP THE TOOLS THEY

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NEED TO CARE FOR AND MAKE DECISIONS ON BEHALF OF THEIR CHILDREN WITH SPECIAL NEEDS. ALONG WITH A LECTURE SERIES, FAMILY EMPOWERMENT PROVIDES DIRECT TRAINING AND SUPPORT IN THE HOME.

HUNTINGTON FAMILY CENTERS

PRESCHOOL PROGRAM \$123,690.00

THE PRESCHOOL PROGRAM GIVES CHILDREN ACCESS TO QUALITY, AFFORDABLE EARLY CHILDHOOD OPPORTUNITIES THAT PROVIDE CHILDREN WITH AGE-APPROPRIATE ACTIVITIES, ENCOURAGING ACADEMIC ADVANCEMENT, PEER SOCIALIZATION AND PHYSICAL DEVELOPMENT.

THE SALVATION ARMY, SYRACUSE AREA SERVICES

CHILD DAY CARE SERVICES \$99,742.00

CHILD DAY CARE SERVICES PROVIDE SAFE, QUALITY CHILDCARE FOR LOW-INCOME FAMILIES AT THREE LICENSED CENTERS. CENTERS PROVIDE CHILDREN FROM 6 WEEKS TO 5 YEARS OLD WITH HEAD START, UNIVERSAL PRE-K AND AN INTEGRATED LEARNING ENVIRONMENT FOR CHILDREN WITH SPECIAL NEEDS.

CHILDREN INCREASE READINESS FOR KINDERGARTEN

CHILD CARE SOLUTIONS

CHILD CARE FINANCIAL AID PROGRAM \$91,605.00

THE CHILD CARE FINANCIAL AID PROGRAM SERVES PARENTS BY ADMINISTERING THE UNITED WAY CHILD CARE SCHOLARSHIP FUND. THIS PROGRAM IS ONE COMPONENT OF CHILD CARE SOLUTION'S PARENT SERVICES PROGRAM, WHICH PROVIDES QUALITY INFORMATION AND SUPPORT TO PARENTS.

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CHILDREN ADJUST AND ADAPT TO SCHOOL

CONTACT

PRIMARY PROJECT \$36,270.00

PRIMARY PROJECT IS DESIGNED TO HELP YOUNG STUDENTS (KINDERGARTEN THROUGH SECOND GRADE) WHO HAVE SHOWN SIGNS OF RISKS FOR FAILURE ADJUST TO SCHOOL AND LEARNING, BECOME MORE EMOTIONALLY RESILIENT AND HAVE BETTER SOCIAL SKILLS.

CHILDREN IN FOSTER CARE ACHIEVE PERMANENCY/REACH PERMANENCE GOAL THAT IS FREE OF ABUSE AND NEGLECT

HUNTINGTON FAMILY CENTERS

HOPE - HUNTINGTON OBSERVATION AND PARENT EDUCATION \$40,804.00

HOPE IS A FAMILY REUNIFICATION PROGRAM THAT PROVIDES SUPERVISED VISITATION AND COUNSELING FOR PARENTS WHOSE CHILDREN ARE IN FOSTER CARE. THE PROGRAM'S GOAL IS TO EXPEDITE FAMILY REUNIFICATION WHENEVER POSSIBLE.

CHILDREN EXPERIENCE A DECREASE IN INCIDENCE OR RISK OF ABUSE AND NEGLECT

ARISE

CHILD ABUSE PREVENTION SERVICES (CAPS) \$39,757.00

CHILD ABUSE AND PREVENTION SERVICES DECREASES CHILD ABUSE AND NEGLECT

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BY INCREASING POSITIVE FAMILY FUNCTIONING THROUGH THERAPY, EDUCATION
AND COUNSELING FOR FAMILIES IN CRISIS.

CENTER FOR COMMUNITY ALTERNATIVES

CASA (COURT-APPOINTED SPECIAL ADVOCATES) \$58,939.00

THE CASA PROGRAM RECRUITS, TRAINS AND SUPERVISES VOLUNTEERS WHO SERVE
AS COURT-APPOINTED SPECIAL ADVOCATES FOR CHILDREN IN THE FAMILY COURT
SYSTEM. CASA ACTS IN THE BEST INTERESTS OF THE CHILDREN DURING FAMILY
COURT CASES TO HELP REDUCE TIME SPENT IN FOSTER CARE.

EXCEPTIONAL FAMILY RESOURCES

FAMILY RESPITE SERVICES \$22,669.00

FAMILY RESPITE SERVICES OFFERS FAMILIES A BREAK, OR RESPITE, FROM THE
CHALLENGES OF CARING FOR A CHILD WITH DISABILITIES. THE PROGRAM'S
OBJECTIVE IS TO HELP STRENGTHEN FAMILIES BY OFFERING RELIABLE AND
QUALITY CHILDCARE, WHICH CAN BE DIFFICULT TO FIND FOR A CHILD WITH
SPECIAL NEEDS.

LIBERTY RESOURCES

INTENSIVE FAMILY PRESERVATION SERVICES \$54,405.00

THE INTENSIVE FAMILY PRESERVATION SERVICES PROGRAM SERVES FAMILIES
WHOSE ABILITY TO CARE FOR THEIR CHILDREN IS COMPROMISED BY A
DEVELOPMENTAL DISABILITY, CHEMICAL DEPENDENCY, AND/OR MENTAL ILLNESS.

THE SALVATION ARMY, SYRACUSE AREA SERVICES

FAMILY PLACE \$54,405.00

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FAMILY PLACE PROVIDES A CONTINUUM OF SERVICES TO BIRTH PARENTS AND THEIR CHILDREN WHO ARE IN FOSTER CARE. PROGRAM COMPONENTS INCLUDE CLINICAL ASSESSMENT, SUPERVISED VISITATION, AND TRANSPORTATION FOR CHILDREN, PARENT COACHING AND PRE- AND POST-VISIT COUNSELING.

THE SALVATION ARMY, SYRACUSE AREA SERVICES
PREVENTIVE SERVICES PARTNERSHIP (PSP) \$200,880.00

THE PREVENTIVE SERVICE PARTNERSHIP IS COLLABORATION BETWEEN THE SALVATION ARMY, DUNBAR ASSOCIATION, INC. AND HUNTINGTON FAMILY CENTERS. THE PROGRAM PROVIDES INTENSIVE SUPPORT SERVICES TO FAMILIES WHOSE CHILDREN ARE AT RISK OF FOSTER CARE PLACEMENT.

VERA HOUSE
YOUTH COUNSELING CENTER \$77,190.00

THE YOUTH COUNSELING PROGRAM PROVIDES SPECIALIZED INTERVENTION AND TREATMENT TO YOUTH AND THEIR FAMILIES AFFECTED BY SEXUAL ABUSE AND/OR DOMESTIC VIOLENCE, AND INCLUDES A VARIETY OF COUNSELING AND SUPPORT SERVICES.

PARENTS DEMONSTRATE IMPROVED POSITIVE PARENTING KNOWLEDGE AND SKILLS

CATHOLIC CHARITIES OF ONONDAGA COUNTY
PARENT AND CHILD PROJECT \$19,948.00

THE PARENT AND CHILD PROJECT PROVIDE SPECIALIZED PARENTING SKILLS CLASSES AND A PARENT-SUPPORT SYSTEM FOR YOUNG WOMEN FROM HIGH-RISK SYRACUSE NEIGHBORHOODS.

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CATHOLIC CHARITIES OF ONONDAGA COUNTY

PARENT AIDE \$40,804.00

THE PARENT AIDE PROGRAM SERVES FAMILIES WHOSE CHILDREN ARE AT RISK FOR OR ALREADY PLACED IN FOSTER CARE DUE TO ABUSE AND NEGLECT. STAFF VISIT FAMILIES' HOMES TO HELP BUILD PARENTAL SKILLS, INCREASE HOME SAFETY AND INCREASE SUPPORTIVE INFLUENCES TO REDUCE ABUSE AND NEGLECT.

HUNTINGTON FAMILY CENTERS

FAMILY SUPPORT SERVICES \$59,101.00

THE FAMILY SUPPORT SERVICES PROGRAM PROVIDES PARENTING EDUCATION, BASIC LIFE-SKILLS TRAINING, SOCIAL-SKILLS DEVELOPMENT AND ACCESS TO COMMUNITY SERVICES FOR PARENTS AND EXPECTANT PARENTS WHO ARE AT HIGH RISK OF BECOMING INVOLVED WITH THE CHILD WELFARE SYSTEM.

IMPROVED QUALITY OF COMMUNITY CHILDCARE AND EARLY CHILDHOOD EDUCATION

CHILD CARE SOLUTIONS

CHILD CARE QUALITY THROUGH PROFESSIONAL DEVELOPMENT \$63,472.00

THIS PROGRAM IMPROVES CHILD-CARE QUALITY BY OFFERING TRAINING AND EDUCATION OPPORTUNITIES TO CHILD-CARE WORKERS AND PROVIDERS. RANGING FROM ENTRY-LEVEL WORKSHOPS TO COLLEGE COURSES, THE TRAININGS ARE OFFERED IN A VARIETY OF FORMATS AND LOCATIONS.

FORM 990, PART III, LINE 4A

VISION AREA 2 FOR COMMUNITY IMPACT

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

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HELP OUR YOUTH GROW INTO THRIVING ADULTS

CHILDREN MAKE PROGRESS TOWARDS AGE-APPROPRIATE PHYSICAL, EMOTIONAL,
SOCIAL AND COGNITIVE SKILLS AT MAJOR DEVELOPMENTAL MILESTONES

AIDS COMMUNITY RESOURCES

TEEN AIDS TASK FORCE (TATF) \$13,950.00

TEEN AIDS TASK FORCE IS A PEER EDUCATION INITIATIVE THAT EQUIPS
ADOLESCENTS WITH THE INFORMATION AND SKILLS NEEDED TO PREVENT HIV/AIDS
WHILE PROMOTING SEXUAL HEALTH.

AIDS COMMUNITY RESOURCES

THE LESBIAN, GAY, BISEXUAL, TRANSGENDER AND QUESTIONING YOUTH PROJECT
(LGBTQ YOUTH PROJECT) \$23,250.00

CARING ADULT ROLE MODELS SUPPORT THE GROWTH AND DEVELOPMENT OF LBGTQ
YOUNG PEOPLE BY PROVIDING INFORMATION AND EDUCATION ON LIVING HEALTHY
LIVES AND TOOLS FOR EMPOWERMENT.

CATHOLIC CHARITIES OF ONONDAGA COUNTY

PROGRAMS FOR TEENAGE YOUTH \$46,500.00

PROGRAMS FOR TEENAGE YOUTH HELP NURTURE THE DEVELOPMENT OF POSITIVE
SOCIAL SKILLS AND HEALTHY RELATIONSHIPS IN TEENS AGES 13-18. THE
PROGRAMS OFFER YEAR-ROUND RECREATIONAL AND EDUCATIONAL ACTIVITIES.

CATHOLIC CHARITIES OF ONONDAGA COUNTY

PROGRAMS FOR ELEMENTARY AGE YOUTH \$88,350.00

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PROGRAMS FOR ELEMENTARY AGE YOUTH OFFER YEAR-ROUND RECREATIONAL AND EDUCATIONAL ACTIVITIES TO AT-RISK YOUTH AT SEVEN NEIGHBORHOOD CENTERS IN SYRACUSE AND THE TOWN OF SALINA.

CENTER FOR COMMUNITY ALTERNATIVES

ALTERNATIVES: A VIOLENCE PREVENTION AND PEER LEADERSHIP PROGRAM

\$41,850.00

ALTERNATIVES PROVIDE VIOLENCE-PREVENTION TRAINING, PEER LEADERSHIP DEVELOPMENT, AND EMPLOYMENT OPPORTUNITIES FOR YOUTH WHO ATTEND THE SYRACUSE CITY SCHOOL DISTRICT'S ALTERNATIVE SCHOOLS.

CONTACT

WAY TO GO \$41,850.00

WAY TO GO IS A COMPREHENSIVE AFTER-SCHOOL YOUTH DEVELOPMENT PROGRAM FOR MIDDLE- AND HIGH-SCHOOL-AGE STUDENTS FROM SYRACUSE. TEENS SPEND 16 HOURS EACH WEEK IN STRUCTURED AFTER-SCHOOL PROGRAMMING DESIGNED TO HELP THEM GROW INTO SUCCESSFUL ADULTS.

DUNBAR ASSOCIATION

DUNBAR SUMMER CAMP PROGRAM \$26,040.00

THE DUNBAR SUMMER CAMP PROGRAM PROVIDES A SAFE ENVIRONMENT FOR CHILDREN DURING THE SUMMER MONTHS WHEN SCHOOL IS OUT OF SESSION BUT PARENTS ARE AT WORK. THE PROGRAM'S GOAL IS TO PROVIDE POSITIVE INFLUENCES TO HELP CHILDREN BUILD SELF-ESTEEM AND SELF-RESPECT.

GIRL SCOUTS OF NYPENN PATHWAYS

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INNER-CONNECTIONS \$41,850.00

INNER-CONNECTIONS CONNECTS WITH ECONOMICALLY DISADVANTAGED, AT-RISK

INNER-CITY GIRLS AGES 10-14 TO HELP THEM DEVELOP LIFE SKILLS AND

SUPPORTS. THE PROGRAM OFFERS AFTER-SCHOOL AND WEEKEND PROGRAMMING THAT

INCLUDES LEADERSHIP SKILLS, CHARACTER DEVELOPMENT, MENTORING AND

SUPPORT.

THE SALVATION ARMY, SYRACUSE AREA SERVICES

BARNABAS CENTER \$32,550.00

THE BARNABAS CENTER PROVIDES COMPREHENSIVE SERVICES TO TEENS TO PREPARE

THEM FOR SUCCESSFUL INDEPENDENT LIVING, INCLUDING STREET OUTREACH, A

YOUTH DROP-IN CENTER, CASE MANAGEMENT, TRANSITIONAL APARTMENTS AND

INDEPENDENT LIVING-SKILLS TRAINING.

YWCA OF SYRACUSE & ONONDAGA COUNTY

GIRLS PROGRAMMING \$65,100.00

GIRLS PROGRAMMING OFFERS A WIDE RANGE OF YEAR-ROUND EDUCATIONAL AND

RECREATIONAL PROGRAMS FOR GIRLS AGES 5-16. THE PROGRAMS ENCOURAGE GIRLS

TO MAKE POSITIVE CHOICES AND STAY IN SCHOOL.

YOUTH DEMONSTRATE INCREASED JOB READINESS SKILLS

BOY SCOUTS OF AMERICA, HIAWATHA SEAWAY COUNCIL

SCOUTREACH \$18,600.00

SCOUTREACH IS AN AFTER-SCHOOL PROGRAM FOR YOUTH AGES 13-19 THAT

PROVIDES RECREATIONAL AND SUPPORTIVE PROGRAMMING TO HELP THEM ADVANCE

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AFTER HIGH SCHOOL INTO COLLEGE OR A JOB.

YOUTH DEMONSTRATE POSITIVE GROWTH IN AREAS OF BEHAVIOR AND SOCIAL
DEVELOPMENT

CATHOLIC CHARITIES OF ONONDAGA COUNTY

REFUGEE YOUTH AND FAMILY SUPPORT PROJECT \$46,500.00

THE REFUGEE YOUTH AND FAMILY SUPPORT PROJECT IS A COMPREHENSIVE YOUTH
DEVELOPMENT PROGRAM SERVICING REFUGEE CHILDREN AND TEENS.

CATHOLIC CHARITIES OF ONONDAGA COUNTY

LATINO OUTREACH PROGRAM \$55,800.00

THE LATINO OUTREACH PROGRAM PROVIDES YOUTH DEVELOPMENT AND
FAMILY-SUPPORT SERVICES FOR SYRACUSE'S LATINO POPULATION, INCLUDING
RECREATIONAL AND EDUCATIONAL ACTIVITIES FOR YOUTH, TRANSLATION
SERVICES, LINKS TO OTHER SERVICES AND COUNSELING.

CONTACT

SUCCESS THROUGH EARLY PREVENTION (STEP) \$13,950.00

STEP OFFERS MENTAL-HEALTH SERVICES AND LEARNING AND BEHAVIORAL
ASSISTANCE TO THIRD- SIXTH GRADE STUDENTS IN THE SYRACUSE CITY SCHOOL
DISTRICT WHO ARE EXPERIENCING PERSISTENT BEHAVIORAL PROBLEMS THAT
INTERFERE WITH CLASSROOM INSTRUCTION.

CONTACT

YOUTH EMBRACING SUCCESS (YES) \$21,390.00

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YOUTH EMBRACING SUCCESS IS AN EIGHT-SESSION WORKSHOP SERIES FOR THIRD-EIGHTH GRADERS THAT TEACHES SKILLS SUCH AS LISTENING, MANAGING EMOTIONS AND PROBLEM SOLVING. THE WORKSHOPS ARE DESIGNED TO BUILD CHARACTER AND CONFIDENCE.

DUNBAR ASSOCIATION

EACH ONE, TEACH ONE \$31,620.00

THE EACH ONE, TEACH ONE PROGRAM IS A COMPREHENSIVE YOUTH DEVELOPMENT PROGRAM DESIGNED TO TRANSITION AT-RISK ADOLESCENTS INTO SELF-SUFFICIENT ADULTS THROUGH ACADEMIC ENRICHMENT, RECREATIONAL ACTIVITY AND COMMUNITY SERVICE.

HUNTINGTON FAMILY CENTERS

YOUTH SERVICES PROGRAM (YOUTH AND TEENS) \$104,160.00

THE YOUTH SERVICES PROGRAM IS A YEAR-ROUND, SAFE, STRUCTURED PROGRAM FOR YOUTH AGES 5 TO 19. THE PROGRAM PROVIDES EDUCATIONAL SUPPORT AND SOCIAL ACTIVITIES AND OUTREACH FOR AT-RISK YOUTH AND FAMILIES, AS WELL AS A SIX-WEEK, FULL-DAY SUMMER PROGRAM FOR YOUTH AND TEENS.

INTERFAITH WORKS

COMMUNITY WIDE DIALOGUE TO END RACISM, STARTING SMALL PROJECT

\$23,250.00

COMMUNITY WIDE DIALOGUE TO END RACISM BRINGS TOGETHER SUBURBAN AND URBAN GRAMMAR SCHOOL AND HIGH-SCHOOL AGE YOUTH TO BREAK DOWN RACIAL AND ETHNIC STEREOTYPES, IMPROVE RACE RELATIONS AND PROMOTE RACIAL JUSTICE IN CENTRAL NEW YORK.

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NEW JUSTICE CONFLICT RESOLUTION SERVICES

ONONDAGA COUNTY YOUTH COURT \$13,950.00

YOUTH COURT PROVIDES AN ALTERNATIVE TO THE TRADITIONAL JUVENILE JUSTICE SYSTEM FOR YOUTH AGES 7 TO 17. PEER-OPERATED COURTS SENTENCE YOUTH TO A COMBINATION OF COMMUNITY SERVICE AND EDUCATIONAL PROGRAMS.

P.E.A.C.E., INC.

BIG BROTHERS BIG SISTERS \$41,850.00

BIG BROTHERS BIG SISTERS SEEKS TO PROVIDE AN ADULT MENTOR TO EVERY CHILD BETWEEN 6 AND 12 IN ONONDAGA COUNTY WHO WANTS OR NEEDS ONE. MENTORS HELP CHILDREN BECOME COMPETENT, CONFIDENT AND CARING INDIVIDUALS.

VERA HOUSE

YOUTH EDUCATION PROGRAM \$41,850.00

THE YOUTH EDUCATION PROGRAM IS A PRIMARY PREVENTION PROGRAM WITH THE GOAL OF INCREASING YOUNG PEOPLE'S KNOWLEDGE ABOUT DATING, SEXUAL VIOLENCE, BULLYING, AND STRATEGIES TO AVOID ABUSE.

YOUTH IMPROVE THEIR ACADEMIC SKILLS

BOYS & GIRLS CLUB OF SYRACUSE

TEEN SUPREME \$69,750.00

TEEN SUPREME OFFERS COMPREHENSIVE PROGRAMS AND ACTIVITIES TO YOUTH AGES 13-19 TO HELP THEM IMPROVE ACADEMIC PERFORMANCE AND SUCCESSFULLY

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GRADUATE HIGH SCHOOL WITH A COLLEGE OR CAREER FOCUS.

BOYS & GIRLS CLUB OF SYRACUSE

AFTER SCHOOL YOUTH DEVELOPMENT PROGRAM \$93,000.00

THE AFTER SCHOOL YOUTH DEVELOPMENT PROGRAM PROVIDES SAFE AFTER-SCHOOL CHILD CARE, INCLUDING LITERACY PROGRAMMING AND RECREATION, FOR YOUTH AGES 6-12 IN THE SYRACUSE CITY SCHOOL DISTRICT.

SPANISH ACTION LEAGUE

NUESTRO FUTURO/OUR FUTURE PROGRAM \$65,100.00

THE NUESTRO FUTURO/OUR FUTURE PROGRAM IS AN AFTER-SCHOOL ACADEMIC/SOCIAL-SKILL BASED TUTORING PROGRAM FOR YOUTH FROM SEVENTH THROUGH 12TH GRADE. THE PROGRAM'S GOAL IS TO REDUCE THE HIGH DROPOUT RATE OF HISPANIC YOUTH IN THE SYRACUSE CITY SCHOOL DISTRICT.

SYRACUSE NORTHEAST COMMUNITY CENTER

AFTER-SCHOOL ENRICHMENT PROGRAM \$32,550.00

THE AFTER-SCHOOL ENRICHMENT PROGRAM PROVIDES FREE, SAFE AND STRUCTURED ACADEMIC AND RECREATION ACTIVITIES ALONG WITH A HOT NUTRITIOUS DINNER FOR SYRACUSE CITY SCHOOL DISTRICT CHILDREN EACH SCHOOL DAY FROM 2 TO 5 P.M.

YOUTH REMAIN IN SCHOOL AND ARE PROMOTED TO THE NEXT APPROPRIATE GRADE LEVEL, OR GRADUATE FROM HIGH SCHOOL

DUNBAR ASSOCIATION

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DUNBAR AFTERSCHOOL PROGRAM \$111,600.00

THE DUNBAR AFTERSCHOOL PROGRAM OFFERS YOUTH A RANGE OF SERVICES THAT PROVIDE A COMPREHENSIVE FRAMEWORK FOR SUCCESSFUL YOUTH DEVELOPMENT, ENCOMPASSING ACADEMIC, SOCIAL, RECREATIONAL AND CULTURAL COMPONENTS.

ON POINT FOR COLLEGE

COLLEGE ACCESS AND SUCCESS \$37,200.00

THE COLLEGE ACCESS AND SUCCESS PROGRAM TARGETS INNER-CITY YOUTH AGES 17-25 TO HELP THEM ENROLL AND STAY IN COLLEGE WITH ONE-ON-ONE COUNSELING, STARTUP RESOURCES, COLLEGE VISITS, SUPPLIES, MENTORING, TRANSPORTATION, AND COUNSELING AND ADVOCACY UNTIL THEY GRADUATE.

IMPROVED QUALITY OF COMMUNITY YOUTH DEVELOPMENT PROGRAMMING

CONTACT

MENTAL HEALTH & EDUCATION SYSTEMS PROJECT \$37,200.00

THE MENTAL HEALTH AND EDUCATION SYSTEMS PROJECT WORKS TO INCREASE COMMUNICATION BETWEEN THE MENTAL-HEALTH AND EDUCATION SYSTEMS IN OUR COMMUNITY TO HELP EDUCATORS AND MENTAL-HEALTH PRACTITIONERS BETTER RESPOND TO THE MENTAL-HEALTH NEEDS OF STUDENTS.

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VISION AREA 3 FOR COMMUNITY IMPACT

PROVIDE A SAFETY NET DURING CRISIS

HOMELESS INDIVIDUALS/FAMILIES RECEIVE SHELTER

SCHEDULE O
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Department of the Treasury
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OMB No. 1545-0047

2008

Open to Public
Inspection

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

CATHOLIC CHARITIES OF ONONDAGA COUNTY

COORDINATED SERVICES FOR HOMELESS FAMILIES \$64,996.00

COORDINATED SERVICES FOR HOMELESS FAMILIES PROVIDE EMERGENCY SHELTER,
CASE MANAGEMENT, RELOCATION SERVICES, AND SUPPORTED TRANSITIONAL FOR
HOMELESS WOMEN AND THEIR CHILDREN.

CATHOLIC CHARITIES OF ONONDAGA COUNTY

OXFORD STREET INN SHELTER AND SERVICES \$54,875.00

THE OXFORD STREET INN PROVIDES EMERGENCY OVERNIGHT SHELTER,
TRANSITIONAL HOUSING, PERMANENT APARTMENTS AND CASE-MANAGEMENT SERVICES
TO HOMELESS MEN IN OUR COMMUNITY.

THE SALVATION ARMY, SYRACUSE AREA SERVICES

BOOTH HOUSE \$39,060.00

BOOTH HOUSE IS AN EMERGENCY SHELTER FOR RUNAWAY AND HOMELESS YOUTH AGES
12 TO 17. THE PROGRAM PROVIDES HOUSING, FAMILY MEDIATION, CASE
MANAGEMENT, HOMEBOUND SCHOOLING, LIVING-SKILLS TRAINING AND RECREATION
ACTIVITIES.

THE SALVATION ARMY, SYRACUSE AREA SERVICES

BARNABAS RESIDENTIAL \$30,690.00

THE BARNABAS RESIDENTIAL CENTER PROVIDES SHORT-TERM GROUP HOUSING AND
LONG-TERM TRANSITIONAL APARTMENTS FOR OLDER HOMELESS YOUTH AGES 16-21,
AS WELL AS CASE MANAGEMENT, FAMILY MEDIATION, LIVING SKILLS CLASSES,
AND EMPLOYMENT READINESS AND ADVOCACY SERVICES.

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THE SALVATION ARMY, SYRACUSE AREA SERVICES

EMERGENCY FAMILY SHELTER \$37,200.00

THE EMERGENCY FAMILY SHELTER PROVIDES TEMPORARY HOUSING, CRISIS

COUNSELING, AND COMPREHENSIVE SOCIAL WORK SUPPORT SERVICES FOR HOMELESS

FAMILIES. THE PROGRAM ALSO LINKS FAMILIES TO SERVICES AND HELPS THEM

FIND PERMANENT HOUSING.

THE SALVATION ARMY, SYRACUSE AREA SERVICES

WOMEN'S SHELTER \$16,740.00

THE WOMEN'S SHELTER PROVIDES TEMPORARY HOUSING FOR ADULT WOMEN WITHOUT

CHILDREN WHO HAVE SERIOUS MENTAL HEALTH PROBLEMS AND PSYCHIATRIC

DISABILITIES. CRISIS COUNSELING, SOCIAL WORK SERVICES, MENTAL HEALTH

SERVICES AND REFERRALS HELP WOMEN REGAIN INDEPENDENCE.

INDIVIDUALS/FAMILIES INCREASE THE SKILLS NECESSARY TO OBTAIN/STABILIZE

HOUSING

MOTHER MARIANNE COPE HOUSING

WELCH TERRACE APARTMENTS/PROGRAM COORDINATOR \$18,603.00

WELCH TERRACE APARTMENTS PROVIDE SECURE, AFFORDABLE HOUSING AND SUPPORT

SERVICES FOR PEOPLE DIAGNOSED WITH HIV/AIDS, MOST OF WHOM ARE HOMELESS

OR VERY LOW INCOME.

SPANISH ACTION LEAGUE

HOUSING SERVICES \$10,590.00

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THE HOUSING SERVICES PROGRAM PROVIDES A VARIETY OF HOUSING SUPPORT
SERVICES TO SPANISH ACTION LEAGUE CLIENTS.

INDIVIDUALS/FAMILIES IN NEED OF FOOD RECEIVE ASSISTANCE

DUNBAR ASSOCIATION

EMERGENCY FOOD PANTRY \$11,598.00

THE DUNBAR EMERGENCY FOOD PANTRY PROVIDES EMERGENCY FOOD ASSISTANCE TO
INDIVIDUALS AND FAMILIES ON SYRACUSE'S SOUTH SIDE FACING EMERGENCY,
TEMPORARY OR CHRONIC FOOD SHORTAGES.

FOOD BANK OF CENTRAL NEW YORK

PREPARED AND PERISHABLE FOODS PROGRAM \$47,430.00

THE PREPARED AND PERISHABLE FOODS PROGRAM RESCUES NUTRITIOUS FOOD FOR
PEOPLE IN NEED. THE PROGRAM COLLECTS DONATED DAIRY, PRODUCE, AND OTHER
PERISHABLE FOODS FROM RESTAURANTS AND SUPERMARKETS AND DISTRIBUTES THE
FOOD TO SOUP KITCHENS AND FOOD PANTRIES.

HUNTINGTON FAMILY CENTERS

EMERGENCY SERVICES \$18,603.00

THE EMERGENCY SERVICES PROGRAM HELPS INDIVIDUALS AND FAMILIES IN NEED
OF FOOD AND CLOTHING TO ALLOW THEM TO LIVE WITH THE HIGHEST DEGREE OF
INDEPENDENCE. THE PROGRAM INCLUDES A FOOD PANTRY AND A "TRADING POST"
WITH FREE CLOTHING AND HOUSEHOLD GOODS.

SYRACUSE NORTHEAST COMMUNITY CENTER

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BASIC NEEDS ASSISTANCE \$18,600.00

THE BASIC NEEDS ASSISTANCE PROGRAM PROVIDES EMERGENCY ASSISTANCE SUCH AS FOOD, RENT/SECURITY DEPOSITS, AND INFORMATION AND REFERRAL TO INDIVIDUALS AND FAMILIES IN CRISIS.

THE SALVATION ARMY, SYRACUSE AREA SERVICES

EMERGENCY AND PRACTICAL ASSISTANCE SERVICES \$47,430.00

THE EMERGENCY AND PRACTICAL ASSISTANCE SERVICES PROGRAM HELPS PEOPLE IN CRISIS WITH BASIC NEEDS SUCH AS FOOD, HOUSING, CLOTHING AND THE ESSENTIALS OF DAILY LIVING. THE PROGRAM OFFERS CRISIS INTERVENTION, ADVOCACY AND SUPPORT, AND LINKAGES TO COMMUNITY RESOURCES.

THE SAMARITAN CENTER

HOT MEALS PROGRAM \$33,480.00

THE HOT MEALS PROGRAM SERVES HOT, NUTRITIOUS MEALS 365 DAYS EACH YEAR TO ANYONE IN NEED. THE PROGRAM HELPS COMBAT HUNGER AND SOCIAL ISOLATION, AS WELL AS PROVIDING EDUCATION, AND INFORMATION AND REFERRAL SERVICES.

INDIVIDUALS INCREASE THE KNOWLEDGE AND SKILLS NECESSARY TO MANAGE/PREVENT CRISIS

SYRACUSE BEHAVIORAL HEALTHCARE

GREEN STREET MEN'S COMMUNITY RESIDENCE \$14,385.00

THE GREEN STREET MEN'S COMMUNITY RESIDENCE PROVIDES A STRUCTURED LIVING ENVIRONMENT FOR MEN WHO HAVE COMPLETED INPATIENT REHABILITATION

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SERVICES BUT ARE STILL RECEIVING OUTPATIENT SERVICES. PROGRAMMING IS
CENTERED AROUND A HEALTHY LIVING ENVIRONMENT TO FOSTER CONTINUED
RECOVERY AND RECONNECTING WITH EMPLOYMENT AND FAMILY.

VERA HOUSE

EMERGENCY SHELTER PROGRAM \$62,255.00

THE EMERGENCY SHELTER PROGRAM PROVIDES SHELTER AND COMPREHENSIVE
SUPPORT SERVICES TO MEN, WOMEN AND CHILDREN WHO ARE HOMELESS, AND
VICTIMS OF DOMESTIC AND/OR SEXUAL VIOLENCE.

INDIVIDUALS ARE ABLE TO RESOLVE SHORT-TERM/IMMEDIATE CRISIS

AMERICAN RED CROSS, ONONDAGA-OSWEGO CHAPTER

SERVICE TO ARMED FORCES \$13,866.00

THE SERVICE TO ARMED FORCES PROGRAM PROVIDES EMERGENCY COMMUNICATION
BETWEEN MEMBERS OF THE ARMED SERVICES AND THEIR FAMILIES AND FINANCIAL
ASSISTANCE DURING TIMES OF CRISIS.

AMERICAN RED CROSS, ONONDAGA-OSWEGO CHAPTER

DISASTER RESPONSE \$166,399.00

THE DISASTER RESPONSE PROGRAM PROVIDES EMERGENCY FOOD, CLOTHING AND
TEMPORARY SHELTER TO VICTIMS OF DISASTERS, AS WELL AS HELPING
INDIVIDUALS AND FAMILIES TRANSITION INTO A NEW HOME.

ARISE

INDEPENDENT LIVING SERVICES PROGRAM \$9,300.00

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THE INDEPENDENT LIVING SERVICES PROGRAM HELPS PEOPLE WITH DISABILITIES AND THEIR FAMILIES SOLVE IMMEDIATE CRISES AND DEVELOP THE SKILLS AND RESOURCES NEEDED TO PREVENT FUTURE CRISES AND LIVE INDEPENDENTLY AND SAFELY.

CATHOLIC CHARITIES OF ONONDAGA COUNTY

EMERGENCY ASSISTANCE SERVICES \$56,730.00

THE EMERGENCY ASSISTANCE SERVICES PROGRAM HELPS INDIVIDUALS AND FAMILIES ALLEVIATE AN IMMEDIATE CRISIS THROUGH FOOD VOUCHERS AND FINANCIAL ASSISTANCE, AND ALSO HELPS THEM DEVELOP SKILLS AND RESOURCES TO PREVENT ITS RECURRENCE.

TRANSITIONAL LIVING SERVICES

BRIDGE SERVICES \$14,807.00

THE BRIDGE SERVICES PROGRAM HELPS INDIVIDUALS WITH MENTAL ILLNESSES THAT ARE LIVING INDEPENDENTLY. STAFF RESPOND TO PROBLEMS WITH HOUSING, FINANCES AND PSYCHIATRIC CRISES TO HELP THESE INDIVIDUALS AVOID HOSPITALIZATION OR HOMELESSNESS.

FORM 990, PART III, LINE 4A

VISION AREA 4 FOR COMMUNITY IMPACT

ENABLE PEOPLE TO LIVE WITH SELF-SUFFICIENCY AND INDEPENDENCE

INDIVIDUALS ARE ABLE TO FUNCTION INDEPENDENTLY OR MAINTAIN INDEPENDENCE IN THE COMMUNITY

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AURORA OF CENTRAL NEW YORK

SOCIAL WORK SERVICES FOR INDIVIDUALS WITH VISUAL/HEARING IMPAIRMENTS

\$41,850.00

THIS PROGRAM HELPS INDIVIDUALS WITH VISUAL AND HEARING IMPAIRMENTS LEAD INDEPENDENT AND PRODUCTIVE LIVES THROUGH CASE MANAGEMENT, ADVOCACY, COUNSELING, SUPPORT GROUPS, AND JOB-READINESS TRAINING.

AURORA OF CENTRAL NEW YORK

INSTRUCTIONAL SERVICES FOR INDIVIDUALS WITH VISUAL/HEARING IMPAIRMENTS

\$41,850.00

THIS PROGRAM HELPS INDIVIDUALS WITH VISUAL IMPAIRMENTS LEAD INDEPENDENT AND PRODUCTIVE LIVES. THE PROGRAM PROVIDES ORIENTATION, MOBILITY TRAINING, AND TECHNIQUES FOR SAFE TRAVEL AND HOUSEHOLD MANAGEMENT.

CATHOLIC CHARITIES OF ONONDAGA COUNTY

ELDERLY SERVICES \$23,250.00

THE ELDERLY SERVICES PROGRAM HELPS SENIOR CITIZENS LIVE INDEPENDENTLY AND SAFELY BY PROVIDING A CONTINUUM OF COMPREHENSIVES SERVICES, INCLUDING INFORMATION AND REFERRAL, CASE MANAGEMENT, HOME VISITATION, IN-HOME REPAIRS AND TRANSPORTATION.

CENTER FOR COMMUNITY ALTERNATIVES

THE SELF-DEVELOPMENT PROGRAM \$21,390.00

THE SELF-DEVELOPMENT PROGRAM HELPS PEOPLE LEAVING THE ONONDAGA COUNTY CORRECTIONAL FACILITY SUCCESSFULLY AND SAFELY REINTEGRATE INTO THE COMMUNITY. THE PROGRAM HELPS PEOPLE FIND A STABLE POST-RELEASE

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RESIDENCE, PREPARE FOR EMPLOYMENT, AND FIND JOBS.

DUNBAR ASSOCIATION

NEIGHBORHOOD ADVISOR PROGRAM \$23,250.00

THE NEIGHBORHOOD ADVISOR PROGRAM PROVIDES A VARIETY OF SERVICES TO SENIOR CITIZENS INTENDED TO PROMOTE INDEPENDENCE, IMPROVE HEALTH, AND REDUCE SOCIAL ISOLATION. THE PROGRAM PROVIDES OUTREACH, CASE MANAGEMENT, AND SOCIAL AND RECREATIONAL ACTIVITIES TO SENIORS.

ENABLE

PROJECT ADAPT \$9,300.00

PROJECT ADAPT IS AN ASSISTIVE TECHNOLOGY LENDING LIBRARY THAT SERVES PEOPLE OF ALL AGES WITH ALL TYPES OF DISABILITIES. PEOPLE WITH DISABILITIES AND THEIR FAMILIES ARE ABLE TO BORROW A VARIETY OF ADAPTIVE EQUIPMENT THAT HELPS THEM PARTICIPATE MORE FULLY IN ALL ASPECTS OF LIFE.

HUNTINGTON FAMILY CENTERS

CLOVER CORNER \$12,555.00

CLOVER CORNER SENIOR CENTER IS A MULTI-PURPOSE PROGRAM DESIGNED TO OFFER SENIORS DAILY SOCIALIZATION, EDUCATION, LEISURE ACTIVITIES, A HOT MEAL, AND INFORMATION AND REFERRAL. THE PROGRAM HELPS PREVENT ISOLATION AND PROMOTES PHYSICAL AND MENTAL WELL-BEING.

INTERFAITH WORKS

COVENANT HOUSING PROGRAM \$14,787.00

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THE COVENANT HOUSING PROGRAM CREATES SAFE AND AFFORDABLE HOUSING FOR
CENTRAL NEW YORK'S LOW-INCOME FAMILIES AND INDIVIDUALS WITH
DISABILITIES AND MAXIMIZES INDEPENDENT LIVING OPPORTUNITIES THROUGH
PARTNERSHIPS WITH CONGREGATIONS AND COMMUNITY GROUPS.

JEWISH COMMUNITY CENTER OF SYRACUSE

JCC SENIOR ADULT SERVICES \$37,200.00

THE SENIOR ADULT SERVICES PROGRAM COMPREHENSIVELY ADDRESSES THE
NUTRITIONAL, SOCIAL AND PHYSICAL NEEDS OF AT-RISK SENIORS. THE PROGRAM
HELPS KEEP SENIORS HEALTHY WITH NUTRITIONAL MEALS, EXERCISES, AND
VARIOUS LECTURES, PROGRAMS AND ACTIVITIES.

SYRACUSE JEWISH FAMILY SERVICES

SOLUTIONS \$14,415.00

SOLUTIONS HELPS SENIORS AND PEOPLE WITH DISABILITIES MAINTAIN THEIR
INDEPENDENCE BY HELPING THEM PAY BILLS, BALANCE CHECKBOOKS, READ MAIL,
COMPLETE FORMS AND COMPLETE ENTITLEMENT APPLICATIONS. PROFESSIONALS
ALSO SERVE AS ADVOCATES ON BEHALF OF CLIENTS.

THE SALVATION ARMY, SYRACUSE AREA SERVICES

ADULT DAY SERVICES \$33,480.00

ADULT DAY SERVICES HELP SENIOR CITIZENS AND ADULTS WITH DISABILITIES
MAINTAIN A HIGH DEGREE OF INDEPENDENCE AND TO STAY ACTIVE IN THE
COMMUNITY. THE PROGRAM OFFERS CASE MANAGEMENT, SUPPORT AND ADVOCACY
SERVICES FOR OLDER ADULTS AND THEIR CAREGIVERS.

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THE SALVATION ARMY, SYRACUSE AREA SERVICES

TRANSITIONAL APARTMENT AND PARENTING CENTER (TAPC) \$18,507.00

THE TRANSITIONAL APARTMENTS AND PARENTING CENTER PROVIDES LONG-TERM

TRANSITIONAL HOUSING, CASE MANAGEMENT AND PARENTING CLASSES FOR

HOMELESS PREGNANT AND PARENTING ADOLESCENT FEMALES AGES 16-21 AND THEIR

INFANTS AND TODDLERS.

YWCA OF SYRACUSE & ONONDAGA COUNTY

YWCA WOMEN'S RESIDENCE PROGRAM \$86,490.00

THE WOMEN'S RESIDENCE PROGRAM PROVIDES SAFE, STABLE AND AFFORDABLE

APARTMENTS FOR LOW-INCOME WOMEN WITH DISABILITIES AND THEIR CHILDREN.

THE PROGRAM ALSO HELPS WOMEN AND THEIR CHILDREN DEVELOP INDEPENDENT

LIVING SKILLS.

INDIVIDUALS ATTAIN JOB READINESS SKILLS

CATHOLIC CHARITIES OF ONONDAGA COUNTY

REFUGEE RESETTLEMENT PROGRAM \$22,320.00

THE REFUGEE RESETTLEMENT PROGRAM SERVES THOSE FORCED TO LEAVE THEIR

NATIVE COUNTRIES DUE TO OPPRESSION AND WAR. THE PROGRAM PROVIDES A

CONTINUUM OF SERVICES FOR NEWLY ARRIVING REFUGEE FAMILIES, INCLUDING

HOUSING, ENGLISH CLASSES, AND JOB SKILLS DEVELOPMENT.

ON POINT FOR COLLEGE

ON POINT FOR JOBS \$18,600.00

ON POINT FOR JOBS TARGETS FIRST GENERATION COLLEGE GRADUATES AND

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UPPERCLASSMEN AND PROVIDES THEM WITH WORKFORCE PREPARATION WORKSHOPS,
START-UP RESOURCES, MINI JOB FAIRS, NETWORKING OPPORTUNITIES,
INTERNSHIPS, AND JOB SEARCH COUNSELING.

TRANSITIONAL LIVING SERVICES

PROVISIONS BAKERY AND RESTAURANT \$18,135.00

PROVISIONS IS A FUNCTIONING BAKERY AND RESTAURANT THAT PROVIDES
SUPPORTED EMPLOYMENT TO ADULTS SUFFERING FROM MENTAL ILLNESSES. CLIENTS
LEARN TRANSFERABLE WORK SKILLS FROM SUPPORTIVE, PROFESSIONAL STAFF
WHILE EARNING MINIMUM WAGE.

INDIVIDUALS ATTAIN AND RETAIN EMPLOYMENT

INTERFAITH WORKS

CENTER FOR NEW AMERICANS \$39,060.00

THE CENTER FOR NEW AMERICANS ASSISTS REFUGEES AND LEGAL IMMIGRANTS IN
OBTAINING AND KEEPING EMPLOYMENT, MANAGING THEIR FINANCES, UTILIZING
COMMUNITY SERVICES, LEARNING ENGLISH AND SOLVING FAMILY PROBLEMS.

LEARNING DISABILITIES ASSOCIATION

PATHWAYS FOR LIFE \$11,067.00

PATHWAYS FOR LIFE IS AN INDIVIDUALIZED EMPLOYMENT ASSISTANCE PROGRAM
WHERE INDIVIDUALS WITH LEARNING DISABILITIES CAN OBTAIN THE SKILLS
NECESSARY TO BE ABLE TO FIND AND MAINTAIN EMPLOYMENT.

SPANISH ACTION LEAGUE

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CAREER SERVICES \$35,712.00

THE CAREER SERVICES PROGRAM OFFERS JOB-READINESS SKILLS TRAINING AND EDUCATION AND JOB REFERRALS TO WEST SIDE RESIDENTS. THE PROGRAM'S GOAL IS TO MAKE FAMILIES AND INDIVIDUALS ECONOMICALLY SELF-SUFFICIENT AND TO REDUCE UNEMPLOYMENT WITHIN THE LATINO COMMUNITY.

INDIVIDUALS DEMONSTRATE INCREASED BASIC LITERACY SKILLS/ADULT ENGLISH LANGUAGE LEARNERS ATTAIN OR MAKE PROGRESS TOWARDS NATIONAL PROFICIENCY STANDARDS

LITERACY VOLUNTEERS OF GREATER SYRACUSE

BASIC LITERACY AND ESOL \$21,762.00

THE BASIC LITERACY AND ESOL PROGRAMS PROVIDE ONE-TO-ONE VOLUNTEER TUTORING SERVICES TO INDIVIDUALS WHO WISH TO IMPROVE/LEARN TO READ, WRITE, AND/OR SPEAK ENGLISH.

INDIVIDUALS/FAMILIES OBTAIN LEGAL ASSISTANCE TO RESOLVE LEGAL ISSUES AND CONFLICTS

FRANK H. HISCOCK LEGAL AID SOCIETY

CIVIL LEGAL ASSISTANCE PROGRAM \$93,000.00

THE CIVIL LEGAL ASSISTANCE PROGRAM HELPS INDIVIDUALS AND FAMILIES RESOLVE CONFLICTS BY PROVIDING FREE LEGAL ASSISTANCE IN A WIDE RANGE OF LEGAL MATTERS INCLUDING FAMILY LAW, HOUSING AND UNEMPLOYMENT CASES.

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VISION AREA 5 FOR COMMUNITY IMPACT

SUPPORT PEOPLE FACING DIFFICULT PERSONAL AND FAMILY PROBLEMS

INDIVIDUALS ARE ABLE TO FUNCTION INDEPENDENTLY OR MAINTAIN INDEPENDENCE
IN THE COMMUNITY

ARISE

OUTPATIENT MENTAL HEALTH CLINIC \$144,150.00

THE OUTPATIENT MENTAL HEALTH CLINIC PROVIDES MENTAL HEALTH SERVICES FOR
CHILDREN, ADULTS AND FAMILIES WITH SEVERE MENTAL ILLNESSES, COMPLEX
FAMILY ISSUES, LIMITED COPING SKILLS AND A LACK OF SOCIAL SUPPORTS.

CATHOLIC CHARITIES OF ONONDAGA COUNTY

PSYCHOTHERAPY \$92,798.00

THE PSYCHOTHERAPY PROGRAM PROVIDES COMMUNITY-BASED MENTAL HEALTH
SERVICES TO INDIVIDUALS AND FAMILIES WHO STRUGGLE WITH MENTAL ILLNESS,
TRAUMA, STRESS AND FAMILY DISCORD. THE PROGRAM SERVES INDIVIDUALS WHO
DO NOT HAVE MEDICAID BUT CANNOT AFFORD PROFESSIONAL MENTAL HEALTH
SERVICES.

CATHOLIC CHARITIES OF ONONDAGA COUNTY

BETTER BEGINNINGS \$25,564.00

BETTER BEGINNINGS SERVES FAMILIES WHERE ONE OR BOTH PARENTS HAVE A
CHRONIC MENTAL ILLNESS AND ARE EXPERIENCING DIFFICULTY PARENTING A
CHILD YOUNGER THAN 5. PROGRAM STAFF WORK WITH FAMILIES TO PREVENT
MENTAL HEALTH HOSPITALIZATION AND THE NEED FOR FOSTER CARE.

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CONTACT

TELEPHONE COUNSELING SERVICES \$56,965.00

TELEPHONE COUNSELING SERVICES IS A 24-HOUR TELEPHONE HOTLINE THAT OFFERS FREE COUNSELING, CRISIS INTERVENTION AND INFORMATION AND REFERRAL TO ANYONE WHO NEEDS IT.

HILLSIDE CHILDREN'S CENTER

CUSTOMIZED COMMUNITY SERVICES \$47,031.00

CUSTOMIZED COMMUNITY SERVICES IS AN EFFECTIVE EARLY INTERVENTION PROGRAM FOR CHILDREN WITH EMOTIONAL, BEHAVIORAL AND MENTAL HEALTH ISSUES. THE PROGRAM HELPS CHILDREN LEARN SKILLS AND BUILD UPON THEIR STRENGTHS TO BECOME MORE SUCCESSFUL AT HOME AND IN SCHOOL.

THE SALVATION ARMY, SYRACUSE AREA SERVICES

HEARTS & HOMES \$18,600.00

THE HEARTS & HOMES ADOPTION RESOURCE CENTER PROVIDES FREE THERAPY TO PRE- AND POST-ADOPTIVE FAMILIES. THERAPISTS HAVE EXPERTISE AND EXPERIENCE WORKING WITH FOSTER AND ADOPTIVE FAMILIES, AS WELL AS WITH CHILDREN.

INDIVIDUALS ARE ABLE TO FUNCTION INDEPENDENTLY OR MAINTAIN INDEPENDENCE IN THE COMMUNITY

AIDS COMMUNITY RESOURCES

THE SAFETY FIRST HEALTH OUTREACH PROJECT \$30,960.00

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

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THE SAFETY FIRST HEALTH OUTREACH PROJECT SERVES TO PREVENT THE SPREAD OF HIV/AIDS BY OFFERING EDUCATION, SUPPLIES, REFERRALS, LITERATURE AND HIV TESTING TO RESIDENTS IN TARGETED, HIGH-RISK NEIGHBORHOODS.

ELMCREST CHILDREN'S CENTER

FAMILY TRANSITIONS PROGRAM \$93,572.00

THE FAMILY TRANSITIONS PROGRAM PROVIDES SPECIALIZED INDIVIDUAL, GROUP AND FAMILY THERAPY TO ADOLESCENTS WHO HAVE SEXUALLY OFFENDED AGAINST CHILDREN, CHILDREN WHO ARE SEXUALLY REACTIVE, AND CHILDREN WHO HAVE BEEN SEXUALLY ABUSED, AS WELL AS AFFECTED FAMILY MEMBERS.

VERA HOUSE

ADVOCACY PROGRAM \$83,700.00

THE ADVOCACY PROGRAM ASSISTS VICTIMS OF DOMESTIC, SEXUAL AND FAMILY VIOLENCE BY HELPING TO RESOLVE THEIR IMMEDIATE CRISES, IMPROVING THEIR PHYSICAL SAFETY AND EMOTIONAL WELL-BEING.

INDIVIDUALS ARE ABLE TO FUNCTION INDEPENDENTLY OR MAINTAIN INDEPENDENCE IN THE COMMUNITY

MENTAL HEALTH ASSOCIATION

MENTAL HEALTH CONNECTIONS \$18,600.00

THE MENTAL HEALTH CONNECTIONS PROGRAM HELPS INDIVIDUALS SUFFERING FROM MENTAL ILLNESSES ACCESS THE APPROPRIATE SERVICES AND HELPS RAISE PUBLIC AWARENESS OF MENTAL HEALTH AND MENTAL ILLNESS.

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Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL NEW YORK, INC.

Employer identification number

15-0532073

SPANISH ACTION LEAGUE

DOMESTIC VIOLENCE \$26,040.00

THE DOMESTIC VIOLENCE PROGRAM PROVIDES AT-RISK COUPLES WITH PREVENTION EDUCATION AND PROMOTES NON-VIOLENCE AND CONFLICT RESOLUTION.

INDIVIDUALS ARE ABLE TO FUNCTION INDEPENDENTLY OR MAINTAIN INDEPENDENCE IN THE COMMUNITY

VERA HOUSE

COALITION AND EDUCATION PROGRAM \$13,950.00

THE COALITION AND EDUCATION PROGRAM PARTNERS WITH PROFESSIONALS AND COMMUNITY MEMBERS TO HELP EDUCATE THE COMMUNITY ABOUT DOMESTIC AND SEXUAL VIOLENCE ISSUES.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

2008

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Name of exempt organization

Employer identification number

UNITED WAY OF CENTRAL NEW YORK, INC.

15-0532073

Name and title of officer

**FRANCIS J LAZARSKI
PRESIDENT**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>5971345</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize DERMODY BURKE & BROWN CPAS LLC to enter my PIN 56879
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 16396556816
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form CHAR500	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.oag.state.ny.us/bureaus/charities/about.html	2008
This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)		Open to Public Inspection

1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2008 and ending (mm/dd/yyyy) 06/30/2009		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization UNITED WAY OF CENTRAL NEW YORK, INC. Number and street (or P.O. box if mail not delivered to street address) Room/suite 518 JAMES STREET, P.O. BOX 2129 City or town, state or country and ZIP + 4 SYRACUSE, NY 13220	d. Fed. employer ID no. (EIN) 15-0532073 e. NY State registration no. 6455 f. Telephone number 315 428-2205 g. Email

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	Printed Name FRANCIS J. LAZARSKI	Title PRESIDENT Date SECRETARY / T
b. Chief Financial Officer or Treas.	Signature	Printed Name KIMBERLY BOYNTON	Title REASURER Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)	Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year. NOTE: An organization may claim this exemption if no PFR or FRC was used and either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal and contributions from other sources did not exceed \$25,000 or 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.
b. EPTL annual report exemption (EPTL registrants and dual registrants)	Check <input type="checkbox"/> if gross receipts did not exceed \$25,000 and assets (market value) did not exceed \$25,000 at any time during this fiscal year.
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? ... <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	* If "Yes", complete Schedule 4a.
b. Did the organization receive government contributions (grants)? <input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No	* If "Yes", complete Schedule 4b.

5. Fee Submitted: See last page for summary of fee requirements.		
Indicate the filing fee(s) you are submitting along with this form:		
a. Article 7-A filing fee	\$ <u>25.</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"
b. EPTL filing fee	\$ <u>250.</u>	
c. Total fee	\$ <u>275.</u>	

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments ▶▶▶

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
• Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.
• EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.
• Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <u>single</u> check or money order for the total fee.

a) **Article 7-A filing fee**

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) **EPTL filing fee**

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

<input checked="" type="checkbox"/> IRS Form 990	<input type="checkbox"/> IRS Form 990-EZ	<input type="checkbox"/> IRS Form 990-PF
<input checked="" type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)	<input type="checkbox"/> All required schedules (including Schedule B)
<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T	<input type="checkbox"/> IRS Form 990-T

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)