

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **04-01-2018**, and ending **03-31-2019**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: CENTRAL NEW YORK COMMUNITY FOUNDATION INC
 Doing business as: _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 431 E FAYETTE STREET NO 100
 City or town, state or province, country, and ZIP or foreign postal code: SYRACUSE, NY 13202

D Employer identification number: 15-0626910

E Telephone number: (315) 422-9538

G Gross receipts \$ 41,290,363

F Name and address of principal officer: PETER A DUNN, 431 E FAYETTE STREET NO 100, SYRACUSE, NY 13202

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

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

J Website: ▶ WWW.CNYCF.ORG

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1927 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE COMMUNITY FOUNDATION'S MISSION IS TO FOSTER A THRIVING CENTRAL NEW YORK COMMUNITY, INSPIRE GREATER GIVING, CELEBRATE LEGACY AND STEWARD CHARITABLE RESOURCES FOR TODAY AND TOMORROW

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

| | |
|--|--------|
| 3 Number of voting members of the governing body (Part VI, line 1a) | 21 |
| 4 Number of independent voting members of the governing body (Part VI, line 1b) | 21 |
| 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 28 |
| 6 Total number of volunteers (estimate if necessary) | 125 |
| 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 0 |
| 7b Net unrelated business taxable income from Form 990-T, line 34 | 30,498 |

| | Prior Year | Current Year |
|---|------------|--------------|
| 8 Contributions and grants (Part VIII, line 1h) | 45,170,988 | 13,565,024 |
| 9 Program service revenue (Part VIII, line 2g) | 0 | 0 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 7,329,400 | 12,044,504 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 271,252 | 287,896 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 52,771,640 | 25,897,424 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 19,475,280 | 12,411,364 |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,921,585 | 2,052,774 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 905,671 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,371,596 | 1,366,345 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 22,768,461 | 15,830,483 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 30,003,179 | 10,066,941 |

| | Beginning of Current Year | End of Year |
|---|---------------------------|-------------|
| 20 Total assets (Part X, line 16) | 270,795,761 | 279,278,951 |
| 21 Total liabilities (Part X, line 26) | 20,032,936 | 23,559,155 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 250,762,825 | 255,719,796 |

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: 2019-10-17

PETER A DUNN PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Firm's name ▶ BONADIO & CO LLP Firm's EIN ▶ 16-1131146

Firm's address ▶ 432 NORTH FRANKLIN STREET SYRACUSE, NY 13204 Phone no (315) 422-7109

Check if self-employed PTIN P00956232

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE COMMUNITY FOUNDATION'S MISSION IS TO FOSTER A THRIVING CENTRAL NEW YORK COMMUNITY, INSPIRE GREATER GIVING, CELEBRATE LEGACY AND STEWARD CHARITABLE RESOURCES FOR TODAY AND TOMORROW

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,624,208 including grants of \$ 4,196,730) (Revenue \$ 184,347)
See Additional Data

4b (Code) (Expenses \$ 6,389,333 including grants of \$ 5,898,464) (Revenue \$ 18,517)
See Additional Data

4c (Code) (Expenses \$ 2,104,059 including grants of \$ 1,641,036) (Revenue \$ 0)
See Additional Data

(Code) (Expenses \$ 866,593 including grants of \$ 675,134) (Revenue \$ 0)
DESIGNATED FUNDS DESIGNATED FUNDS ARE PERSONALIZED BY DONORS TO SUPPORT THE SPECIFIC ORGANIZATIONS THEY CARE ABOUT THESE FUNDS PROVIDE LONG-TERM, CONSISTENT SUPPORT TO ONE OR MORE CHARITIES SELECTED BY THE DONOR GRANTS FROM THESE FUNDS REPRESENT A PAYOUT OF THE COMMUNITY FOUNDATION'S BOARD-APPROVED SPENDING POLICY RATE FOR PERMANENT FUNDS

4d Other program services (Describe in Schedule O)
(Expenses \$ 866,593 including grants of \$ 675,134) (Revenue \$ 0)

4e Total program service expenses ▶ 13,984,193

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

| | | | | |
|---|------------|----|------------|-----|
| <p>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</p> | 2a | 28 | | |
| <p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p> | | | 2b | Yes |
| <p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p> | | | 3a | Yes |
| <p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p> | | | 3b | Yes |
| <p>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)?</p> | | | 4a | No |
| <p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p> | | | | |
| <p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p> | | | 5a | No |
| <p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p> | | | 5b | No |
| <p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p> | | | 5c | |
| <p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p> | | | 6a | No |
| <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> | | | 6b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | |
| <p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p> | | | 7a | No |
| <p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p> | | | 7b | |
| <p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p> | | | 7c | No |
| <p>d If "Yes," indicate the number of Forms 8282 filed during the year</p> | 7d | | | |
| <p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> | | | 7e | |
| <p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> | | | 7f | |
| <p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p> | | | 7g | |
| <p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p> | | | 7h | |
| 8 Sponsoring organizations maintaining donor advised funds. | | | | |
| <p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p> | | | 8 | |
| <p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p> | | | 9a | |
| <p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p> | | | 9b | |
| 10 Section 501(c)(7) organizations. Enter | | | | |
| <p>a Initiation fees and capital contributions included on Part VIII, line 12</p> | 10a | | | |
| <p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p> | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | |
| <p>a Gross income from members or shareholders</p> | 11a | | | |
| <p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p> | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | | | |
| <p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p> | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | |
| <p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p> | | | 13a | |
| <p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p> | 13b | | | |
| <p>c Enter the amount of reserves on hand</p> | 13c | | | |
| <p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p> | | | 14a | No |
| <p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p> | | | 14b | |
| <p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p> | | | 15 | No |
| <p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p> | | | 16 | No |

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| See Additional Data Table | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | 567,239 | 0 | 85,603 | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **4**

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|--------------------------------------|---------------------|
| JEFFREY J SHANK 5840 PIERSON ROAD FAYETTEVILLE, NY 13066 | CONSTRUCTION, REPAIRS, & MAINTENANCE | 111,346 |
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|--|---|----------------------|--|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a Federated campaigns | 1a | | | |
| | 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 | 13,565,024 | | |
| | g Noncash contributions included in lines 1a - 1f \$ | | 1,776,085 | | |
| h Total. Add lines 1a-1f | | 13,565,024 | | | |

| Program Service Revenue | | | Business Code | | | |
|---|--|--|---------------|--|--|--|
| | 2a _____ | | | | | |
| | b _____ | | | | | |
| | c _____ | | | | | |
| | d _____ | | | | | |
| | e _____ | | | | | |
| | f All other program service revenue | | | | | |
| 9 Total. Add lines 2a-2f | | | | | | |

| | | | | | | | |
|--|---|---|---------------|-----------|-----------|------------|-----------|
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 2,823,206 | | | 2,823,206 |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | b Less rental expenses | | | | | |
| | | c Rental income or (loss) | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | b Less cost or other basis and sales expenses | | | | | |
| | | c Gain or (loss) | | | | | |
| | | d Net gain or (loss) | | | 9,221,298 | | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 | a | | | | | |
| | | b Less direct expenses | b | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | | b | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| | b Less cost of goods sold | b | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a MISCELLANEOUS | | 900099 | 202,864 | 202,864 | | | |
| b ADMIN MANAGEMENT FEE (EXPENSE) | | 561000 | 85,032 | | | 85,032 | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 287,896 | | | | |
| 12 Total revenue. See Instructions | | | 25,897,424 | 202,864 | 0 | 12,129,536 | |

Part IX Statement of Functional Expenses

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

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

| | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | | | |
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 12,411,364 | 12,411,364 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 503,014 | 147,139 | 205,592 | 150,283 |
| 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 | 1,219,029 | 559,923 | 339,463 | 319,643 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 99,064 | 47,013 | 28,510 | 23,541 |
| 9 Other employee benefits | 113,528 | 47,762 | 34,077 | 31,689 |
| 10 Payroll taxes | 118,139 | 48,992 | 36,975 | 32,172 |
| 11 Fees for services (non-employees) | | | | |
| a Management | | | | |
| b Legal | 13,458 | | 13,458 | |
| c Accounting | 36,314 | 4,906 | 27,228 | 4,180 |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 146,315 | 146,315 | | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 89,507 | 29,472 | 24,295 | 35,740 |
| 14 Information technology | 73,194 | 30,819 | 23,304 | 19,071 |
| 15 Royalties | | | | |
| 16 Occupancy | 174,156 | 102,164 | 43,812 | 28,180 |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 156,695 | 65,227 | 34,132 | 57,336 |
| 20 Interest | 126,564 | 78,772 | 29,048 | 18,744 |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 257,069 | 159,998 | 58,999 | 38,072 |
| 23 Insurance | 38,614 | 24,033 | 8,862 | 5,719 |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a DEVELOPMENT & MARKETING | 140,549 | 4,750 | 12,798 | 123,001 |
| b PROGRAM EXPENSES | 48,567 | 48,567 | | |
| c DUES | 41,179 | 15,890 | 12,476 | 12,813 |
| d EQUIPMENT RENTAL AND MA | 11,751 | 4,948 | 3,742 | 3,061 |
| e All other expenses | 12,413 | 6,139 | 3,848 | 2,426 |
| 25 Total functional expenses. Add lines 1 through 24e | 15,830,483 | 13,984,193 | 940,619 | 905,671 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|-------------|----------------------|
| Assets | 1 Cash—non-interest-bearing | | 1 | 5,258 |
| | 2 Savings and temporary cash investments | 1,140,537 | 2 | 2,329,411 |
| | 3 Pledges and grants receivable, net | 1,674,830 | 3 | 1,465,696 |
| | 4 Accounts receivable, net | 4,300,884 | 4 | 3,750,981 |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | | 8 | |
| | 9 Prepaid expenses and deferred charges | 64,687 | 9 | 141,140 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 6,864,146 | | |
| | b Less accumulated depreciation | 10b 2,444,782 | 4,568,479 | 10c 4,419,364 |
| | 11 Investments—publicly traded securities | 208,293,634 | 11 | 195,757,681 |
| | 12 Investments—other securities See Part IV, line 11 | 44,671,456 | 12 | 65,868,900 |
| | 13 Investments—program-related See Part IV, line 11 | 200,000 | 13 | 250,000 |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets See Part IV, line 11 | 5,881,254 | 15 | 5,290,520 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 270,795,761 | 16 | 279,278,951 | |
| Liabilities | 17 Accounts payable and accrued expenses | 102,271 | 17 | 127,560 |
| | 18 Grants payable | 2,902,250 | 18 | 3,286,305 |
| | 19 Deferred revenue | 365,497 | 19 | 355,485 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 200 | 21 | 200 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 3,425,000 | 23 | 3,150,000 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D | 13,237,718 | 25 | 16,639,605 |
| | 26 Total liabilities. Add lines 17 through 25 | 20,032,936 | 26 | 23,559,155 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 160,794,455 | 27 | 187,433,273 |
| | 28 Temporarily restricted net assets | 82,465,822 | 28 | 60,896,821 |
| | 29 Permanently restricted net assets | 7,502,548 | 29 | 7,389,702 |
| | Organizations that do not follow SFAS 117 (ASC 958), 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 | 250,762,825 | 33 | 255,719,796 | |
| 34 Total liabilities and net assets/fund balances | 270,795,761 | 34 | 279,278,951 | |

Part XI Reconciliation of Net Assets

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

| | | | |
|-----------|---|-----------|-------------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 25,897,424 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 15,830,483 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 10,066,941 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 250,762,825 |
| 5 | Net unrealized gains (losses) on investments | 5 | -5,484,806 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 374,836 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 255,719,796 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 15-0626910

Name: CENTRAL NEW YORK COMMUNITY FOUNDATION
INC

Form 990 (2018)

Form 990, Part III, Line 4a:

BROADLY RESPONSIVE COMMUNITY GRANTMAKING AND SPECIAL INITIATIVES THE COMMUNITY FOUNDATION'S COLLECTIVE EFFORTS STRIVE TO SUPPORT THE HEALTH, HAPPINESS AND PROSPERITY OF LOCAL RESIDENTS, CREATE OPPORTUNITIES FOR EVERYONE AND AMPLIFY ALL THAT THE REGION HAS TO OFFER ITS GRANT PROGRAMS SEEK TO BRING ABOUT POSITIVE CHANGE AND IMPACT WHILE HONORING DIVERSITY AND BUILDING INCLUSION WITHIN AND ACROSS THE REGION THE LARGEST FUNDING OPPORTUNITY IS ITS COMMUNITY GRANT PROGRAM, WHICH ACCEPTS APPLICATIONS FROM TAX-EXEMPT, NONPROFIT ORGANIZATIONS IN ONONDAGA AND MADISON COUNTIES LOOKING TO FUND INNOVATIVE PROJECTS IN ADDITION TO GRANT DOLLARS, SPECIAL INITIATIVES ARE DESIGNED TO STRENGTHEN LOCAL NONPROFITS AND ADDRESS THE REGION'S MOST PRESSING CHALLENGES

Form 990, Part III, Line 4b:

DONOR-ADVISED FUND DISTRIBUTIONS DONOR-ADVISED FUNDS ARE ESTABLISHED BY INDIVIDUALS, FAMILIES OR BUSINESSES THAT CHOOSE TO BE ACTIVELY INVOLVED IN THE GRANTMAKING PROCESS THEY ARE CONSIDERED A CONVENIENT WAY TO MANAGE A DONOR'S CHARITABLE GIVING BY ALLOWING THEM TO ADDRESS A WIDE VARIETY OF ISSUES AND FULFILL THEIR CHARITABLE INTERESTS AS THEY EVOLVE OVER TIME

Form 990, Part III, Line 4c:

SCHOLARSHIPSSCHOLARSHIP FUNDS ARE ESTABLISHED BY DONORS WHO WISH TO HELP STUDENTS PURSUE THEIR EDUCATIONAL DREAMS THE COMMUNITY FOUNDATION IS THE HOME TO SYRACUSE'S SAY YES TO EDUCATION ENDOWMENT SAY YES GUARANTEES A PATH TO COLLEGE FOR STUDENTS OF THE SYRACUSE CITY SCHOOL DISTRICT AND PROVIDES SUPPORT TO STUDENTS AND THEIR FAMILIES THAT ENHANCES THEIR OPPORTUNITIES FOR ACADEMIC ACHIEVEMENT

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| J ANDREW BREUER BOARD CHAIR | 1 00 | X | | X | | | | 0 | 0 | 0 |
| DANIEL J FISHER TREASURER | 1 00 | X | | X | | | | 0 | 0 | 0 |
| CASEY CRABILL VICE CHAIR | 1 00 | X | | X | | | | 0 | 0 | 0 |
| HON JULIE A CECILE MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| FRANK RIDZI VP, COMMUNITY INVESTMENT | 40 00 | | | | | | X | 107,559 | 0 | 11,201 |
| CARAGH D FAHY MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| KATE FELDMIEIER FRANZ MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARK A FULLER CPA MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| LEE M GATTA MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| CAROLYN D GERAKOPOULOS MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| GRACE B GHEZZI CPA MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DAVID HOLSTEIN ESQ COMPLIANCE OFFICER | 1 00 | X | | X | | | | 0 | 0 | 0 |
| DAREN C JAIME MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| LARRY R LEATHERMAN MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL F MEATH MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| TIMOTHY PENIX MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| J DANIEL PLUFF MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| DR EMAD RAHIM MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| M JACK RUDNICK ESQ MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| KARIN SLOAN DELANEY ESQ MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| GWEN WEBBER-MCLEOD MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARYANN M WINTERS CPA MEMBER | 1 00 | X | | | | | | 0 | 0 | 0 |
| CRAIG A BUCKHOUT MEMBER THROUGH 6/30/2018 | 1 00 | X | | | | | | 0 | 0 | 0 |
| STEVEN L JACOBS MEMBER THROUGH 6/30/2018 | 1 00 | X | | | | | | 0 | 0 | 0 |
| ROBERT SCOLARO ESQ MEMBER THROUGH 6/30/2018 | 1 00 | X | | | | | | 0 | 0 | 0 |
| PETER A DUNN PRESIDENT & CEO | 40 00 | | | X | | | | 227,969 | 0 | 46,310 |
| JENNIFER OWENS SR VP & CDO THROUGH 9/28/2018 | 40 00 | | | X | | | | 103,311 | 0 | 6,413 |
| KIMBERLY SADOWSKI VICE PRESIDENT & CFO | 40 00 | | | X | | | | 128,400 | 0 | 21,679 |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRAL NEW YORK COMMUNITY FOUNDATION
INC

Employer identification number
15-0626910

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
| | | | Yes | No | | |
| | | | | | | |
| Total | | | | | | |

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|------------|------------|------------|------------|------------|-------------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 23,015,320 | 22,975,931 | 23,394,810 | 25,170,988 | 13,565,024 | 108,122,073 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 23,015,320 | 22,975,931 | 23,394,810 | 25,170,988 | 13,565,024 | 108,122,073 |
| 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 | | | | | | 108,122,073 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|------------|------------|------------|------------|------------|-------------|
| 7 Amounts from line 4 | 23,015,320 | 22,975,931 | 23,394,810 | 25,170,988 | 13,565,024 | 108,122,073 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 5,115,766 | 2,950,954 | 4,415,410 | 7,329,400 | 12,044,504 | 31,856,034 |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 103,595 | 200,439 | 255,336 | 271,353 | 287,896 | 1,118,619 |
| 11 Total support. Add lines 7 through 10 | | | | | | 141,096,726 |

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|----------|
| 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 76.630 % |
| 15 Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | 82.670 % |

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

Section C. Computation of Public Support Percentage

| | | | |
|-----------|--|-----------|--|
| 15 | Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | | Yes | No |
|------------|---|-----|----|
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. | | |
| | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | |
| | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. | | |
| | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. | | |
| | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | | |
| | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document). | | |
| | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| | 5b | | |
| c | Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI . | | |
| | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | | |
| | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | | |
| | 9a | | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| | 9b | | |
| c | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. | | |
| | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) | | |
| | 10b | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|-----------|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? | | |
| b | A family member of a person described in (a) above? | | |
| c | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

| | | | |
|----------|--|-----|----|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). | | |
| 2 | Activities Test Answer (a) and (b) below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i> | | |
| 3 | Parent of Supported Organizations Answer (a) and (b) below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i> | | |

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI) | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

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

| Section D - Distributions | Current Year |
|---|---------------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI) See instructions | |
| 7 Total annual distributions. Add lines 1 through 6 | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions | |
| 9 Distributable amount for 2018 from Section C, line 6 | |
| 10 Line 8 amount divided by Line 9 amount | |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions | | | |
| 7 Excess distributions carryover to 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

Additional Data

Software ID:

Software Version:

EIN: 15-0626910

Name: CENTRAL NEW YORK COMMUNITY FOUNDATION
INC

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

| | |
|--|--|
| Name of the organization CENTRAL NEW YORK COMMUNITY FOUNDATION INC | Employer identification number 15-0626910 |
|--|--|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

| | (a) Filing organization's totals | (b) Affiliated group totals |
|--|----------------------------------|-----------------------------|
|--|----------------------------------|-----------------------------|

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: |
|---|---|
| Not over \$500,000 | 20% of the amount on line 1e |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 |
| Over \$17,000,000 | \$1,000,000 |

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

| | |
|--|--|
| | |
| | |
| | |

Yes No

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

| | (a) | | (b) |
|---|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 6,600 |
| j Total Add lines 1c through 1i | | | 6,600 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|--|----------|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

| | |
|---|-----------|
| 1 Dues, assessments and similar amounts from members | 1 |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | |
| a Current year | 2a |
| b Carryover from last year | 2b |
| c Total | 2c |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 |

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

| Return Reference | Explanation |
|-------------------|---|
| PART II-B, LINE 1 | DURING THE YEAR, THE FOUNDATION PAID \$6,600 TO VAN SCOYOC ASSOCIATES TO SUPPORT THE COMMUNITY FOUNDATION AWARENESS INITIATIVE INVOLVING FEDERAL LEVEL ISSUES AFFECTING 501(C) 3 TAX EXEMPT ORGANIZATIONS AND CHARITABLE GIVING |

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
CENTRAL NEW YORK COMMUNITY FOUNDATION
INC

Employer identification number
15-0626910

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

| | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year | 341 | 468 |
| 2 Aggregate value of contributions to (during year) | 9,224,141 | 4,715,721 |
| 3 Aggregate value of grants from (during year) | 5,898,964 | 6,512,400 |
| 4 Aggregate value at end of year | 99,073,474 | 156,646,326 |

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

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

| | Held at the End of the Year | |
|---|-----------------------------|--|
| a Total number of conservation easements | 2a | |
| b Total acreage restricted by conservation easements | 2b | |
| c Number of conservation easements on a certified historic structure included in (a) | 2c | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d | |

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4** Number of states where property subject to conservation easement is located ▶ _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii)** Assets included in Form 990, Part X ▶ \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b** Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|-----------|
| c Beginning balance | 1,582,231 |
| d Additions during the year | 351,529 |
| e Distributions during the year | 252,433 |
| f Ending balance | 1,681,327 |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 68,293,911 | 63,758,795 | 59,178,505 | 64,741,993 | 65,905,496 |
| b Contributions | 980,370 | 258,532 | 1,383,161 | 792,666 | 261,142 |
| c Net investment earnings, gains, and losses | 1,443,743 | 7,054,632 | 7,365,129 | -2,331,906 | 2,022,165 |
| d Grants or scholarships | 865,203 | 1,605,552 | 2,775,579 | 2,542,508 | 2,060,290 |
| e Other expenditures for facilities and programs | 1,127,268 | 1,172,496 | 1,392,421 | 1,481,740 | 1,386,520 |
| f Administrative expenses | | | | | |
| g End of year balance | 68,725,553 | 68,293,911 | 63,758,795 | 59,178,505 | 64,741,993 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 83 900 %
 - b** Permanent endowment ▶ 10 750 %
 - c** Temporarily restricted endowment ▶ 5 350 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|---------------|----|
| | Yes | No |
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | 253,775 | | 253,775 |
| b Buildings | | 5,844,798 | 1,726,288 | 4,118,510 |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 765,573 | 718,494 | 47,079 |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 4,419,364 |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other _____ | | |
| (A) COMMON/COLLECTIVE TRUSTS | 1,428,450 | F |
| (B) LIMITED PARTNERSHIPS | 10,058,761 | F |
| (C) HEDGE FUNDS AND FUNDS OF FUNDS | 54,381,689 | F |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 12.) | 65,868,900 | |

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

| (a) Description of investment | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|--|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 13.) | | |

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) | |

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| CHARITABLE REMAINDER ANNUITY TRUSTS/CHARITABLE REMAINDER UNITRUSTS | 286,495 |
| CHARITABLE GIFT ANNUITIES | 371,787 |
| DEFERRED COMPENSATION | 243,524 |
| ENDOWMENTS HELD FOR OTHER NOT-FOR-PROFIT ORGANIZATIONS | 15,737,799 |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) | 16,639,605 |

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-----------|-----------|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 20,787,454 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | |
| a | Net unrealized gains (losses) on investments | 2a | | -5,484,806 |
| b | Donated services and use of facilities | 2b | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | 374,836 |
| e | Add lines 2a through 2d | | 2e | -5,109,970 |
| 3 | Subtract line 2e from line 1 | | 3 | 25,897,424 |
| 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 | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | | 5 | 25,897,424 |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|-----------|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 15,830,483 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | |
| a | Donated services and use of facilities | 2a | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 0 |
| 3 | Subtract line 2e from line 1 | | 3 | 15,830,483 |
| 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 | | |
| b | Other (Describe in Part XIII) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 0 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | | 5 | 15,830,483 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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Additional Data

Software ID:

Software Version:

EIN: 15-0626910

Name: CENTRAL NEW YORK COMMUNITY FOUNDATION
INC

Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| PART IV, LINE 1B | THE FOUNDATION IS THE TRUSTEE OF SEVEN CHARITABLE REMAINDER TRUSTS |

Supplemental Information

| Return Reference | Explanation |
|------------------|---|
| PART IV, LINE 2B | THE FOUNDATION WAS ASSIGNED A MORTGAGE AS PART OF A BEQUEST THE MORTGAGE REQUIRED THAT AN ESCROW ACCOUNT BE MAINTAINED FOR PAYMENT OF TAXES AND INSURANCE |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|---|
| PART XI, LINE 2D - OTHER ADJUSTMENTS | CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 374,836 |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| INTENDED USE OF ENDOWMENT FUNDS | <p>THE CENTRAL NEW YORK COMMUNITY FOUNDATION CONNECTS THE GENEROSITY OF DONORS WITH COMMUNITY NEEDS BY MAKING GRANTS TO ORGANIZATIONS WORKING TO ENHANCE THE QUALITY OF LIFE OF THOSE WHO LIVE AND WORK IN CENTRAL NEW YORK. THE COMMUNITY FOUNDATION ANNUALLY MAKES GRANTS AND PROVIDES LEADERSHIP SUPPORT IN THE FIELDS OF ARTS AND CULTURE, COMMUNITY AND ECONOMIC DEVELOPMENT, EDUCATION, ENVIRONMENT, HEALTH AND HUMAN SERVICES. THE CENTRAL NEW YORK COMMUNITY FOUNDATION SUPPORTS A WIDE VARIETY OF PROJECTS, BUT DOES RESTRICT ITSELF TO MAKING GRANTS TO TAX-EXEMPT, NOT-FOR-PROFIT ORGANIZATIONS CERTIFIED BY THE INTERNAL REVENUE SERVICE UNDER SECTION 501 (C) (3), PUBLICLY SUPPORTED ORGANIZATIONS SUCH AS SCHOOLS AND MUNICIPALITIES, AND MAKING GRANTS FROM THE COMMUNITY FUND AND OTHER BOARD-DIRECTED FUNDS TO QUALIFIED ORGANIZATIONS IN ONONDAGA, MADISON, OSWEGO, CAYUGA AND CORTLAND COUNTIES.</p> |

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
CENTRAL NEW YORK COMMUNITY FOUNDATION
INC

Employer identification number
15-0626910

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in region | (d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for and investments in region |
|---|-------------------------------------|--|---|--|--|
| (1) See Add'l Data | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| 3a Sub-total | 0 | 0 | | | 53,568,578 |
| b Total from continuation sheets to Part I | | | | | 0 |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 53,568,578 |

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|----------|---------------------------------|---|-------------------|-----------------------------|---------------------------------|--|--|---|--|
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) Amount of cash grant | (e) Manner of cash disbursement | (f) Amount of non-cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
|--|-------------------|---------------------------------|---------------------------------|--|--|---|--|
| (1) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |
| (13) | | | | | | | |
| (14) | | | | | | | |
| (15) | | | | | | | |
| (16) | | | | | | | |
| (17) | | | | | | | |
| (18) | | | | | | | |

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Additional Data

Software ID:

Software Version:

EIN: 15-0626910

Name: CENTRAL NEW YORK COMMUNITY FOUNDATION
INC

Form 990 Schedule F Part I - Activities Outside The United States

| (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-------------------------|-------------------------------------|---|--|---|-----------------------------------|
| CAYMAN ISLANDS | | | INVESTMENTS HELD IN CAYMAN ISLANDS | INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO PROVIDE TO NOT-FOR-PROFIT ORGANIZATIONS IN NEW YORK STATE | 52,697,403 |
| JERSEY, ENGLISH CHANNEL | | | INVESTMENTS HELD IN JERSEY, ENGLISH CHANNEL | INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO PROVIDE TO NOT-FOR-PROFIT ORGANIZATIONS IN NEW YORK STATE | 871,175 |

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization CENTRAL NEW YORK COMMUNITY FOUNDATION INC

Employer identification number 15-0626910

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

Return Reference

Explanation

Additional Data

Software ID:
Software Version:
EIN: 15-0626910
Name: CENTRAL NEW YORK COMMUNITY FOUNDATION
INC

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| 1890 HOUSE MUSEUM AND CENTER FOR THE ARTS 37 TOMPKINS STREET CORTLAND, NY 13045 | 13-2951986 | | 21,000 | | | | GENERAL PURPOSE, SUPPORT FOR INGLENOOK SESSIONS, FUNDING FOR WHEELCHAIR LIFT |
| ACCESSCNY 1603 COURT STREET SYRACUSE, NY 13208 | 15-0532247 | | 9,113 | | | | GENERAL PURPOSE, SUPPORT FOR PROVISIONS BAKERY, SUPPORT FOR ONONDAGA CASA FOR THE CHILDREN |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ACR HEALTH 627 WEST GENESEE STREET SYRACUSE, NY 13204 | 16-1359060 | | 47,478 | | | | GENERAL PURPOSE |
| ADVOCATES INC 636 OLD LIVERPOOL ROAD LIVERPOOL, NY 13088 | 16-1453716 | | 11,000 | | | | GENERAL PURPOSE, SUPPORT FOR BIRDIE SPONSOR |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALBANY COLLEGE OF PHARMACY 106 NEW SCOTLAND AVENUE ALBANY, NY 12208 | | | 13,750 | | | | SCHOLARSHIPS |
| ALGEBRA SOCIETY INC 8 STATE ROUTE 37 STE 6 HOGANSBURG, NY 13655 | 82-3378242 | | 10,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALS ASSOCIATION OF CENTRAL NEW YORK 135 OLD COVE ROAD SUITE 213 LIVERPOOL, NY 13090 | 13-3616680 | | 19,093 | | | | GENERAL PURPOSE, MEMORIAM |
| ALTERNATIVE EFFORTS CENTER OF CNY INC 212 WAYNE STREET SYRACUSE, NY 13203 | 16-1379232 | | 27,417 | | | | GENERAL PURPOSE, SUPPORT FOR FRIENDS OF DOROTHY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ALZHEIMER'S ASSOCIATION CENTRAL NEW YORK CHAPTER 441 WEST KIRKPATRICK ST SYRACUSE, NY 13204 | 14-1634958 | | 7,825 | | | | GENERAL PURPOSE |
| AMERICAN CANCER SOCIETY PHILADELPHIA 1626 LOCUST ST PHILADELPHIA, PA 19103 | 13-1788491 | | 5,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 HEART ASSOCIATION GREATER SYRACUSE & NORTH COUNTRY 2 CLINTON SQUARE SUITE 305 SYRACUSE, NY 13202 | 16-0915734 | | 27,255 | | | | GENERAL PURPOSE, SUPPORT FOR EXECUTIVES WITH HEART |
| AMERICAN INDIAN COLLEGE FUND 333 GREENWOOD BLVD DENVER, CO 80221 | 52-1573446 | | 5,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 POMEROY HISTORIC GENEALOGICAL ASSOCIATION INC 492 E BRIGHTON AVE SYRACUSE, NY 13210 | 81-0873322 | | 100,000 | | | | GENERAL PURPOSE |
| AMERICAN RED CROSS CHAPTER 344 WEST GENESEE STREET SYRACUSE, NY 13202 | 53-0196605 | | 32,500 | | | | GENERAL PURPOSE, SUPPORT FOR CORTLAND COUNTY BRANCH/BLOODMOBILE, HURRICANE FLORENCE RELIEF |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ARISE CHILD & FAMILY SERVICE INC 635 JAMES STREET SYRACUSE, NY 13203 | 16-1186293 | | 7,822 | | | | GENERAL PURPOSE |
| AUBURN PUBLIC THEATER 8 EXCHANGE STREET AUBURN, NY 13021 | 20-3577149 | | 14,500 | | | | GENERAL PURPOSE, MEMORIAM, SUPPORT FOR BUILDING IMPROVEMENTS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AURORA OF CNY 518 JAMES STREET STE 100 SYRACUSE, NY 13203 | 15-0543651 | | 43,991 | | | | GENERAL PURPOSE, SUPPORT FOR LOW VISION PROGRAM |
| BALTIMORE WOODS NATURE CENTER 4007 BISHOP HILL ROAD PO BOX 133 MARCELLUS, NY 13108 | 16-0973044 | | 14,325 | | | | GENERAL PURPOSE, EVENT SPONSORSHIP |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BEAUTIFUL MESS MINISTRIES INC PO BOX 142 SODUS, NY 14551 | 81-2810966 | | 30,000 | | | | GENERAL PURPOSE |
| BELIEVERS' CHAPEL OF CORTLAND 1118 ROUTE 222 CORTLAND, NY 13045 | 16-1191973 | | 5,000 | | | | SUPPORT FOR BACK 2 SCHOOL EVENT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| BISHOP LUDDEN JR SR HIGH SCHOOL 815 FAY RD SYRACUSE, NY 13219 | | | 6,750 | | | | SUPPORT FOR LINK TO EDUCATION SCHOLARSHIP, GIRL'S BASKETBALL PROGRAM |
| BOSTON UNIVERSITY STUDENT ACCOUNTING SERVICES 881 COMMONWEALTH AVE BOSTON, MA 02215 | | | 5,000 | | | | SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BOYS & GIRLS CLUBS OF SYRACUSE 2100 EAST FAYETTE ST SYRACUSE, NY 13224 | 15-0532240 | | 48,450 | | | | GENERAL PURPOSE, SUPPORT FOR SATURDAY MORNING PROGRAM, |
| BRADY FAITH CENTER 404 SOUTH AVENUE SYRACUSE, NY 13204 | | | 68,680 | | | | GENERAL SUPPORT, SUPPORT FOR BRADY FARM, EVENT SPONSORSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BRC RECOVERY 11503 PARSONS RD MANOR, TX 78653 | 37-1621166 | | 94,872 | | | | SUPPORT FOR PATIENT CARE |
| BROOKLINE COMMUNITY FOUNDATION INC 40 WEBSTER PLACE BROOKLINE, MA 02445 | 04-2103944 | | 5,000 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BROWN UNIVERSITY BOX 1877 PROVIDENCE, RI 02912 | | | 5,000 | | | | SAY YES TO EDUCATION SCHOLARSHIPS |
| BUFFALO STATE COLLEGE STUDENT ACCOUNTS - MOOT HALL 260 1300 ELMWOOD AVENUE BUFFALO, NY 14222 | | | 61,303 | | | | SAY YES TO EDUCATION SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BUILDING MEN PROGRAM INC 103 MANN DR SYRACUSE, NY 13209 | 47-3788818 | | 26,750 | | | | GENERAL SUPPORT |
| BURGER KING MCLAMORE FOUNDATION 5505 BLUE LAGOON DR MIAMI, FL 33126 | 06-1765327 | | 25,000 | | | | SUPPORT FOR THE 1954 SOCIETY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CATHOLIC CHARITIES OF ONONDAGA COUNTY 1654 W ONONDAGA ST SYRACUSE, NY 13204 | 15-0532085 | | 13,600 | | | | GENERAL SUPPORT, EVENT SPONSORSHIP, REFUGEE RESETTLEMENT |
| CAYUGA COMMUNITY COLLEGE 197 FRANKLIN STREET BUILDING M 232 AUBURN, NY 13021 | | | 28,487 | | | | SAY YES TO EDUCATION SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAZENOVIA CHILDREN'S HOUSE 2757 RT 20 EAST CAZENOVIA, NY 13035 | 16-1266154 | | 12,500 | | | | GENERAL SUPPORT |
| CAZENOVIA COLLEGE 22 SULLIVAN STREET CAZENOVIA, NY 13035 | 15-0543658 | | 13,425 | | | | SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAZENOVIA LAKE ASSOCIATION PO BOX 55 CAZENOVIA, NY 13035 | 16-1077710 | | 6,250 | | | | TREATMENT OF LAKE, ERADICATION OF WEEDS |
| CENTER FOR COMMUNITY ALTERNATIVES (CCA) 115 EAST JEFFERSON ST - STE 300 SYRACUSE, NY 13202 | 16-1395992 | | 21,250 | | | | GENERAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 DAIRY EXCELLENCE FOUNDATION 2301 N CAMERON ST HARRISBURG, PA 17110 | 27-1943466 | | 18,500 | | | | PROGRAM SUPPORT |
| CENTRAL NEW YORK CHAPTER NRHS INC PO BOX 229 MARCELLUS, NY 131080229 | 16-0923497 | | 35,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHENANGO NURSERY SCHOOL INC 59 W KENDRICK AVE HAMILTON, NY 13346 | | | 10,000 | | | | GENERAL PURPOSE |
| CHILD ADVOCACY CENTER OF OSWEGO COUNTY 163 S FIRST STREET FULTON, NY 13069 | 16-1603892 | | 15,250 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CHRISTIAN BROTHERS ACADEMY 6245 RANDALL ROAD SYRACUSE, NY 13214 | | | 94,775 | | | | GENERAL PURPOSE, SCHOLARSHIPS, FUNDING OF SPORTS |
| CINCINNATUS AREA HERITAGE SOCIETY 2781 ROUTE 26 CINCINNATUS, NY 13040 | 22-2270525 | | 5,000 | | | | SUPPORT FOR "A CUSHY JOB' PROJECT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CITY COLLEGE OF NEW YORK 60 CONVENT AVE SHEPARD HALL RM 166 NEW YORK, NY 10031 | | | 10,000 | | | | SCHOLARSHIPS |
| CITY OF SYRACUSE COMMISSIONER OF FINANCE 233 EAST WASHINGTON STREET SYRACUSE, NY 13202 | | | 10,000 | | | | SUPPORT FOR CENSUS 2020 COMPLETE COUNT COORDINATOR |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CLARKSON UNIVERSITY PO BOX 5500 POTSDAM, NY 13699 | | | 28,350 | | | | SCHOLARSHIPS |
| CLEAR PATH FOR VETERANS INC 1223 SALT SPRINGS ROAD CHITTENANGO, NY 13037 | 27-5206513 | | 41,325 | | | | GENERAL PURPOSE, EVENT SPONSORSHIP |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CNY ARTS 421 MONTGOMERY ST 11TH FLR SYRACUSE, NY 13202 | 15-0625350 | | 7,471 | | | | GENERAL PURPOSE |
| CNY ARTS CENTER INC PO BOX 477 FULTON, NY 13069 | 45-2482108 | | 7,150 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CNY CHILDREN'S FOUNDATION INC PO BOX 90 CANASTOTA, NY 13032 | 47-4220332 | | 9,800 | | | | GENERAL PURPOSE |
| CNY RONALD MCDONALD HOUSE CHARITIES INC 1100 EAST GENESEE STREET SYRACUSE, NY 13210 | 22-2371193 | | 12,050 | | | | GENERAL PURPOSE, CHEERS FOR CHARITY EVENT SPONSORSHIP |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COALITION OF CENTER COUNCIL OF CORTLAND COUNTY INC 60 CENTRAL AVE CORTLAND, NY 13045 | 22-2543830 | | 5,000 | | | | SENIOR CARETECH PROJECT |
| COLGATE UNIVERSITY 13 OAK DR HAMILTON, NY 13346 | | | 5,625 | | | | SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CONNECT AFRICA FOUNDATION INC 222 PLEASANT STREET NEWTON CENTER, MA 02459 | 37-1496337 | | 20,000 | | | | GENERAL PURPOSE |
| CORNELL COOPERATIVE EXTENSIONCORTLAND COUNTY 60 CENTRAL AVE RM 140 CORTLAND, NY 13045 | 16-6072877 | | 5,000 | | | | 4-H STEM INITIATIVE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CORNELL COOPERATIVE EXTENSIONMADISON COUNTY PO BOX 1209 100 EATON STREET MORRISVILLE, NY 13408 | 16-6072885 | | 5,000 | | | | PROGRAM SUPPORT |
| CORNELL UNIVERSITY PO BOX 752 ITHACA, NY 14851 | 15-0532082 | | 38,100 | | | | SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CORNELL UNIVERSITY COLLEGE OF AGRICULTURE & LIFE SCIENCES CALS OFFICE OF ALUMNI DEVELOPMENT 276 ROBERTS HALL ITHACA, NY 14853 | | | 27,500 | | | | SCHOLARSHIPS, SUPPORT FOR LEAD NY |
| CORTLAND AREA COMMUNITIES THAT CARE COALITION 33-35 CENTRAL AVE CORTLAND, NY 13045 | 34-2064367 | | 20,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CORTLAND COMMUNITY FOUNDATION 3334 NYS ROUTE 215 PO BOX 466 CORTLAND, NY 13045 | 16-1561037 | | 15,200 | | | | SUPPORT FOR CORTLAND REPERTORY THEATRE |
| CORTLAND COUNTY COMMUNITY ACTION PROGRAM INC 32 NORTH MAIN ST CORTLAND, NY 13045 | 16-1004653 | | 5,000 | | | | SUPPORT FOR ANGELS PROGRAM |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CORTLAND COUNTY HISTORICAL SOCIETY INC 25 HOMER AVENUE CORTLAND, NY 13045 | 15-0555683 | | 6,000 | | | | SUPPORT FOR CORTLAND COUNTY, A JOURNEY THROUGH TIME |
| CORTLAND LOAVES & FISHES 13 COURT STREET CORTLAND, NY 13045 | 16-1236737 | | 6,550 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CORTLAND MEMORIAL FOUNDATION INC 134 HOMER AVENUE CORTLAND, NY 13045 | 22-2230692 | | 10,000 | | | | EQUIPMENT ENDOWMENT |
| CORTLAND REPERTORY THEATRE 24 PORT WATSON ST CORTLAND, NY 13045 | 16-1004610 | | 5,500 | | | | SUPPORT FOR LANDSCAPING, 2018 CIRCLE OF DONORS, PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CORTLAND YOUTH BUREAU 35 PORT WATSON ST CORTLAND, NY 13045 | 15-6000405 | | 12,000 | | | | SUPPORT FOR BEAUDRY PARK SLIDE RENOVATION |
| COVENANT HOUSE 460 WEST 41ST ST NEW YORK, NY 10036 | 13-2725416 | | 13,350 | | | | GENERAL PURPOSE, CAPITAL CAMPAIGN |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CRADLES TO CRAYONS INC 155 NORTH BEACON STREET BRIGHTON, MA 02135 | 04-3584367 | | 5,000 | | | | GENERAL PURPOSE |
| CROUSE HEALTH FOUNDATION 736 IRVING AVE SYRACUSE, NY 13210 | 16-1035427 | | 113,700 | | | | GENERAL PURPOSE, MEMORIALS, TRIBUTES |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DANA-FARBER CANCER INSTITUTE INC 10 BROOKLINE PI W 6TH FL BROOKLINE, MA 02445 | 04-2263040 | | 7,900 | | | | SUPPORT FOR JIMMY FUND, HONORARIUMS |
| DAVID'S REFUGE 8195 CAZENOVIA ROAD MANLIUS, NY 13104 | 45-3686680 | | 13,900 | | | | GENERAL PURPOSE, HONORARIUMS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DEWITT COMMUNITY CHURCH 3600 ERIE BLVD E DEWITT, NY 13214 | | | 21,600 | | | | GENERAL PURPOSE |
| DOWNTOWN SYRACUSE FOUNDATION 115 WEST FAYETTE STREET SYRACUSE, NY 13202 | 45-5419583 | | 8,126 | | | | GENERAL PURPOSE |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DUNBAR ASSOCIATION INC 1453 S STATE STREET SYRACUSE, NY 13205 | 15-0533563 | | 18,050 | | | | GENERAL PURPOSE, EVENT SPONSORSHIP |
| EARLVILLE FREE LIBRARY PO BOX 120 - N MAIN ST EARLVILLE, NY 13332 | 15-0618864 | | 44,718 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EAST AREA FAMILY YMCA 200 TOWNE DRIVE FAYETTEVILLE, NY 13066 | 15-0532278 | | 13,750 | | | | GENERAL PURPOSE, EVENT SPONSORSHIP |
| EDUCATION LEADERSHIP INSTITUTE INC 5788 WIDEWATERS PKWY 1ST FL SYRACUSE, NY 13214 | 01-0661700 | | 25,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ERIE CANAL MUSEUM 318 ERIE BLVD EAST SYRACUSE, NY 13202 | 15-0624395 | | 5,450 | | | | GENERAL PURPOSE, SUPPORT FOR INTERIOR IMPROVEMENTS |
| EVERSON MUSEUM OF ART 401 HARRISON STREET SYRACUSE, NY 13202 | 15-0616499 | | 273,093 | | | | SUPPORT FOR RENOVATIONS, GENERAL SUPPORT, PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAITH HERITAGE SCHOOL 3740 MIDLAND AVE SYRACUSE, NY 13205 | | | 10,250 | | | | GENERAL PURPOSE |
| FASHION INSTITUTE OF TECHNOLOGY FINANCIAL AID OFFICE - ROOM A-212A 227 WEST 27TH STREET NEW YORK, NY 10001 | 13-5675757 | | 19,184 | | | | SAY YES TO EDUCATION SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FENNER RENEWABLE ENERGY EDUCATION CENTER 4128 MUTTON HILL ROAD CAZENOVIA, NY 13035 | 87-0773434 | | 8,200 | | | | GENERAL PURPOSE |
| FINGER LAKES LAND TRUST 202 EAST COURT STREET ITHACA, NY 14850 | 22-2983688 | | 12,900 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FIRST BAPTIST CHURCH OF PULASKI 7 BRIDGE STREET PULASKI, NY 13142 | | | 13,100 | | | | GENERAL PURPOSE |
| FIRST PRESBYTERIAN CHURCH PO BOX 306 27 ALBANY ST CAZENOVIA, NY 13035 | | | 17,400 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FIRST UNITARIAN UNIVERSALIST SOCIETY OF SYRACUSE 109 WARING ROAD SYRACUSE, NY 13224 | | | 5,000 | | | | GENERAL PURPOSE |
| FOCUS GREATER SYRACUSE 201 E WASHINGTON ST STE 704 SYRACUSE, NY 13202 | 16-1606023 | | 5,700 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOOD BANK OF CNY 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209 | 20-2816988 | | 23,825 | | | | GENERAL PURPOSE, HONORARIUMS |
| FRACTURED ATLAS INC 248 W 35TH ST 10TH FL NEW YORK, NY 10001 | 11-3451703 | | 12,000 | | | | SUPPORT FOR THE PEOPLE MOVERS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRANCIS HOUSE 108 MICHAELS AVE SYRACUSE, NY 13208 | 16-1585910 | | 43,667 | | | | GENERAL SUPPORT, MEMORIALS, HONORARIUMS, EVENT SPONSORSHIP |
| FRANK H HISCOCK LEGAL AID SOCIETY 351 SOUTH WARREN STREET SYRACUSE, NY 13202 | 15-0527253 | | 24,322 | | | | SUPPORT FOR RENOVATIONS, GENERAL SUPPORT, PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 17604 | | | 5,000 | | | | SAY YES TO EDUCATION SCHOLARSHIPS |
| FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY SUITE 300 IRVINE, CA 92618 | 31-1781635 | | 65,100 | | | | GENERAL SUPPORT, TEST TRACK FUNDING |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FRIENDS OF CAMILLUS PARK 208 PEAR TREE DRIVE CAMILLUS, NY 13031 | 46-2555466 | | 23,847 | | | | GENERAL PURPOSE |
| FRIENDS OF CENTRAL LIBRARY (FOCL) 447 SOUTH SALINA STREET 5TH FLOOR SYRACUSE, NY 13202 | 16-1440173 | | 5,700 | | | | GENERAL PURPOSE, SUPPORT FOR R E A D PROGRAM |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRIENDS OF ISRAEL DEFENSE FORCES PO BOX 4224 NEW YORK, NY 10163 | 13-3156445 | | 10,000 | | | | SUPPORT OF ANNUAL CAMPAIGN |
| FRIENDS OF THE ROSAMOND GIFFORD ZOO AT BURNET PARK 1 CONSERVATION PLACE SYRACUSE, NY 13204 | 23-7083532 | | 18,175 | | | | GENERAL PURPOSE, EVENT SPONSORSHIP, PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRIENDS OF THE SCCS PLANETARIUM PO BOX 186 AURORA, NY 13026 | 27-1794748 | | 5,000 | | | | GENERAL PURPOSE |
| FULTON FAMILY YMCA 715 W BROADWAY FULTON, NY 13069 | 15-0619561 | | 5,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GENESEE COMMUNITY COLLEGE BUSINESS OFFICE 1 COLLEGE ROAD BATAVIA, NY 14020 | | | 8,025 | | | | SAY YES TO EDUCATION SCHOLARSHIPS |
| GEORGETOWN UNIVERSITY 2115 WISCONSIN AVE NW SUITE 500 WASHINGTON, DC 20007 | 59-1052433 | | 20,000 | | | | SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GEORGIA FARM BUREAU FOUNDATION FOR AGRICULTURE INC 1620 BASS RD MACON, GA 31209 | 47-2035360 | | 5,000 | | | | HURRICANE MICHAEL RELIEF FUND |
| GOOD LIFE YOUTH FOUNDATION 2610 SOUTH SALINA STREET 4 SYRACUSE, NY 13205 | 26-1123420 | | 78,349 | | | | GENERAL PURPOSE, HONORARIUMS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GOVERNANCE MATTERS 272 BROADWAY ALBANY, NY 12204 | 46-4094066 | | 10,000 | | | | GENERAL PURPOSE |
| GRACE EPISCOPAL CHURCH - SYRACUSE 819 MADISON ST SYRACUSE, NY 13210 | | | 5,600 | | | | CAPITAL CAMPAIGN, SUPPORT FOR FOOD PANTRY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GREATER SYRACUSE PROPERTY DEVELOPMENT CORPORATION 431 EAST FAYETTE STREET SYRACUSE, NY 13202 | 46-2382007 | | 43,750 | | | | GENERAL PURPOSE |
| HALF-SHIRE HISTORICAL SOCIETY PO BOX 73 1100 COUNTY ROUTE 48 RICHLAND, NY 13144 | 22-2142376 | | 5,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323 | | | 6,000 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| HELPING HOUNDS DOG RESCUE 6606 KINNE ROAD DEWITT, NY 13214 | 26-4132608 | | 15,500 | | | | MEMORIAMs, HONORARIUMs |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HERKIMER COUNTY COMMUNITY COLLEGE 100 RESERVOIR ROAD HERKIMER, NY 13350 | | | 12,295 | | | | SAY YES TO EDUCATION SCHOLARSHIPS |
| HILLSIDE CHILDREN'S FOUNDATION 1183 MONROE AVE ROCHESTER, NY 14620 | 16-0743039 | | 50,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HILLSIDE CHILDREN'S FOUNDATIONALBANY PO BOX 1901 ALBANY, NY 12201 | 16-0743039 | | 15,950 | | | | GENERAL PURPOSE, SCHOLARSHIPS |
| HOBART & WILLIAM SMITH COLLEGES 615 SOUTH MAIN STREET GENEVA, NY 14456 | | | 22,250 | | | | SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOLY CROSS CHURCH 4112 E GENESEE ST DEWITT, NY 13214 | | | 6,050 | | | | GENERAL PURPOSE |
| HOLY FAMILY HOSPITAL FOUNDATION 2000 P ST NW STE 310 WASHINGTON, DC 20036 | 52-2050117 | | 10,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOME HEADQUARTERS 538 ERIE BLVD WEST SYRACUSE, NY 13204 | 22-2982267 | | 175,000 | | | | GENERAL PURPOSE |
| HOMER-CORTLAND COMMUNITY AGENCY INC PO BOX 162 HOMER, NY 13077 | 03-0573516 | | 5,000 | | | | CNY LIVING HISTORY CENTER |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HONOR FLIGHT SYRACUSE PO BOX 591 SYRACUSE, NY 13209 | 45-4021913 | | 8,900 | | | | GENERAL PURPOSE |
| HOPE FOR ARIANG FOUNDATION INC PO BOX 15327 SYRACUSE, NY 13215 | 20-8067683 | | 12,500 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOPE FOR BEREAVED 4500 ONONDAGA BLVD SYRACUSE, NY 13219 | 16-1370553 | | 26,050 | | | | GENERAL PURPOSE, EVENT SPONSORSHIP |
| HOSPICE FOUNDATION OF CNY INC 990 SEVENTH NORTH STREET LIVERPOOL, NY 13088 | 16-1438980 | | 6,567 | | | | GENERAL PURPOSE, MEMORIALS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOUSING VISIONS UNLIMITED 1201 EAST FAYETTE ST SYRACUSE, NY 13210 | 16-1375637 | | 150,150 | | | | GENERAL PURPOSE |
| HOWLAND STONE STORE MUSEUM PO BOX 124 AURORA, NY 13026 | 16-1355567 | | 7,000 | | | | SUPPORT FOR GARNSEY CHALLENGE, OPENDORE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HUMANE ASSOCIATION OF CNY 4915 1/2 WEST TAFT ROAD LIVERPOOL, NY 13088 | 16-6069942 | | 86,450 | | | | SUPPORT FOR SHELTER WITH LOVE, GENERAL PURPOSE, MEMORIAM |
| IMMACULATE CONCEPTION CHURCH 400 SALT SPRINGS ST FAYETTEVILLE, NY 13066 | | | 29,400 | | | | CAPITAL CAMPAIGN, SUPPORT FOR VICTIMS OF HURRICANE FLORENCE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| I-MOBILE HEALTH MISSION INC 124 NORTHERN LIGHTS DR SYRACUSE, NY 13212 | 81-2482707 | | 5,972 | | | | GENERAL PURPOSE |
| INTERFAITH WORKS OF CENTRAL NEW YORK 1010 JAMES STREET SYRACUSE, NY 13203 | 16-1064233 | | 106,581 | | | | GENERAL PURPOSE, MEMORIALS, PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ITHACA COLLEGE ATTN FINANCIAL AID OFFICE 953 DANBY ROAD ITHACA, NY 14850 | | | 37,500 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| JEFFERSON COMMUNITY COLLEGE 1220 COFFEEN ST WATERTOWN, NY 13601 | | | 9,347 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| JEWISH FEDERATION OF CENTRAL NEW YORK INC 5655 THOMPSON ROAD DEWITT, NY 13214 | 15-0543614 | | 35,423 | | | | GENERAL PURPOSE, MEMORIAMs, HONORARIUM |
| JIM AND JULI BOEHEIM FOUNDATION INC CARMELO K ANTHONY CENTER BASKETBALL CENTER 1075 COMSTOCK AVE SYRACUSE, NY 13244 | 80-0434367 | | 36,750 | | | | GENERAL PURPOSE, SUPPORT FOR HOOPIN IT AT THE DOME |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JOSEPH'S HOUSE FOR WOMEN INC 1101 BURNET AVE SYRACUSE, NY 13203 | 46-2485173 | | 106,578 | | | | GENERAL PURPOSE, PROGRAM SUPPORT, EVENT SPONSORSHIP |
| JOURNEYS OF SOLUTION INC PO BOX 28 WEBSTER, NY 14580 | 26-2399434 | | 25,000 | | | | SUPPORT FOR VARIOUS PROJECTS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JUSTICE RESOURCE INSTITUTE INC 160 GOULD STREET SUITE 300 NEEDHAM, MA 02494 | 04-2526357 | | 10,000 | | | | GENERAL PURPOSE |
| JUVENILE DIABETES FOUNDATION INTERNATIONAL 100 METROPOLITAN PARK DR 400 LIVERPOOL, NY 13088 | 23-1907729 | | 9,980 | | | | GENERAL PURPOSE, MEMORIAMs |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LEAD NEW YORK PROGRAM 275B WARREN HALL ITHACA, NY 14853 | 22-6506148 | | 38,526 | | | | GENERAL PURPOSE, PROGRAM SUPPORT |
| LEARNING DISABILITIES ASSOCIATION OF CNY 212 EAST MANLIUS STREET EAST SYRACUSE, NY 13057 | 16-1279753 | | 25,732 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| LEMOYNE COLLEGE 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214 | | | 84,953 | | | | GENERAL PURPOSE, SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS, EVENT SPONSORSHIP |
| LIBERTY RESOURCES INC 1045 JAMES ST STE 100 SYRACUSE, NY 13203 | 16-0928318 | | 50,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LIFEWORCS OF CAYUGA COUNTY PO BOX 834 AUBURN, NY 13021 | 47-4241194 | | 6,500 | | | | GENERAL PURPOSE |
| LIGHT WORK VISUAL STUDIES INC ROBERT B MENSCHER MEDIA CENTER 316 WAVERLY AVE SYRACUSE, NY 13244 | 23-7385641 | | 6,600 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 COALITION OF ONONDAGA COUNTY C/O UNITED WAY OF CNY PO BOX 2129 518 JAMES STREET SYRACUSE, NY 13220 | 15-0532073 | | 81,459 | | | | GENERAL PURPOSE, PROGRAM SUPPORT, EVENT SPONSORSHIP |
| LITERACYCNY 100 NEW STREET SYRACUSE, NY 13202 | 16-1002098 | | 32,100 | | | | GENERAL PURPOSE, HONORARIUMS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LIVERPOOL PUBLIC LIBRARY 310 TULIP ST LIVERPOOL, NY 13088 | 16-1463853 | | 13,550 | | | | PROGRAM SUPPORT, EVENT SPONSORSHIP |
| LOST TREE VILLAGE CHARITABLE FOUNDATION 8 CHURCH LANE NORTH PALM BEACH, FL 33408 | 59-2104920 | | 17,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LOWVILLE UNITED METHODIST CHURCH 7618 NORTH STATE STREET LOWVILLE, NY 13367 | | | 5,000 | | | | GENERAL PURPOSE |
| MADISON COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT 138 N COURT ST WAMPSVILLE, NY 13163 | | | 10,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK INC 5005 CAMPUSWOOD DR EAST SYRACUSE, NY 13057 | 22-2572086 | | 5,900 | | | | GENERAL PURPOSE, MEMORIALS, EVENT SPONSORSHIP |
| MANLIUS LIBRARY ONE ARKIE ALBANESE AVENUE MANLIUS, NY 13104 | 16-0877741 | | 6,600 | | | | GENERAL PURPOSE, SUPPORT FOR 2018 MANLIUS FUND DRIVE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MANLIUS PEBBLE HILL SCHOOL 5300 JAMESVILLE RD SYRACUSE, NY 13214 | | | 360,490 | | | | GENERAL PURPOSE, PROGRAM SUPPORT, EVENT SPONSORSHIP |
| MARCELLUS SPORTS BOOSTER CLUB INC ONE MUSTANG HILL MARCELLUS, NY 13108 | 20-1305225 | | 5,000 | | | | GENERAL PURPOSE |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA ST STE 540 BOSTON, MA 02114 | 04-1564655 | | 21,000 | | | | SUPPORT FOR TACKLE ALS AND TEAM BARCLAY DAMON |
| MATILDA JOSLYN GAGE FOUNDATION INC 210 EAST GENESEE STREET FAYETTEVILLE, NY 13066 | 16-1581669 | | 8,450 | | | | GENERAL PURPOSE, HONORARIUMS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MATTHEW 25 FARM 919 MECHANIC STREET TULLY, NY 13159 | 38-3893114 | | 15,000 | | | | GENERAL PURPOSE |
| MATTHEW HOUSE INC 43 METCALF DRIVE AUBURN, NY 13021 | 16-1591811 | | 34,100 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MAY MEMORIAL UNITARIAN SOCIETY 3800 E GENESEE ST SYRACUSE, NY 13214 | | | 8,400 | | | | GENERAL PURPOSE |
| MCMAHONRYAN CHILD ADVOCACY SITE 601 EAST GENESEE ST SYRACUSE, NY 13202 | 16-1563195 | | 78,100 | | | | GENERAL PURPOSE, PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEALS ON WHEELS OF SYRACUSE 300 BURT STREET SYRACUSE, NY 13202 | 16-0970999 | | 6,217 | | | | GENERAL PURPOSE |
| MEDAILLE COLLEGE OFFICE OF FINANCIAL AID 18 AGASSIZ CIRCLE BUFFALO, NY 14214 | | | 5,000 | | | | SAY YES TO EDUCATION SCHOLARSHIP |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MERCY HOME FOR CHILDREN INC 273 WILLOUGHBY AVE BROOKLYN, NY 11205 | 11-1666227 | | 10,000 | | | | SUPPORT FOR MERCY BUDDIES |
| MERCY WORKS INC 1221 S SALINA ST SYRACUSE, NY 13202 | 16-1553234 | | 25,500 | | | | GENERAL PURPOSE, MEMORIAMs, PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MERRY-GO-ROUND PLAYHOUSE INC 17 WILLIAM STREET 2ND FLR AUBURN, NY 13021 | 15-0625507 | | 6,500 | | | | GENERAL PURPOSE, EVENT SPONSORSHIP |
| MILLBROOK SCHOOL SCHOOL ROAD MILLBROOK, NY 12545 | 14-1413770 | | 16,000 | | | | GENERAL PURPOSE |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| MOHAWK VALLEY COMMUNITY COLLEGE PAYNE HALL 1101 SHERMAN DRIVE UTICA, NY 13501 | | | 13,994 | | | | SAY YES TO EDUCATION SCHOLARSHIPS |
| MONROE COMMUNITY COLLEGE STUDENT ACCOUNTS OFFICE 1000 EAST HENRIETTA ROAD ROCHESTER, NY 14623 | | | 24,380 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MOVE ALONG PO BOX 83 BALDWINVILLE, NY 13027 | 22-2265949 | | 8,500 | | | | GENERAL PURPOSE |
| MUSICAL ASSOCIATES OF CENTRAL NEW YORK INC DBA SYMPHORIA PO BOX 1161 SYRACUSE, NY 13201 | 46-1080817 | | 58,375 | | | | GENERAL PURPOSE, PROGRAM SUPPORT, EVENT SPONSORSHIP |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NASSAN'S PLACE PO BOX 833 EAST ORANGE, NJ 07019 | 27-3755941 | | 5,200 | | | | SUPPORT FOR SHOW THEM HOW SMART YOU ARE |
| NATIONAL AUDUBON SOCIETY 225 VARICK STREET 7TH FLOOR NEW YORK, NY 10014 | 13-1624102 | | 9,540 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NATIONAL COUNCIL OF TEACHERS OF ENGLISH 1111 WEST KENYON ROAD URBANA, IL 61801 | 37-0715886 | | 16,000 | | | | GENERAL PURPOSE |
| NATIONAL MULTIPLE SCLEROSIS SOCIETYUPSTATE NY CHAPTER 1000 ELMWOOD AVE STE 900 ROCHESTER, NY 14620 | 16-0777886 | | 5,800 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NATIONAL MUSEUM OF POLO & HALL OF FAME 9011 LAKE WORTH RD LAKE WORTH, FL 33467 | 36-3308567 | | 60,000 | | | | GENERAL PURPOSE |
| NATURAL HERITAGE TRUST ALBANY OFFICE 625 BROADWAY ALBANY, NY 12207 | 16-1019635 | | 30,000 | | | | GENERAL PURPOSE, SUPPORT FOR TRAIL PLAQUE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NAZARETH COLLEGE OF ROCHESTER DEVELOPMENT OFFICE 4245 EAST AVENUE ROCHESTER, NY 14618 | 16-0743088 | | 5,425 | | | | SCHOLARSHIPS |
| NEW MINISTRIES 2708 LOWER CINCINNATUS RD CINCINNATUS, NY 13040 | 16-6088990 | | 5,000 | | | | EASING STRESS FOR OUR ELDERLY PROJECT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEW YORK ANIMAL AGRICULTURE COALITION PO BOX 147 GREENWICH, NY 12834 | 46-5077587 | | 15,300 | | | | GENERAL PURPOSE, PROGRAM SUPPORT |
| NEW YORK CIVIL LIBERTIES UNION FOUNDATION 125 BROAD STREET - FLOOR 17 NEW YORK, NY 10275 | 90-0808294 | | 35,600 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEW YORK FARM BUREAU FOUNDATION PO BOX 5330 ALBANY, NY 12205 | 22-3525345 | | 9,500 | | | | PROGRAM SUPPORT |
| NEW YORK IMMIGRATION COALITION 131 WEST 33RD ST STE 610 NEW YORK, NY 10001 | 13-3573409 | | 10,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| NIAGARA UNIVERSITY OFFICE OF FINANCIAL AID NIAGARA UNIVERSITY, NY 14109 | | | 6,500 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| NORTH CAROLINA FARM BUREAU FOUNDATION PO BOX 27766 RALEIGH, NC 27611 | 55-0803862 | | 5,000 | | | | FLORENCE RELIEF FUND |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTH CAROLINA STATE UNIVERSITY OFFICE OF SCHOLARSHIPS FINANCIAL AID CAMPUS BOX 7302 RALEIGH, NC 27695 | | | 8,313 | | | | SCHOLARSHIPS |
| NORTH SYRACUSE BAPTIST CHURCH 420 S MAIN ST NORTH SYRACUSE, NY 13212 | | | 5,000 | | | | CUBA MISSION - THE GATHERING PLACE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTH SYRACUSE EDUCATION FOUNDATION INC PO BOX 5225 SYRACUSE, NY 13220 | 16-1605888 | | 5,500 | | | | GENERAL PURPOSE |
| NORTHEAST COMMUNITY CENTER (NECC) 716 HAWLEY AVE SYRACUSE, NY 13203 | 44-0546275 | | 19,887 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTHEASTERN UNIVERSITY 400 HUNTINGTON AVENUE BOSTON, MA 02115 | | | 10,500 | | | | SAY YES TO EDUCATION SCHOLARSHIPS |
| NORTHSIDE LEARNING CENTER 501 PARK STREET SYRACUSE, NY 13203 | 27-1357086 | | 16,962 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NORTHWEST YMCA 8040 RIVER RD BALDWINVILLE, NY 13027 | 15-0532278 | | 10,000 | | | | CAPITAL CAMPAIGN |
| NOVA RECOVERY CENTER 601 OLD OAKS RANCH RD WIMBERLEY, TX 78676 | 45-3275742 | | 64,857 | | | | PATIENT MEDICAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| NYS AGRICULTURAL SOCIETY FOUNDATION INC 1818 LINWOOD RD LINWOOD, NY 14486 | 27-1174254 | | 22,700 | | | | GENERAL PURPOSE |
| ON POINT FOR COLLEGE 488 W ONONDAGA ST SYRACUSE, NY 13202 | 16-1569356 | | 72,949 | | | | GENERAL PURPOSE, EVENT SPONSORSHIP, SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ONONDAGA COMMUNITY COLLEGE 4585 WEST SENECA TURNPIKE RM 220 SYRACUSE, NY 13215 | | | 153,845 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| ONONDAGA COMMUNITY COLLEGE FOUNDATION 4585 WEST SENECA TURNPIKE SYRACUSE, NY 13215 | 22-2318303 | | 52,700 | | | | PROGRAM SUPPORT, EVENT SPONSORSHIP |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ONONDAGA COMMUNITY LIVING 518 JAMES STREET SUITE 110 SYRACUSE, NY 13203 | 16-1275425 | | 148,300 | | | | GENERAL PURPOSE |
| ONONDAGA COUNTY DEPARTMENT OF CHILD & FAMILY SERVICES 421 MONTGOMERY ST 7TH FLOOR SYRACUSE, NY 13202 | | | 500,000 | | | | SAYYES FSS PROGRAM |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ONONDAGA HISTORICAL ASSOCIATION 321 MONTGOMERY STREET SYRACUSE, NY 13202 | 15-0533554 | | 41,575 | | | | GENERAL PURPOSE, PROGRAM SUPPORT, EVENT SPONSORSHIP |
| OPERATION NORTHERN COMFORT 800 2ND ST LIVERPOOL, NY 13088 | 46-4485637 | | 6,300 | | | | GENERAL PURPOSE |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OPERATION WALK NEW YORK INC 5824 WIDEWATERS PKWY EAST SYRACUSE, NY 13057 | 27-4787826 | | 20,200 | | | | GENERAL PURPOSE |
| OPTOMETRIC CENTER OF NEW YORK 33 WEST 42ND ST NEW YORK, NY 10036 | 13-1819472 | | 25,600 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ORDER OF MALTA - FEDERAL ASSOCIATION PO BOX 223132 CHANTILLY, VA 20153 | 52-1113253 | | 22,650 | | | | GENERAL PURPOSE, FITZGERALD-CALLAHAN LOURDES TRUST |
| ORENDA SPRINGS EXPERIENTIAL LEARNING CENTER 4939 LAWLESS ROAD MARCELLUS, NY 13108 | 14-1962769 | | 34,032 | | | | GENERAL PURPOSE, SUPPORT FOR DAN FORTH MIDDLE SCHOOL COLLABORATION |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| OSBORNE ASSOCIATION 809 WESTCHESTER AVE BRONX, NY 10455 | 13-5563028 | | 5,000 | | | | SUPPORT FOR STAFF AWARDS |
| OSWEGO COUNTY OPPORTUNITIES INC 239 ONEIDA STREET FULTON, NY 13069 | 16-0979876 | | 5,600 | | | | GENERAL PURPOSE |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PAJAMA PROGRAM INC 114 E 39TH ST NEW YORK, NY 10016 | 02-0588068 | | 5,000 | | | | PAJAMAS AND BOOKS FOR CHILDREN |
| PAN MASSACHUSETTS CHALLENGE INC 77 FOURTH AVENUE NEEDHAM, MA 02194 | 04-2746912 | | 5,100 | | | | MEMORIAM |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PARTNERS IN LEARNING INC 105 RUGBY RD SYRACUSE, NY 13206 | 16-1352060 | | 10,635 | | | | GENERAL PURPOSE |
| PEACE INC MCCARTHY BUILDING 2ND FLOOR 217 SOUTH SALINA ST SYRACUSE, NY 13202 | 16-6095039 | | 95,158 | | | | GENERAL PURPOSE |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PEERS IN CAYUGA COUNTY INC 146 NORTH ST AUBURN, NY 13021 | 46-5250731 | | 6,000 | | | | PURCHASE EQUIPMENT, SUPPORT WRAP PROGRAM |
| PENN STATE UNIVERSITY OFFICE OF THE BURSAR 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802 | | | 18,821 | | | | SCHOLARSHIPS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PHILLIPS ACADEMY PO BOX 55557 BOSTON, MA 02205 | | | 5,000 | | | | ANDOVER FUND - 50TH REUNION |
| PHILLIPS FREE LIBRARY 37 S MAIN ST HOMER, NY 13077 | 15-0532226 | | 15,000 | | | | GENERAL PURPOSE, SUPPORT FOR TECH EXPLORERS PROGRAM |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK 114 UNIVERSITY AVENUE ROCHESTER, NY 14605 | 16-0746860 | | 43,100 | | | | GENERAL PURPOSE, PROGRAM SUPPORT |
| PULASKI ACADEMY & CENTRAL SCHOOLS 2 HINMAN ROAD PULASKI, NY 13142 | | | 9,738 | | | | SCHOLARSHIPS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PURPOSE FARM INC 1454 WEST GENESEE RD BALDWINVILLE, NY 13027 | 46-1446338 | | 26,099 | | | | GENERAL PURPOSE |
| PUZZLE SOLVERS INC 50 CLINTON AVE CORTLAND, NY 13045 | 27-3316519 | | 5,000 | | | | AUTISM FAMILY SUPPORT GROUP |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| REACH CNY 1010 JAMES STREET SYRACUSE, NY 13203 | 16-1498021 | | 26,500 | | | | GENERAL PURPOSE |
| REDHOUSE ARTS CENTER INC 201 S WEST ST SYRACUSE, NY 13202 | 22-2366669 | | 59,650 | | | | GENERAL PURPOSE |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| REFUGEE & IMMIGRANT SELF-EMPOWERMENT INC 302 BURT STREET SYRACUSE, NY 13202 | 20-2873332 | | 25,150 | | | | GENERAL PURPOSE |
| RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12180 | 14-1340095 | | 34,480 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| RESCUE MISSION ALLIANCE 155 GIFFORD STREET PO BOX 11122 SYRACUSE, NY 13202 | 15-0532073 | | 149,522 | | | | GENERAL PURPOSE, CAPITAL CAMPAIGN, MEMORIALS, PROGRAM SUPPORT, EVENT SPONSORSHIP |
| RISE ABOVE POVERTY 129 BURDICK AVE SYRACUSE, NY 13208 | 82-5169763 | | 5,400 | | | | GENERAL PURPOSE |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RIVER HOSPITAL FOUNDATION INC 4 FULLER ST ALEXANDRIA BAY, NY 13607 | 42-1585479 | | 11,000 | | | | GENERAL PURPOSE |
| ROAD TO EMMAUS MINISTRY OF SYRACUSE INC PO BOX 15224 SYRACUSE, NY 13215 | 81-2536179 | | 6,708 | | | | GENERAL PURPOSE, HONORARIUMS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ROCHESTER INSTITUTE OF TECHNOLOGY 56 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623 | 16-0743140 | | 69,622 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| ROMAN CATHOLIC DIOCESE OF SYRACUSE 240 EAST ONONDAGA STREET SYRACUSE, NY 13202 | 15-0532137 | | 77,160 | | | | GENERAL PURPOSE, SUPPORT FOR HOPE APPEAL |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RURAL AND MIGRANT MINISTRY OF OSWEGO COUNTY INC 15 STEWART STREET PO BOX 192 RICHLAND, NY 13144 | 16-1572700 | | 8,000 | | | | GENERAL PURPOSE |
| SAINT ELIZABETH SETON CATHOLIC CHURCH 5260 28TH AVE SW NAPLES, FL 34116 | | | 5,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAINT ELIZABETH SETON CATHOLIC SCHOOL 2730 53RD TERRACE SW NAPLES, FL 34116 | | | 20,000 | | | | GENERAL PURPOSE |
| SALVATION ARMY 138 SOUTH MAIN STREET BOX 781 CORTLAND, NY 13045 | 13-2923701 | | 10,500 | | | | SUPPORT FOR SUMMER CAMP, HOLIDAY NEEDS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SARAH'S GUEST HOUSE INC 100 ROBERTS AVENUE 10 SYRACUSE, NY 13207 | 16-1426336 | | 9,750 | | | | GENERAL PURPOSE, GALA SPONSORSHIP, SUPPORT FOR PILLARS OF HOSPITALITY PROGRAM |
| SCHEPENS EYE RESEARCH INSTITUTE 20 STANIFORD STREET BOSTON, MA 02114 | 04-2129889 | | 9,300 | | | | GENERAL PURPOSE |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SCHWEINFURTH MEMORIAL ART CENTER 205 GENESEE STREET AUBURN, NY 13021 | 16-1097876 | | 6,150 | | | | GENERAL PURPOSE |
| SEVEN VALLEYS HEALTH COALITION 10 KENNEDY PKWY CORTLAND, NY 13045 | 16-1600893 | | 5,000 | | | | MIGHTY MOLAR PROGRAM |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SHAMROCK ANIMAL FUND INC 7815 KARAKUL LN FAYETTEVILLE, NY 13066 | 27-2041833 | | 22,279 | | | | GENERAL PURPOSE |
| SHEKINAH GLORIA MINISTRIES INC 305 VINE ST 5 LIVERPOOL, NY 13088 | 20-8766121 | | 25,250 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SHERBURNE-EARLVILLE CENTRAL SCHOOL DISTRICT 15 SCHOOL STREET SHERBURNE, NY 13460 | | | 16,200 | | | | GENERAL PURPOSE |
| SIENA COLLEGE ATTN FINANCIAL AID 515 LOUDON ROAD LOUDONVILLE, NY 12211 | | | 10,610 | | | | SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SISTERS OF ST FRANCIS OF THE NEUMANN COMMUNITIES FRANCISCAN VILLA 6900 BUCKLEY RD SYRACUSE, NY 13212 | 20-4292535 | | 7,500 | | | | EVENT SPONSORSHIP, HONORARIUM |
| SKANEATELES CENTRAL SCHOOLMIDDLE SCHOOL 55 EAST ST SKANEATELES, NY 13152 | | | 10,000 | | | | SKANEATELES STUDENT COUNCIL HOLIDAY SHOPPING SPREE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SKANEATELES COMMUNITY CENTER 97 STATE STREET RD SKANEATELES, NY 13152 | 16-1556745 | | 6,900 | | | | GENERAL PURPOSE |
| SKANEATELES EDUCATION FOUNDATION PO BOX 16 SKANEATELES, NY 13152 | 76-0840043 | | 24,302 | | | | GENERAL PURPOSE, SUPPORT FOR IDTECH CAMPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SKANEATELES FESTIVAL INC 97 EAST GENESEE STREET SKANEATELES, NY 13152 | 22-2317577 | | 39,850 | | | | GENERAL PURPOSE, PROGRAM SUPPORT |
| SKANEATELES FOOTBALL CLUB PO BOX 169 SKANEATELES, NY 13152 | 27-2882933 | | 5,000 | | | | NEW HELMET FUNDRAISER |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SKANEATELES HISTORICAL SOCIETY 28 HANNUM ST SKANEATELES, NY 13152 | 23-7339639 | | 5,000 | | | | GENERAL PURPOSE |
| SKANEATELES LAKE ASSOCIATION INC PO BOX 862 SKANEATELES, NY 13152 | 23-7045486 | | 403,850 | | | | GENERAL PURPOSE, SUPPORT FOR DAY OF MILFOIL ERADICATION |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SKANEATELES YMCA 97 STATE ST SKANEATELES, NY 13152 | 16-0978301 | | 10,668 | | | | SUPPORT FOR ANNUAL CAMPAIGN, SUPPORT FAMILY MEMBERSHIP |
| SLIPPERY ROCK UNIVERSITY OF PENNSYLVANIA 1 MORROW WAY SLIPPERY ROCK, PA 16057 | | | 10,600 | | | | SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOLVAY UNION FREE SCHOOL DISTRICT 299 BURY DR SOLVAY, NY 13209 | | | 10,000 | | | | SKILLS TRADE EDUCATION |
| SPEARHEAD LODGE 11503 PARSONS RD MANOR, TX 78653 | 81-2636944 | | 35,000 | | | | PATIENT MEDICAL SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SPECIAL OLYMPICS NEW YORK CENTRAL REGION 6315 FLY RD STE 2 EAST SYRACUSE, NY 13057 | 23-7061382 | | 10,200 | | | | GENERAL PURPOSE |
| ST ANDREW BY THE SEA 20 POPE AVENUE HILTON HEAD, SC 29928 | 57-0545273 | | 17,500 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ST BONAVENTURE UNIVERSITY OFFICE OF FINANCIAL AID ROUTE 417 ST BONAVENTURE, NY 14778 | | | 6,750 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS, ANNUAL APPEAL |
| ST DAVID'S EPISCOPAL CHURCH PO BOX 261 DEWITT, NY 13214 | | | 6,775 | | | | GENERAL PURPOSE |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST JAMES CHURCH 6 GREEN ST CAZENOVIA, NY 13035 | | | 21,000 | | | | MEMORIAM, PROGRAM SUPPORT |
| ST JAMES EPISCOPAL CHURCH 96 EAST GENESEE STREET SKANEATELES, NY 13152 | | | 12,800 | | | | GENERAL PURPOSE |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST JOHN FISHER COLLEGE 3690 EAST AVENUE ROCHESTER, NY 14618 | | | 9,300 | | | | SCHOLARSHIPS |
| ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION 973 JAMES STREET STE 250 SYRACUSE, NY 13203 | 22-2149775 | | 15,347 | | | | GENERAL PURPOSE, PROGRAM SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST JOSEPH'S ROMAN CATHOLIC CHURCH 5600 W GENESEE ST CAMILLUS, NY 130311311 | | | 6,400 | | | | GENERAL PURPOSE |
| ST MARY OF THE ASSUMPTION 47 SYRACUSE ST BALDWINSVILLE, NY 13027 | | | 5,000 | | | | SPONSORSHIP OF COMMUNITY EVENT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST PAUL'S UNITED METHODIST CHURCH 2200 VALLEY DR SYRACUSE, NY 13207 | | | 5,000 | | | | GENERAL PURPOSE |
| STERLING HISTORICAL SOCIETY PO BOX 114 STERLING, NY 13156 | 16-1104205 | | 5,000 | | | | GENERAL PURPOSE |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| STONE QUARRY HILL ART PARK INC PO BOX 251 CAZENOVIA, NY 13035 | 16-1406217 | | 79,701 | | | | GENERAL PURPOSE |
| SUNY ALBANY OFFICE OF FINANCIAL AID 1400 WASHINGTON AVENUE ALBANY, NY 12222 | | | 82,393 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SUNY ALFRED STATE 10 UPPER COLLEGE DRIVE ALFRED, NY 14802 | | | 11,133 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| SUNY BINGHAMTON STUDENT ACCOUNTS PO BOX 6003 BINGHAMTON, NY 13902 | | | 64,174 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SUNY BROCKPORT 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420 | | | 42,546 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| SUNY CANTON 34 CORNELL DRIVE CANTON, NY 13617 | | | 13,664 | | | | SAY YES TO EDUCATION SCHOLARSHIPS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SUNY COLLEGE AT CORTLAND FOUNDATION INC PO BOX 2000 CORTLAND, NY 13045 | | | 7,500 | | | | SCHOLARSHIPS |
| SUNY COLLEGE OF ESF 1 FORESTRY DRIVE 103 BRAY HALL SYRACUSE, NY 13210 | | | 79,894 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SUNY CORTLAND PO BOX 2000 MILLER BLDG ROOM 323 CORTLAND, NY 13045 | | | 41,205 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| SUNY ESF COLLEGE FOUNDATION 1 FORESTRY DR OFC 1 214 BRAY HALL SYRACUSE, NY 13210 | 15-6023443 | | 8,322 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, PROGRAM SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SUNY FREDONIA STUDENT ACCOUNTS OFFICE G140 WILLIAMS CENTER FREDONIA, NY 14063 | | | 17,056 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| SUNY GENESEO 1 COLLEGE CIRCLE GENESE0, NY 14454 | | | 56,596 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SUNY MORRISVILLE STUDENT ACCOUNTS OFFICE PO BOX 901 MORRISVILLE, NY 13408 | | | 24,370 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| SUNY OSWEGO STUDENT ACCOUNTS OFFICE 408 CULKIN HALL OSWEGO, NY 13126 | | | 182,255 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SUNY POLYTECHNIC INSTITUTE BURSAR OFFICE 100 SEYMOUR ROAD UTICA, NY 13502 | | | 6,343 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| SUNY POTSDAM STUDENT ACCOUNTS OFFICE 44 PIERREPONT AVENUE POTSDAM, NY 13676 | | | 27,033 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SUNY PURCHASE 735 ANDERSON HILL ROAD PURCHASE, NY 10577 | | | 12,528 | | | | SAY YES TO EDUCATION SCHOLARSHIPS |
| SUNY RESEARCH FOUNDATION ATTN CASH RECEIPTS 750 EAST ADAMS STREET CAB ROOM 209 SYRACUSE, NY 13210 | | | 57,637 | | | | GENERAL PURPOSE |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SWEET ADELINES INTERNATIONALSPIRIT OF SYRACUSE CHORUS 4250 GRAHAM ROAD JAMESVILLE, NY 13078 | 16-6052119 | | 5,990 | | | | GENERAL PURPOSE, ACCOUNT OF PERFECT FOURTH |
| SYMPHONY SPACE 2537 BROADWAY AT 95TH NEW YORK, NY 100256990 | 13-2941455 | | 10,000 | | | | FUNDING LITERACY COALITION OF ONONDAGA COUNTY |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SYRACUSE CITY BALLET INC 932 SPENCER STREET SYRACUSE, NY 13204 | 16-1530816 | | 30,542 | | | | GENERAL PURPOSE |
| SYRACUSE CITY SCHOOL DISTRICT 725 HARRISON ST SYRACUSE, NY 13210 | | | 36,525 | | | | PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 COMMUNITY HEALTH CENTER 819 S SALINA ST SYRACUSE, NY 13202 | 16-1080039 | | 15,000 | | | | GENERAL PURPOSE, SUPPORT FOR GROW OUR OWN INITIATIVE |
| SYRACUSE JEWISH FAMILY SERVICE 4101 E GENESEE ST SYRACUSE, NY 13214 | 15-0539102 | | 26,100 | | | | GENERAL PURPOSE |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SYRACUSE MODEL NEIGHBORHOOD CORPORATION 1721 S SALINA ST SYRACUSE, NY 13205 | 16-0998428 | | 45,250 | | | | GENERAL PURPOSE, SUPPORT FOR LIGHT A CANDLE FOR LITERACY |
| SYRACUSE OPERA COMPANY CIVIC CENTER SUITE 60 411 MONTGOMER STREET SYRACUSE, NY 13202 | 23-7167068 | | 48,800 | | | | GENERAL PURPOSE, SUPPORT FOR PERFORMANCE EXPENSES |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 PARKS CONSERVANCY PO BOX 11384 SYRACUSE, NY 13218 | 27-1737900 | | 11,000 | | | | GENERAL PURPOSE, HONORARIUMS, EVENT SPONSORSHIP |
| SYRACUSE POPS CHORUS 124 EAST JEFFERSON ST SYRACUSE, NY 13202 | 46-3411447 | | 10,000 | | | | GENERAL PURPOSE |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SYRACUSE SAY YES TO EDUCATION 109 OTISCO STREET 2ND FLOOR SYRACUSE, NY 13244 | 22-3139858 | | 25,000 | | | | SUPPORT THE POSITION OF POST SECONDARY ACCESS AND COMPLETION |
| SYRACUSE STAGE 820 E GENESEE ST SYRACUSE, NY 13210 | 15-0623468 | | 118,583 | | | | GENERAL PURPOSE, EVENT SPONSORSHIP, PROGRAM SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| SYRACUSE UNIVERSITY 820 COMSTOCK AVENUE SYRACUSE, NY 13244 | | | 168,610 | | | | GENERAL PURPOSE, SUPPORT FOR EDUCATION PROGRAMS, EVENT SPONSORSHIP |
| SYRACUSE UNIVERSITY - BURSAR'S OFFICE 102 ARCHBOLD GYMNASIUM SYRACUSE, NY 132441140 | | | 23,972 | | | | SCHOLARSHIPS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 UNIVERSITY - OFFICE OF FINANCIAL AID 200 BOWNE HALL SYRACUSE, NY 13244 | | | 12,500 | | | | SCHOLARSHIPS |
| SYRACUSE UNIVERSITY ATHLETIC FUND MANLEY FIELD HOUSE SYRACUSE, NY 13244 | | | 17,100 | | | | SUPPORT FOR WOMEN'S TENNIS TEAM & MEN'S CREW HEAD COACH FUND |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 UNIVERSITYADVANCEMENT & EXTERNAL AFFAIRS 640 SKYTOP RD 2ND FL SYRACUSE, NY 132445160 | | | 6,000 | | | | STEVEN W AND DEBORAH A BARNES ENDOWED SCHOLARSHIP, FALK COLLEGE |
| SYRACUSE UNIVERSITYLIBRARIES 222 WAVERLY AVENUE SYRACUSE, NY 13244 | | | 250,500 | | | | GENERAL PURPOSE, SUPPORT FOR BIRD LIBRARY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 UNIVERSITY MAXWELL POLICY RESEARCH 426 EGGERS HALL SYRACUSE, NY 13244 | | | 14,400 | | | | SUPPORT FOR LOURIE MEMORIAL LECTURE |
| SYRACUSE UNIVERSITY SI NEWHOUSE SCHOOL 215 UNIVERSITY PLACE SYRACUSE, NY 13244 | | | 250,000 | | | | ERIC MOWER ADVERTISING FORUM ENDOWED FUND |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 UNIVERSITY VISUAL & PERFORMING ARTS 200 CROUSE COLLEGE SYRACUSE, NY 13244 | | | 5,000 | | | | DEAN'S FUND |
| SYRACUSE UNIVERSITY WAER-FM88 795 OSTROM AVENUE SYRACUSE, NY 13244 | | | 6,395 | | | | GENERAL PURPOSE, PROJECT SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TEMPLE EMANU-EL OF SARASOTA 151 MCINTOSH RD SARASOTA, FL 34232 | 59-1145961 | | 6,000 | | | | SCHWIMMER FAMILY DONATION, YOM KIPPUR APPEAL, SUPPORTING PURIM 2019 |
| TEMPLE SOCIETY OF CONCORD 910 MADISON STREET SYRACUSE, NY 13210 | | | 9,950 | | | | GENERAL PURPOSE, SUPPORT FOR FOOD PANTRY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE ARTS GUILD OF OLD FORGE INC PO BOX 1144 OLD FORGE, NY 13420 | 16-1001728 | | 6,000 | | | | SUPPORT OF CLEARVIEW CAMPAIGN, VIEW COUNCIL |
| THE CORA FOUNDATION PO BOX 6865 SYRACUSE, NY 13217 | 16-1263983 | | 16,750 | | | | SUPPORT OF ART RAGE GALLERY |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE ELM PROJECT 88 HAMILTON AVENUE STAMFORD, CT 06902 | 06-1431690 | | 10,000 | | | | GENERAL PURPOSE |
| THE FIRST BAPTIST CHURCH 22 SYRACUSE STREET BALDWINVILLE, NY 13027 | | | 41,527 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| THE FIRST TEE OF SYRACUSE 5050 JAMESVILLE RD JAMESVILLE, NY 13078 | 31-1724122 | | 42,000 | | | | GENERAL PURPOSE, GOLF HOLE SPONSORSHIP |
| THE FOUNDATION AT THE MENORAH PARK 4101 E GENESEE ST SYRACUSE, NY 13214 | 22-2360749 | | 5,000 | | | | EQUIPMENT FOR THE TERRACE WING |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE 240 EAST ONONDAGA ST SYRACUSE, NY 13202 | 45-3364607 | | 245,000 | | | | CAPITAL CAMPAIGN, GENERAL PURPOSE |
| THE GOVERNOR'S ACADEMY 1 ELM STREET BYFIELD, MA 01922 | 04-2103564 | | 5,000 | | | | ANNUAL APPEAL |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE HAVEN AT SKANDA 4000 MOSLEY ROAD CAZENOVIA, NY 13035 | 52-1053406 | | 21,000 | | | | GENERAL PURPOSE |
| THE MEDIA UNIT 327 MONTGOMERY ST SYRACUSE, NY 13202 | 16-1548882 | | 5,000 | | | | SUPPORT FOR THE ETC PROJECT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE MUSEUM OF SCIENCE & TECHNOLOGY FOUNDATION 500 S FRANKLIN ST SYRACUSE, NY 13202 | 22-3158446 | | 155,257 | | | | GENERAL PURPOSE, EVENT SPONSORSHIP, PROGRAM SUPPORT |
| THE NEW YORK CASA ASSOCIATION 318 WELLS AVE WEST NORTH SYRACUSE, NY 13212 | 15-0532247 | | 5,000 | | | | SUPPORT FOR ONONDAGA CASA |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE NEW YORK COMMUNITY TRUST 909 THIRD AVE FL 22 NEW YORK, NY 10022 | 13-3062214 | | 10,000 | | | | SUPPORT FOR NYS CENSUS EQUITY FUND |
| THE NEWLAND CENTER (THE LEARNING PLACE) 1443 E GENESEE ST SYRACUSE, NY 13210 | 86-1061215 | | 6,100 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE PARADE COMPANY 9500 MT ELLIOTT STUDIO A DETROIT, MI 48211 | 38-2684772 | | 17,875 | | | | SUPPORT FOR THE MICHIGAN THANKSGIVING PARADE FOUNDATION |
| THE READING LEAGUE 4031 HOWLETT HILL RD SYRACUSE, NY 13215 | 81-0820021 | | 455,700 | | | | GENERAL PURPOSE |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE SALVATION ARMY 18 EAST GENESEE STREET AUBURN, NY 13021 | 13-5562351 | | 5,000 | | | | GENERAL PURPOSE |
| THE SALVATION ARMY OF SYRACUSE 677 S SALINA STREET 100 SYRACUSE, NY 13202 | 13-5562351 | | 69,192 | | | | GENERAL PURPOSE, PROGRAM SUPPORT, EVENT SPONSORSHIP |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| THE SAMARITAN CENTER 215 NORTH STATE STREET SYRACUSE, NY 13203 | 16-1328786 | | 16,708 | | | | GENERAL PURPOSE, CAPITAL CAMPAIGN, ANNUAL APPEAL, PROGRAM SUPPORT |
| THE UPSTATE FOUNDATION 750 E ADAMS STREET SYRACUSE, NY 13210 | 16-1068101 | | 106,500 | | | | SUPPORT FOR THE PLACE CENTER, PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TIOUGHNIOGA LAKE PRESERVATION FOUNDATION INC PO BOX 467 DE RUYTER, NY 13052 | 45-4550041 | | 5,000 | | | | GENERAL PURPOSE |
| TOMORROW'S NEIGHBORHOODS TODAY 412 CITY HALL COMMONS 201 E WASHINGTON ST SYRACUSE, NY 13202 | 47-5635762 | | 46,473 | | | | GENERAL PURPOSE, SUPPORT FOR MATERIALS & SUPPLIES |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TOMPKINS CORTLAND COMMUNITY COLLEGE 170 NORTH STREET PO BOX 139 DRYDEN, NY 13053 | | | 37,858 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| UJA-FEDERATION OF NEW YORK 130 EAST 59TH STREET SUITE 929C NEW YORK, NY 10022 | 51-0172429 | | 6,000 | | | | HONORARIUMS |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED CEREBRAL PALSY ASSOC OF CAYUGA COUNTY INC 182 NORTH STREET AUBURN, NY 13021 | 15-0576613 | | 30,000 | | | | CAPITAL CAMPAIGN IMAGINATION STATION |
| UNITED PRESBYTERIAN CHURCH OF CORTLAND 25 CHURCH ST CORTLAND, NY 13045 | | | 5,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED WAY OF CNY PO BOX 2129 SYRACUSE, NY 13220 | 15-0532073 | | 265,387 | | | | GENERAL PURPOSE, SUPPORT FOR EARLY CHILDHOOD ALLIANCE |
| UNITED WAY OF INDIAN RIVER COUNTY 1836 14TH AVE VERO BEACH, FL 32960 | 27-4180892 | | 10,000 | | | | ANNUAL MEMBERSHIP |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY AT BUFFALO SUNY 232 CAPEN HALL BUFFALO, NY 14260 | | | 77,687 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| UNIVERSITY OF PENNSYLVANIA 601 FRANKLIN BLDG 3451 WALNUT ST PHILADELPHIA, PA 19104 | | | 5,000 | | | | SCHOLARSHIP |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNIVERSITY OF ROCHESTER FINANCIAL AID OFFICE PO BOX 270261 ROCHESTER, NY 14627 | | | 6,000 | | | | SCHOLARSHIPS |
| UPSTATE EMERGENCY MEDICINE INC JACOBSEN HALL 750 E ADAMS ST SYRACUSE, NY 13210 | 16-1502502 | | 11,300 | | | | GENERAL PURPOSE |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| VASSAR COLLEGE 124 RAYMOND AVENUE POUGHKEEPSIE, NY 12604 | | | 5,500 | | | | SAY YES TO EDUCATION SCHOLARSHIPS, SCHOLARSHIPS |
| VERA HOUSE INC 723 JAMES ST SYRACUSE, NY 13203 | 51-0201530 | | 45,767 | | | | GENERAL PURPOSE, CAPITAL CAMPAIGN, PROGRAM SUPPORT |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VOLUNTEER LAWYERS PROJECT OF ONONDAGA COUNTY INC 221 SOUTH WARREN STREET SYRACUSE, NY 13202 | 46-1593349 | | 46,000 | | | | GENERAL PURPOSE, PERFORMANCE MANAGEMENT |
| WBUR 909 - BOSTON UNIVERSITY 890 COMMONWEALTH AVENUE BOSTON, MA 02215 | 26-3347402 | | 5,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WCNY TV24 - PUBLIC BROADCASTING COUNCIL OF CNY INC PO BOX 2400 SYRACUSE, NY 13220 | 16-0876277 | | 38,401 | | | | GENERAL PURPOSE, PROGRAM SUPPORT |
| WELLS COLLEGE 170 MAIN STREET AURORA, NY 13026 | 15-0532276 | | 8,678 | | | | GENERAL PURPOSE, SCHOLARSHIP |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| WHOLE ME INC 1010 JAMES STREET SYRACUSE, NY 13203 | 04-3743001 | | 43,400 | | | | GENERAL PURPOSE |
| WHOLEHEART INC 333 ATHERTON WAY GREENSBORO, VT 05841 | 46-4300314 | | 30,000 | | | | TEACHER SUPPORT SYSTEMS, COURAGE RENEWAL PROGRAM |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WISDOM THINKERS NETWORK 1736 STATE ROUTE 5 ELBRIDGE, NY 13060 | 22-2420597 | | 9,000 | | | | GENERAL PURPOSE |
| WOMEN'S OPPORTUNITY CENTER 901 JAMES STREET SYRACUSE, NY 13203 | 16-1482758 | | 57,000 | | | | GENERAL PURPOSE |

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

| (a) Name and address of organization or government | (b) EIN | (c) IRC 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WRVO STATION 7060 STATE ROUTE 104 OSWEGO, NY 13126 | 15-0543477 | | 7,300 | | | | GENERAL PURPOSE |
| YMCA OF GREATER SYRACUSE 340 MONTGOMERY STREET SYRACUSE, NY 13202 | 15-0532278 | | 165,275 | | | | GENERAL PURPOSE, PROGRAM SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| YWCA OF CORTLAND 14 CLAYTON AVENUE CORTLAND, NY 13045 | 15-0536617 | | 6,000 | | | | PROGRAM SUPPORT |
| YWCA OF SYRACUSE & ONONDAGA COUNTY 401 DOUGLAS STREET SYRACUSE, NY 13203 | 15-0532277 | | 13,345 | | | | GENERAL PURPOSE, PROGRAM SUPPORT |

Schedule J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRAL NEW YORK COMMUNITY FOUNDATION
INC

Employer identification number
15-0626910

Part I Questions Regarding Compensation

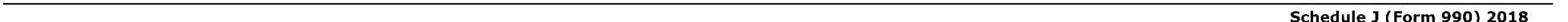
| | | Yes | No | | |
|---|---|---|----|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | | No | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | Yes | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | |
| <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | | No | | |
| | 4b | Yes | | | |
| | 4c | | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> | | | | | |
| <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | | No | | |
| | 5b | | No | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | | No | | |
| | 6b | | No | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | | No | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | | No | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | |

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 1A | PETER A DUNN IS REIMBURSED FOR CENTURY CLUB DUES TO BE USED FOR BUSINESS PURPOSES ONLY. THESE ARE VALID BUSINESS EXPENSES AND BECAUSE THERE IS NO PERSONAL USE, NO PORTION IS TREATED AS COMPENSATION. ANY PERSONAL USE PORTION IS PAID DIRECTLY BY THE CEO. |

| Return Reference | Explanation |
|------------------|-----------------------|
| PART I, LINE 4B | PETER A DUNN \$15,500 |



Schedule J (Form 990) 2018

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRAL NEW YORK COMMUNITY FOUNDATION
INC

Employer identification number
15-0626910

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|----------------------------|---|--|---|
| 1 Art—Works of art | | 0 | | |
| 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 | 74 | 1,776,085 | STOCK PROCEEDS |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

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

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**Open to Public
Inspection**

Department of the Treasury

Name of the organization

CENTRAL NEW YORK COMMUNITY FOUNDATION
INC

Employer identification number

15-0626910

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| FORM 990, PART VI, SECTION B, LINE 11B | THE CHIEF FINANCIAL OFFICER CONDUCTS A COMPLETE REVIEW OF THE IRS FORM 990 AND DISCUSSES A NY ISSUES/ QUESTIONS WITH THE PERSON WHO PREPARED THE RETURN, THE CEO AND TREASURER OF THE BOARD THE AUDIT COMMITTEE REVIEWS THE RETURN, AS WELL |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | PURSUANT TO THE CONFLICT OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS (IE BOARD MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP AND EMPLOYEES) COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE FURTHER, THE PERSON WITH THE CONFLICT OF INTEREST WITH RESPECT TO A TRANSACTION IS REQUIRED TO RECUSE THEMSELVES FROM DELIBERATIONS AND DECISION REGARDING THE TRANSACTIONS WHEN SOMEONE BECOMES A COVERED PERSON AND ANNUALLY THEREAFTER EACH COVERED PERSON IS REQUIRED TO SIGN A STATEMENT AFFIRMING THAT HE/SHE (1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (2) HAS READ THE POLICY AND UNDERSTANDS THE POLICY, AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICT OF INTEREST QUESTIONNAIRE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 15 | THE PROCESS FOR DETERMINING COMPENSATION OF THE COMMUNITY FOUNDATION'S PRESIDENT AND CEO, OFFICERS, AND KEY EMPLOYEES INCLUDES COMPARING THE COMPENSATION PAID BY THE COMMUNITY FOUNDATION TO COMPENSATION OF OTHER ORGANIZATIONS AS REPORTED ON THE IRS FORM 990, THE USE OF COMPENSATION SURVEYS AND STUDIES, AND APPROVAL BY THE BOARD OF DIRECTORS |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| FORM 990, PART VI, SECTION C, LINE 18 | A COPY OF THE MOST RECENT IRS FORM 990 CAN BE FOUND ON THE COMMUNITY FOUNDATION'S WEBSITE PRIOR YEAR TAX RETURNS ARE AVAILABLE UPON REQUEST |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| FORM 990, PART VI, SECTION C, LINE 19 | THE MOST RECENT AUDITED FINANCIAL STATEMENTS CAN BE FOUND ON THE COMMUNITY FOUNDATION'S WEBSITE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---------------------------------|--|
| FORM 990, PART XI, LINE 9 | CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 374,836 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
CENTRAL NEW YORK COMMUNITY FOUNDATION
INC

Employer identification number

15-0626910

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|---|--|---------------------|---------------------------|---|
| (1) CNY PHILANTHROPY CENTER LLC 431 E FAYETTE ST SYRACUSE, NY 13202 26-4462686 | HOLDS THE REAL PROPERTY AT 431 E FAYETTE STREET | NY | 116,986 | 4,417,688 | CENTRAL NEW YORK COMMUNITY FOUNDATION INC |
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Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled entity? | |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| | | | | | | Yes | No |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|----------------------------|---|--|--|---------------------------------|--|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
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Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

| | Yes | No |
|--|-----------|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | 1a | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | |
| c Gift, grant, or capital contribution from related organization(s) | 1c | |
| d Loans or loan guarantees to or for related organization(s) | 1d | |
| e Loans or loan guarantees by related organization(s) | 1e | |
| f Dividends from related organization(s) | 1f | |
| g Sale of assets to related organization(s) | 1g | |
| h Purchase of assets from related organization(s) | 1h | |
| i Exchange of assets with related organization(s) | 1i | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n | |
| o Sharing of paid employees with related organization(s) | 1o | |
| p Reimbursement paid to related organization(s) for expenses | 1p | |
| q Reimbursement paid by related organization(s) for expenses | 1q | |
| r Other transfer of cash or property to related organization(s) | 1r | |
| s Other transfer of cash or property from related organization(s) | 1s | |

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|-------------------------------------|-------------------------------|------------------------|--|
| | | | |
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Part VII **Supplemental Information**

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

| Return Reference | Explanation |
|-------------------------|--------------------|
| | |