

Form **990**
(Rev. January 2020)
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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **APR 1, 2019** and ending **MAR 31, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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 100 City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202 F Name and address of principal officer: PETER A. DUNN SAME AS C ABOVE	D Employer identification number 15-0626910 E Telephone number (315) 422-9538 G Gross receipts \$ 50,457,982. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CNYCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	29
	6	Total number of volunteers (estimate if necessary)	6	125
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	1,271.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 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)	12,044,504.	4,961,856.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	287,896.	331,508.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,897,424.	28,975,923.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)	2,052,774.	2,371,214.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 941,588.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,366,345.	1,326,451.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,830,483.	18,866,618.
	19	Revenue less expenses. Subtract line 18 from line 12	10,066,941.	10,109,305.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 279,278,951.	End of Year 258,034,360.
	21	Total liabilities (Part X, line 26)	23,559,155.	22,003,827.
	22	Net assets or fund balances. Subtract line 21 from line 20	255,719,796.	236,030,533.

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 PETER A. DUNN, PRESIDENT & CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name BETTINA LIPPHARDT	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00956232
	Firm's name ▶ BONADIO & CO., LLP	Firm's EIN ▶ 16-1131146	Phone no. (315) 422-7109		
	Firm's address ▶ 432 NORTH FRANKLIN STREET SYRACUSE, NY 13204				

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

Part III Statement of Program Service Accomplishments

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

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 [X] No

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

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 \$ 5,685,905. including grants of \$ 5,215,951.) (Revenue \$ 211,040.) 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.

4b (Code:) (Expenses \$ 8,198,379. including grants of \$ 7,640,335.) (Revenue \$ 23,056.) 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.

4c (Code:) (Expenses \$ 1,991,684. including grants of \$ 1,539,112.) (Revenue \$ 0.) SCHOLARSHIPS SCHOLARSHIP 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.

4d Other program services (Describe on Schedule O.) (Expenses \$ 982,840. including grants of \$ 773,555.) (Revenue \$ 272.)

4e Total program service expenses 16,858,808.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	21	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
7a			X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
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 on Schedule O		X
9			X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10a			X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11a		X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12a		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b		X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
13		X	
14	Did the organization have a written document retention and destruction policy?	X	
14		X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a		X	
b	Other officers or key employees of the organization	X	
15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16a			X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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 **▶**
KIM SADOWSKI - (315) 422-9538
431 EAST FAYETTE STREET, NO. 100, SYRACUSE, NY 13202

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) J. ANDREW BREUER PAST CHAIR	1.00	X					0.	0.	0.	
(2) DANIEL J. FISHER VICE CHAIR	1.00	X		X			0.	0.	0.	
(3) CASEY CRABILL CHAIR	1.00	X		X			0.	0.	0.	
(4) HON. JULIE A. CECILE MEMBER	1.00	X					0.	0.	0.	
(5) CARAGH D. FAHY TREASURER	1.00	X		X			0.	0.	0.	
(6) KATE FELDMEIER FRANZ MEMBER	1.00	X					0.	0.	0.	
(7) MARK A. FULLER, CPA MEMBER	1.00	X					0.	0.	0.	
(8) LEE M. GATTA MEMBER	1.00	X					0.	0.	0.	
(9) CAROLYN D. GERAKOPOULOS MEMBER	1.00	X					0.	0.	0.	
(10) GRACE B. GHEZZI, CPA MEMBER	1.00	X					0.	0.	0.	
(11) DAVID HOLSTEIN, ESQ. COMPLIANCE OFFICER	1.00	X		X			0.	0.	0.	
(12) DAREN C. JAIME MEMBER	1.00	X					0.	0.	0.	
(13) LARRY R. LEATHERMAN MEMBER	1.00	X					0.	0.	0.	
(14) MICHAEL F. MEATH MEMBER	1.00	X					0.	0.	0.	
(15) TIMOTHY PENIX MEMBER	1.00	X					0.	0.	0.	
(16) J. DANIEL PLUFF MEMBER	1.00	X					0.	0.	0.	
(17) DR. EMAD RAHIM MEMBER	1.00	X					0.	0.	0.	

**CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.**

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 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			
(18) M. JACK RUDNICK, ESQ. MEMBER	1.00	X					0.	0.	0.	
(19) KARIN SLOAN DELANEY, ESQ. MEMBER	1.00	X					0.	0.	0.	
(20) GWEN WEBBER-MCLEOD MEMBER	1.00	X					0.	0.	0.	
(21) MARYANN M. WINTERS, CPA MEMBER	1.00	X					0.	0.	0.	
(22) STEPHEN D. FOURNIER MEMBER	1.00	X					0.	0.	0.	
(23) BEA GONZALEZ MEMBER	1.00	X					0.	0.	0.	
(24) REBECCA BRONFEIN RAPHAEL MEMBER	1.00	X					0.	0.	0.	
(25) PETER A. DUNN PRESIDENT & CEO	40.00			X			260,046.	0.	22,292.	
(26) KIMBERLY SADOWSKI SR. VICE PRESIDENT & CFO	40.00			X			151,611.	0.	15,266.	
1b Subtotal							411,657.	0.	37,558.	
c Total from continuation sheets to Part VII, Section A							349,189.	0.	44,753.	
d Total (add lines 1b and 1c)							760,846.	0.	82,311.	

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 5

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

**CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.**

Form 990 (2019)

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Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a 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	23,682,559.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 8,490,433.				
	h Total. Add lines 1a-1f			23,682,559.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,428,607.			2,428,607.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				24,015,308.			
	b Less: cost or other basis and sales expenses	7b	21,482,059.				
	c Gain or (loss)	7c	2,533,249.				
d Net gain or (loss)			2,533,249.		2,533,249.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a MISCELLANEOUS	Business Code	900099	234,368.	234,368.		
	b ADMIN MANAGEMENT FEE (EXPENSE)		561000	97,140.		97,140.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			331,508.			
12 Total revenue. See instructions			28,975,923.	234,368.	0.	5,058,996.	

**CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.**

Form 990 (2019)

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,168,953.	15,168,953.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	451,965.	145,439.	197,446.	109,080.
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	1,538,293.	701,559.	441,676.	395,058.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	121,226.	56,816.	36,570.	27,840.
9 Other employee benefits	126,522.	55,250.	42,828.	28,444.
10 Payroll taxes	133,208.	57,311.	42,297.	33,600.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,151.		11,151.	
c Accounting	54,356.	6,111.	43,205.	5,040.
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 Sch O.)	146,716.	146,716.		
12 Advertising and promotion				
13 Office expenses	111,034.	35,965.	28,466.	46,603.
14 Information technology	75,575.	33,038.	24,839.	17,698.
15 Royalties				
16 Occupancy	172,064.	100,534.	43,888.	27,642.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	164,441.	67,638.	38,479.	58,324.
20 Interest	99,522.	61,942.	22,841.	14,739.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	257,111.	160,023.	59,009.	38,079.
23 Insurance	24,897.	15,496.	5,714.	3,687.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DEVELOPMENT & MARKETING	129,910.	1,966.	8,413.	119,531.
b DUES	46,289.	18,366.	14,872.	13,051.
c PROGRAM EXPENSES	18,779.	18,779.		
d EQUIPMENT RENTAL AND MA	10,231.	4,464.	3,372.	2,395.
e All other expenses	4,375.	2,442.	1,156.	777.
25 Total functional expenses. Add lines 1 through 24e	18,866,618.	16,858,808.	1,066,222.	941,588.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.**

Form 990 (2019)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	5,258.	1	200,383.	
	2 Savings and temporary cash investments	2,329,411.	2	2,533,143.	
	3 Pledges and grants receivable, net	1,465,696.	3	970,846.	
	4 Accounts receivable, net	3,750,981.	4	5,250,435.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	141,140.	9	82,932.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,993,116.			
	b Less: accumulated depreciation	10b 2,701,622.	4,419,364.	10c	4,291,494.
	11 Investments - publicly traded securities	195,757,681.	11	189,050,181.	
	12 Investments - other securities. See Part IV, line 11	65,868,900.	12	50,910,934.	
	13 Investments - program-related. See Part IV, line 11	250,000.	13	250,000.	
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	5,290,520.	15	4,494,012.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	279,278,951.	16	258,034,360.		
Liabilities	17 Accounts payable and accrued expenses	127,560.	17	175,730.	
	18 Grants payable	3,286,305.	18	3,682,768.	
	19 Deferred revenue	355,485.	19	328,081.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	200.	21	0.	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	3,150,000.	23	2,878,574.	
	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	16,639,605.	25	14,938,674.	
	26 Total liabilities. Add lines 17 through 25	23,559,155.	26	22,003,827.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	187,433,273.	27	175,808,192.	
	28 Net assets with donor restrictions	68,286,523.	28	60,222,341.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	255,719,796.	32	236,030,533.	
33 Total liabilities and net assets/fund balances	279,278,951.	33	258,034,360.		

Form **990** (2019)

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	28,975,923.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,866,618.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,109,305.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	255,719,796.
5	Net unrealized gains (losses) on investments	5	-29,686,023.
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 on Schedule O)	9	-112,545.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	236,030,533.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 **section 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						

CENTRAL NEW YORK COMMUNITY FOUNDATION,

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	22975931.	23394810.	25170988.	13565024.	23682559.	108789312
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	22975931.	23394810.	25170988.	13565024.	23682559.	108789312
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.						108789312

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	22975931.	23394810.	25170988.	13565024.	23682559.	108789312
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2950954.	4415410.	7329400.	12044504.	4961856.	31702124.
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.)	200,439.	255,336.	271,353.	287,896.	137,228.	1152252.
11 Total support. Add lines 7 through 10						141643688
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	76.80	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	76.63	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. 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			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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>		
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

1 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):		
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		(A) Prior Year	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).		

CENTRAL NEW YORK COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2019 INC.

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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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

CENTRAL NEW YORK COMMUNITY FOUNDATION,

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.)

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

Employer identification number

15-0626910

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.	Employer identification number 15-0626910
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>1,049,474.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>985,386.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>594,553.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>1,325,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>500,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>442,568.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.	Employer identification number 15-0626910
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>5,003,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,282,684.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>2,016,967.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.	Employer identification number 15-0626910
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
2	2,717 SHARES OF HILLROM HOLDINGS ON 11/1/2019; 6,630 SHARES OF HILLROM HOLDINGS ON 6/18/19	\$ 985,386.	11/01/19
3	5,260 SHARES OF HILLROM HOLDINGS ON 12/20/2019	\$ 594,553.	12/20/19
9	VARIOUS STOCKS	\$ 1,260,317.	12/23/19
11	VARIOUS STOCKS	\$ 2,016,967.	12/16/19
		\$ _____	_____
		\$ _____	_____

Name of organization CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.	Employer identification number 15-0626910
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 organization CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.	Employer identification number 15-0626910
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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.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

CENTRAL NEW YORK COMMUNITY FOUNDATION,

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 (grassroots 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.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	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.		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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					

CENTRAL NEW YORK COMMUNITY FOUNDATION,

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?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		32,500.
j Total. Add lines 1c through 1i			32,500.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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 campaign activity 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.

PART II-B, LINE 1:

DURING THE YEAR, THE FOUNDATION PAID \$7,500 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, AND \$25,000 TO THE CHILDREN'S DEFENSE FUND IN SUPPORT OF THE STATEWIDE LEAD FREE NEW YORK CAMPAIGN.

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 instructions and the latest information.**

OMB No. 1545-0047

2019

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	348	485
2 Aggregate value of contributions to (during year)	16,682,932.	6,887,083.
3 Aggregate value of grants from (during year)	7,640,335.	7,528,618.
4 Aggregate value at end of year	95,602,817.	140,427,720.

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 (for example, recreation or education) Preservation of a 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 Tax 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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 make 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 program
 - 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 | 1,681,327. |
| d Additions during the year | 91,383. |
| e Distributions during the year | 105,662. |
| f Ending balance | 1,667,048. |
- 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 on 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	68,725,553.	68,293,911.	63,758,795.	59,178,505.	64,741,993.
b Contributions	347,962.	980,370.	258,532.	1,383,161.	792,666.
c Net investment earnings, gains, and losses	-6,330,777.	1,443,743.	7,054,632.	7,365,129.	-2,331,906.
d Grants or scholarships	3,058,824.	865,203.	1,605,552.	2,775,579.	2,542,508.
e Other expenditures for facilities and programs	1,375,724.	1,127,268.	1,172,496.	1,392,421.	1,481,740.
f Administrative expenses					
g End of year balance	58,308,190.	68,725,553.	68,293,911.	63,758,795.	59,178,505.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 82.32 %
 - b Permanent endowment 12.49 %
 - c Term endowment 5.19 %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 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		5,890,993.	1,964,664.	3,926,329.
c Leasehold improvements				
d Equipment				
e Other		848,348.	736,958.	111,390.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,291,494.

**CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.**

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	572,966.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	14,635,617.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS AND FUNDS OF		
(D) FUNDS	35,702,351.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	50,910,934.	

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. (Col. (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	
(2) CHARITABLE REMAINDER ANNUITY	
(3) TRUSTS/CHARITABLE REMAINDER	
(4) UNITRUSTS	86,673.
(5) CHARITABLE GIFT ANNUITIES	358,803.
(6) DEFERRED COMPENSATION	232,078.
(7) ENDOWMENTS HELD FOR OTHER	
(8) NOT-FOR-PROFIT ORGANIZATIONS	14,261,120.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	14,938,674.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.

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	-822,645.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		-29,686,023.
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d		-112,545.
e Add lines 2a through 2d	2e		-29,798,568.
3 Subtract line 2e from line 1		3	28,975,923.
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	28,975,923.

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	18,866,618.
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	18,866,618.
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	18,866,618.

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.

PART IV, LINE 1B:

THE FOUNDATION IS THE TRUSTEE OF SEVEN CHARITABLE REMAINDER TRUSTS.

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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT -112,545.

INTENDED USE OF ENDOWMENT FUNDS:

Part XIII Supplemental Information (continued)

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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on 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

2019

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" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CAYMAN ISLANDS			INVESTMENTS HELD IN CAYMAN ISLANDS	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	36,167,711.
JERSEY, ENGLISH CHANNEL			INVESTMENTS HELD IN JERSEY, ENGLISH CHANNEL	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	963,375.
GUERNSEY, ENGLISH CHANNEL			INVESTMENTS HELD IN GUERNSEY, ENGLISH CHANNEL	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	467,052.
3 a Subtotal	0	0			37,598,138.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			37,598,138.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2019
SEE PART V FOR COLUMN (E) DESCRIPTIONS

**CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.**

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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 ▶ _____

CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.

Schedule F (Form 990) 2019

15-0626910

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 3, COLUMN (E):

REGION: CAYMAN ISLANDS

(E) SPECIFIC TYPES OF SERVICES IN REGION: 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.

REGION: JERSEY, ENGLISH CHANNEL

(E) SPECIFIC TYPES OF SERVICES IN REGION: 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.

REGION: GUERNSEY, ENGLISH CHANNEL

(E) SPECIFIC TYPES OF SERVICES IN REGION: 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.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
13THIRTY CANCER CONNECT, INC. 1000 ELMWOOD AVE ROCHESTER, NY 14620	47-4493013		8,900.	0.			SUPPORT FOR WELLNESS CENTER
1890 HOUSE MUSEUM AND CENTER FOR THE ARTS - 37 TOMPKINS STREET - CORTLAND, NY 13045	13-2951986		11,200.	0.			GENERAL SUPPORT
ACCESS TO INDEPENDENCE OF CORTLAND COUNTY - 26 NORTH MAIN STREET - CORTLAND, NY 13045	16-1557965		7,000.	0.			GENERAL SUPPORT; HELPING VICTIMS
ACCESSNY 1603 COURT STREET SYRACUSE, NY 13208	15-0532247		113,921.	0.			GENERAL PURPOSE; SUPPORT FOR PROVISIONS
ACTION FOR HEALTHY KIDS, INC. 600 VAN BUREN ST STE 720 CHICAGO, IL 60622	47-0902020		50,000.	0.			SUPPORT FOR GAME ON PROGRAM
ADVOCATES INC. 636 OLD LIVERPOOL ROAD LIVERPOOL, NY 13088	16-1453716		8,500.	0.			GENERAL SUPPORT, STAFF TRAINING

- 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 ▶ _____

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

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(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			11,000.	0.			SCHOLARSHIPS
ALGEBRA SOCIETY, INC. 8 STATE ROUTE 37 STE 6 HOGANSBURG, NY 13655	82-3378242		8,500.	0.			GENERAL SUPPORT
ALLEGHENY COLLEGE 520 N. MAIN ST MEADVILLE, PA 16335			11,000.	0.			GENERAL SUPPORT AND SCHOLARSHIPS
ALS ASSOCIATION OF CENTRAL NEW YORK - 135 OLD COVE ROAD SUITE 213 - LIVERPOOL, NY 13090	13-3616680		21,078.	0.			GENERAL SUPPORT
ALTERNATIVE EFFORTS CENTER OF CNY, INC. - 212 WAYNE STREET - SYRACUSE, NY 13203	16-1379232		31,500.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION CENTRAL NEW YORK CHAPTER - 441 W KIRKPATRICK ST - SYRACUSE, NY 13204	14-1634958		15,450.	0.			GENERAL SUPPORT
AMERICAN FOUNDATION FOR SUICIDE PREVENTION - 120 WALL STREET 22ND FLOOR - NEW YORK, NY 10005	13-3393329		10,000.	0.			SUPPORT FOR CENTRAL NEW YORK
AMERICAN HEART ASSOCIATION/GREATER SYRACUSE & NORTH COUNTRY - 2 CLINTON SQUARE, SUITE 305 - SYRACUSE, NY 13202	16-0915734		33,700.	0.			GENERAL SUPPORT; GO RED; HEART WALK
AMERICAN HOME FURNISHINGS HALL OF FAME FOUNDATION, INC. - 202 NEAL PL - HIGH POINT, NC 27262	31-1764449		5,000.	0.			EVENT SUPPORT

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AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	52-1573446		5,000.	0.			GENERAL SUPPORT
AMERICAN LEGION POST 239/ROBERT J. HYDON POST - PO BOX 24 - SKANEATELES, NY 13152	16-6093851		5,200.	0.			CAMPAIGN SUPPORT
AMERICAN POMEROY HISTORIC GENEALOGICAL ASSOCIATION, INC. - 492 E BRIGHTON AVE - SYRACUSE, NY 13210	81-0873322		100,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS/CNY CHAPTER 344 WEST GENESEE STREET SYRACUSE, NY 13202	53-0196605		35,400.	0.			GENERAL SUPPORT, DISASTER RELIEF, SUPPORT FOR SOUND THE ALARM PROGRAM
ARISE FOUNDATION, INC. 635 JAMES STREET SYRACUSE, NY 13203	16-1186293		13,750.	0.			GENERAL SUPPORT
ARTS AT THE PALACE 19 UTICA ST HAMILTON, NY 13346	20-5762886		20,000.	0.			SUPPORT FOR SCRIPT TO STAGE PROGRAM
ASBURY UNITED METHODIST CHURCH 205 SOUTH MAIN STREET HARRISONBURG, VA 22801			6,500.	0.			GENERAL SUPPORT
AUBURN PUBLIC THEATER 8 EXCHANGE STREET AUBURN, NY 13021	20-3577149		12,000.	0.			GENERAL AND PROGRAM SUPPORT; SCHOLARSHIPS
AURORA OF CNY 518 JAMES STREET, STE 100 SYRACUSE, NY 13203	15-0543651		27,650.	0.			GENERAL AND PROGRAM SUPPORT

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BALDWINVILLE COMMUNITY SCHOLARSHIP FOUNDATION, INC. - PO BOX 88 - BALDWINVILLE, NY 13027	16-1075625		9,043.	0.			SUPPORT FOR DOLLARS FOR SCHOLARS
BALTIMORE WOODS NATURE CENTER 4007 BISHOP HILL ROAD PO BOX 133 MARCELLUS, NY 13108	16-0973044		16,614.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT; EVENT SPONSORSHIP
BEAUTIFUL MESS MINISTRIES, INC. PO BOX 142 SODUS, NY 14551	81-2810966		15,000.	0.			GENERAL SUPPORT
BELLEVUE HEIGHTS UNITED METHODIST CHURCH - 2112 SOUTH GEDDES STREET - SYRACUSE, NY 13207			15,000.	0.			GENERAL SUPPORT
BISHOP LUDDEN JR/SR HIGH SCHOOL 815 FAY RD SYRACUSE, NY 13219			10,910.	0.			GENERAL AND PROGRAM SUPPORT
BLESSED SACRAMENT SCHOOL 3129 JAMES STREET SYRACUSE, NY 13206			6,300.	0.			GENERAL AND CAPITAL SUPPORT
BOSTON FOUNDATION 75 ARLINGTON ST BOSTON, MA 02116	04-2104021		50,000.	0.			ADDITION TO FUND
BOSTON UNIVERSITY 881 COMMONWEALTH AVE, LOWER LEVEL BOSTON, MA 02215			5,000.	0.			SAY YES TO EDUCATION SCHOLARSHIPS
BOY SCOUTS OF AMERICA - LONGHOUSE COUNCIL - 2803 BREWERTON ROAD - SYRACUSE, NY 13211	16-0966978		17,000.	0.			GENERAL SUPPORT; PROGRAM SUPPORT

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BOYS & GIRLS CLUBS OF SYRACUSE 2100 EAST FAYETTE ST SYRACUSE, NY 13224	15-0532240		57,367.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; CAMPAIGN SUPPORT
BRADY FAITH CENTER 404 SOUTH AVENUE SYRACUSE, NY 13204			207,032.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; EDUCATIONAL SUPPORT; SPONSORSHIP SUPPORT
BROOKLINE COMMUNITY FOUNDATION, INC. - 40 WEBSTER PLACE - BROOKLINE, MA 02445	04-2103944		5,000.	0.			GENERAL SUPPORT
BROWARD HOUSE, INC. 1726 SE 3RD AVE FORT LAUDERDALE, FL 33316	59-2913416		9,792.	0.			GENERAL SUPPORT
BROWN UNIVERSITY BOX 1827 - 69 BROWN STREET PROVIDENCE, RI 02912			10,000.	0.			SAY YES TO EDUCATION SCHOLARSHIPS
BUFFALO STATE COLLEGE MOOT HALL 230 1300 ELMWOOD AVENUE BUFFALO, NY 14222			117,681.	0.			SCHOLARSHIPS
BUILDING MEN PROGRAM, INC. 103 MANN DR SYRACUSE, NY 13209	47-3788818		6,000.	0.			GENERAL SUPPORT
CALVARY CHAPEL OF THE FINGER LAKES 1777 STATE ROUTE 332 FARMINGTON, NY 14425			20,000.	0.			SUPPORT FOR CALVARY CHAPEL ACADEMY
CATHOLIC CHARITIES 1654 W ONONDAGA ST SYRACUSE, NY 13204	15-0532085		58,500.	0.			GENERAL SUPPORT; PROGRAM SUPPORT

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CATHOLIC CHARITIES/OXFORD STREET INN SHELTER - 1654 WEST ONONDAGA STREET - SYRACUSE, NY 13204	15-0532085		50,000.	0.			GENERAL SUPPORT
CAYUGA COMMUNITY COLLEGE 197 FRANKLIN STREET BUILDING M #232 AUBURN, NY 13021			29,854.	0.			SCHOLARSHIPS
CAYUGA COUNTY COMMUNITY HEALTH NETWORK - 2119 W GENESEE ST RD - AUBURN, NY 13021	16-1552889		6,500.	0.			SUPPORT FOR DIABETES PRESENTATION
CAYUGA MUSEUM OF HISTORY AND ART 203 GENESEE STREET AUBURN, NY 13021	15-0533567		5,783.	0.			GENERAL SUPPORT
CAZENOVIA COLLEGE 22 SULLIVAN STREET CAZENOVIA, NY 13035			11,624.	0.			GENERAL SUPPORT; SCHOLARSHIPS
CAZENOVIA PUBLIC LIBRARY 100 ALBANY STREET CAZENOVIA, NY 13035	15-0532080		51,910.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
CENTER FOR COMMUNITY ALTERNATIVES (CCA) - 115 EAST JEFFERSON ST - STE 300 - SYRACUSE, NY 13202	16-1395992		21,750.	0.			GENERAL SUPPORT
CENTERSTATE CEO FOUNDATION 115 WEST FAYETTE STREET SYRACUSE, NY 13202	22-2305294		5,000.	0.			PROJECT SUPPORT
CENTRAL NEW YORK DIAPER BANK, INC 3649 ERIE BLVD. EAST SYRACUSE, NY 13214	81-2106440		11,250.	0.			GENERAL SUPPORT

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CHARLES N. GORDON WILDLIFE REHABILITATION CENTER, INC. - PO BOX 90 - HAMILTON, NY 13346	83-2797618		10,000.	0.			SUPPORT FOR CATCH AND RELEASE RACCOON CAGES
CHILD ADVOCACY OF OSWEGO 163 S. FIRST STREET FULTON, NY 13069	16-1603892		13,390.	0.			GENERAL SUPPORT
CHRISTIAN BROTHERS ACADEMY 6245 RANDALL ROAD SYRACUSE, NY 13214			130,500.	0.			GENERAL SUPPORT; SCHOLARSHIPS; CAPITAL CAMPAIGN
CITY OF SYRACUSE/COMMISSIONER OF FINANCE - 233 EAST WASHINGTON STREET - SYRACUSE, NY 13202			10,000.	0.			SUPPORT FOR CENSUS 2020 COMPLETE COUNT COORDINATOR
CLARKSON UNIVERSITY PO BOX 5500 POTSDAM, NY 13699			40,121.	0.			SCHOLARSHIPS
CLEAR PATH FOR VETERANS, INC. 1223 SALT SPRINGS ROAD CHITTENANGO, NY 13037	27-5206513		10,820.	0.			GENERAL SUPPORT
CNY CHILDREN'S FOUNDATION, INC. PO BOX 90 CANASTOTA, NY 13032	47-4220332		7,000.	0.			SUPPORT FOR ADA-COMPLIANT PLAYGROUND EQUIPMENT
CNY JAZZ ARTS FOUNDATION, INC. 441 EAST WASHINGTON STREET SYRACUSE, NY 13202	16-1546134		27,450.	0.			GENERAL SUPPORT
CNY LAND TRUST P.O. BOX 9417 SYRACUSE, NY 13290	23-7399316		65,500.	0.			GENERAL SUPPORT

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CNY RONALD MCDONALD HOUSE CHARITIES, INC. - 1100 EAST GENESEE STREET - SYRACUSE, NY 13210	22-2371193		12,800.	0.			GENERAL SUPPORT
CNY SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS - 5878 EAST MOLLOY RD - SYRACUSE, NY 13211	15-0532072		9,792.	0.			GENERAL SUPPORT
COMMUNITY ACTION PROGRAM FOR MADISON COUNTY - 3 E MAIN STREET PO BOX 249 - MORRISVILLE, NY 13408	16-1289461		20,100.	0.			GENERAL SUPPORT
COMMUNITY FOUNDATION OF HERKIMER & ONEIDA COUNTIES, INC. - 2608 GENESEE ST - UTICA, NY 13502	15-6016932		20,000.	0.			GENERAL SUPPORT
CONNECT AFRICA FOUNDATION, INC. 222 PLEASANT STREET NEWTON CENTER, MA 02459	37-1496337		20,000.	0.			GENERAL SUPPORT
CORNELL UNIVERSITY 144 EAST AVE ITHACA, NY 14853			29,675.	0.			SCHOLARSHIPS; PROGRAM SUPPORT
CORTLAND AREA COMMUNITIES THAT CARE COALITION - 33-35 CENTRAL AVE - CORTLAND, NY 13045	34-2064367		55,000.	0.			PROGRAM SUPPORT
CORTLAND CHENANGO RURAL SERVICES, INC. - PO BOX 57 - CINCINNATUS, NY 13040	45-5599324		5,000.	0.			CAPITAL SUPPORT
CORTLAND COMMUNITY FOUNDATION 3334 NYS ROUTE 215 PO BOX 466 CORTLAND, NY 13045	16-1561037		15,800.	0.			PROGRAM SUPPORT; SPONSORSHIP SUPPORT

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CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. - 32 NORTH MAIN ST - CORTLAND, NY 13045	16-1004653		13,000.	0.			PROGRAM SUPPORT
CORTLAND COUNTY FAMILY YMCA 22 TOMPKINS STREET CORTLAND, NY 13045	15-0533570		5,000.	0.			CAPITAL SUPPORT
CORTLAND COUNTY HISTORICAL SOCIETY, INC. - 25 HOMER AVENUE - CORTLAND, NY 13045	15-0555683		15,000.	0.			PROJECT SUPPORT; PROGRAM SUPPORT
CORTLAND LOAVES & FISHES PO BOX 170 CORTLAND, NY 13045	16-1236737		7,000.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
CORTLAND MEMORIAL FOUNDATION, INC. 134 HOMER AVENUE CORTLAND, NY 13045	22-2230692		5,000.	0.			PROGRAM SUPPORT
CORTLAND REPERTORY THEATRE 24 PORT WATSON ST CORTLAND, NY 13045	16-1004610		5,665.	0.			GENERAL SUPPORT
COVENANT HOUSE - NEW YORK, NY 461 EIGHTH AVENUE NEW YORK, NY 10001	13-2725416		12,900.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT
CRADLES TO CRAYONS, INC. 155 NORTH BEACON STREET BRIGHTON, MA 02135	04-3584367		5,000.	0.			GENERAL SUPPORT
CROUSE HEALTH FOUNDATION 736 IRVING AVE SYRACUSE, NY 13210	16-1035427		88,900.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT

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DANA-FARBER CANCER INSTITUTE, INC. THE JIMMY FUND PO BOX 849168 BOSTON, MA 02284	04-2263040		13,025.	0.			JIMMY FUND; SPONSORSHIP SUPPORT
DANCE THEATER OF SYRACUSE 117 HARVARD PL SYRACUSE, NY 13210-2653	47-4526049		6,592.	0.			CAPITAL IMPROVEMENTS; PROGRAM SUPPORT
DAVID'S REFUGE 8195 CAZENOVIA ROAD MANLIUS, NY 13104	45-3686680		24,199.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT
DELTA TORCH FOUNDATION PO BOX 6578 SYRACUSE, NY 13217	16-1480742		7,038.	0.			SCHOLARSHIPS
DEWITT COMMUNITY CHURCH 3600 ERIE BLVD E DEWITT, NY 13214			28,800.	0.			GENERAL SUPPORT; UPKEEP OF CEMETERY
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452		5,400.	0.			GENERAL SUPPORT; DISASTER RELIEF
DUCKS UNLIMITED, INC. ONE WATERFOWL WAY MEMPHIS, TN 38120	13-5643799		10,000.	0.			SCHOLARSHIPS
DUNBAR ASSOCIATION, INC. 1453 S. STATE STREET SYRACUSE, NY 13205	15-0533563		7,100.	0.			GENERAL SUPPORT
EARLVILLE FREE LIBRARY PO BOX 120 - N MAIN ST EARLVILLE, NY 13332	15-0618864		39,235.	0.			GENERAL SUPPORT

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EAST AREA FAMILY YMCA 200 TOWNE DRIVE FAYETTEVILLE, NY 13066	15-0532278		12,250.	0.			GENERAL AND PROGRAM SUPPORT
ELMCREST CHILDREN'S CENTER 960 SALT SPRINGS RD SYRACUSE, NY 13224	15-0539090		26,700.	0.			GENERAL SUPPORT; CAPITAL CAMPAIGN
ENCOUNTER CHRISTIAN FELLOWSHIP 705 HAMILTON ST SYRACUSE, NY 13204	15-6025819		5,000.	0.			GENERAL SUPPORT
ERIE CANAL MUSEUM 318 ERIE BLVD EAST SYRACUSE, NY 13202	15-0624395		37,450.	0.			GENERAL AND PROGRAM SUPPORT; ADDITIONAL STAFF
EVERSON MUSEUM OF ART 401 HARRISON STREET SYRACUSE, NY 13202	15-0616499		167,797.	0.			GENERAL AND PROGRAM SUPPORT; CAPITAL CAMPAIGN
FAITH HERITAGE SCHOOL 3740 MIDLAND AVE SYRACUSE, NY 13205			10,250.	0.			GENERAL SUPPORT
FAMILY COUNSELING SERVICES OF CORTLAND COUNTY - 165 MAIN ST STE A - CORTLAND, NY 13045	16-0975006		5,000.	0.			TOO GOOD FOR DRUGS PROGRAM SUPPORT
FARNHAM FAMILY SERVICES 283 WEST SECOND ST STE 200 OSWEGO, NY 13126	16-0990872		25,000.	0.			SUPPORT FOR POTENTIAL STRATEGIC PARTNERSHIP
FASHION INSTITUTE OF TECHNOLOGY 227 WEST 27TH STREET ROOM A-212A NEW YORK, NY 10001			8,240.	0.			SAY YES TO EDUCATION SCHOLARSHIPS

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FELLOWSHIP OF CHRISTIAN ATHLETES 1301 EAST COLVIN ST ROOM 105 SYRACUSE, NY 13244	44-0610626		20,200.	0.			GENERAL SUPPORT
FIGHT FOR HEARTS 103 CLAIRE RD SYRACUSE, NY 13214	46-4012014		8,596.	0.			EQUIPMENT PURCHASE; PROGRAM SUPPORT
FINGER LAKES COMMUNITY COLLEGE 3325 MARVIN SANDS DR, RM D-229 CANANDAIGUA, NY 14424			6,111.	0.			SCHOLARSHIPS
FINGER LAKES LAND TRUST 202 EAST COURT STREET ITHACA, NY 14850	22-2983688		133,000.	0.			GENERAL AND PROGRAM SUPPORT; CAPITAL CAMPAIGN
FIRST BAPTIST CHURCH OF PULASKI 7 BRIDGE STREET PULASKI, NY 13142			7,800.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH OF SYRACUSE 5833 EAST SENECA TURNPIKE JAMESVILLE, NY 13078			9,000.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 27 ALBANY ST. CAZENOVIA, NY 13035			24,000.	0.			GENERAL SUPPORT; CAPITAL CAMPAIGN
FIRST UNITARIAN UNIVERSALIST SOCIETY OF SYRACUSE - 109 WARING ROAD - SYRACUSE, NY 13224			6,000.	0.			GENERAL SUPPORT
FOOD BANK OF CNY 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	20-2816988		71,575.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; PROGRAM SUPPORT

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(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
FRACTURED ATLAS, INC. PO BOX 55 HARTSDALE, NY 10530-0055	11-3451703		8,000.	0.			SPONSORSHIP SUPPORT
FRANCIS HOUSE 108 MICHAELS AVE SYRACUSE, NY 13208	16-1585910		36,050.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT
FRANK H. HISCOCK LEGAL AID SOCIETY 351 SOUTH WARREN STREET SYACUSE, NY 13202	15-0527253		6,700.	0.			GENERAL SUPPORT
FREE WHEELCHAIR MISSION PO BOX 52001 DEPARTMENT 921 PHOENIX, AZ 85072	31-1781635		55,000.	0.			GENERAL SUPPORT
FRIENDS OF CENTRAL LIBRARY (FOCL) 447 SOUTH SALINA STREET, 2ND FLOOR SYRACUSE, NY 13202	16-1440173		6,700.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT
FRIENDS OF ISRAEL DEFENSE FORCES PO BOX 4224 NEW YORK, NY 10163	13-3156445		10,000.	0.			CAMPAIGN SUPPORT
FRIENDS OF THE ROSAMOND GIFFORD ZOO AT BURNET PARK - 1 CONSERVATION PLACE - SYRACUSE, NY 13204	23-7083532		85,205.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT; PROGRAM SUPPORT
FRIENDS OF THE SCCS PLANETARIUM PO BOX 186 AURORA, NY 13026	27-1794748		120,000.	0.			GENERAL SUPPORT
GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE - 2040 N DIXIE HIGHWAY, - WILTON MANORS, FL 33305	65-0431045		12,240.	0.			GENERAL SUPPORT

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GEORGE & REBECCA BARNES FOUNDATION 930 JAMES STREET SYRACUSE, NY 13203	20-1811339		10,000.	0.			CAPITAL SUPPORT
GEORGETOWN UNIVERSITY 2115 WISCONSIN AVE, NW, SUITE 500 WASHINGTON, DC 20007			22,500.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
GLOBAL LYME ALLIANCE, INC. 1290 E MAIN ST FL 3 STAMFORD, CT 06902	06-1559393		10,500.	0.			GENERAL SUPPORT
GOOD LIFE YOUTH FOUNDATION 2610 SOUTH SALINA STREET #4 SYRACUSE, NY 13205	26-1123420		7,350.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
GOVERNANCE MATTERS 272 BROADWAY ALBANY, NY 12204	46-4094066		10,000.	0.			PROGRAM SUPPORT
GRACE CHAPEL 1674 CHERRY VALLEY TURNPIKE SKANEATELES, NY 13152			30,000.	0.			CAPITAL SUPPORT
GRACE EPISCOPAL CHURCH - SYRACUSE 819 MADISON ST SYRACUSE, NY 13210			12,500.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
GREATER SYRACUSE PROPERTY DEVELOPMENT CORPORATION - 431 EAST FAYETTE STREET - SYRACUSE, NY 13202	46-2382007		150,000.	0.			PROGRAM SUPPORT
GULF COAST COMMUNITY FOUNDATION 601 TAMIAMI TRAIL SOUTH VENICE, FL 34285	59-1052433		100,000.	0.			GENERAL SUPPORT

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HABITAT FOR HUMANITY/TOMPKINS & CORTLAND COUNTIES - PO BOX 4683 - ITHACA, NY 14852	90-0238478		5,000.	0.			PROGRAM SUPPORT
HALF-SHIRE HISTORICAL SOCIETY PO BOX 73 1100 COUNTY ROUTE 48 RICHLAND, NY 13144	22-2142376		7,835.	0.			CAPITAL SUPPORT
HAMILTON CENTRAL SCHOOL 47 WEST KENDRICK SCHOOL HAMILTON, NY 13346			17,995.	0.			PROGRAM SUPPORT
HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323			12,000.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
HEART TO HEART INTERNATIONAL, INC. 13250 WEST 98TH ST LENEXA, KS 66215	48-1108359		50,000.	0.			CAMPAIGN SUPPORT
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477		5,212.	0.			GENERAL SUPPORT
HELIO HEALTH 770 JAMES STREET, SUITE 141 SYRACUSE, NY 13203	15-0532288		25,000.	0.			OPERATIONAL SUPPORT
HELPING HOUNDS DOG RESCUE 6606 KINNE ROAD DEWITT, NY 13214	26-4132608		170,192.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAPITAL SUPPORT
HERKIMER COUNTY COMMUNITY COLLEGE 100 RESERVOIR ROAD HERKIMER, NY 13350			5,000.	0.			SCHOLARSHIP SUPPORT

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HILLSIDE CHILDREN'S FOUNDATION/ALBANY - PO BOX 1901 - ALBANY, NY 12201	16-0743039		15,400.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT
HOBART & WILLIAM SMITH COLLEGES 615 SOUTH MAIN STREET GENEVA, NY 14456			22,100.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
HOLY CROSS CHURCH 4112 E GENESEE ST DEWITT, NY 13214			9,000.	0.			GENERAL SUPPORT
HOLY CROSS SCHOOL 4200 E GENESEE ST DEWITT, NY 13214			10,500.	0.			EDUCATIONAL SUPPORT
HOLY FAMILY HOSPITAL FOUNDATION 2000 P ST NW STE 310 WASHINGTON, DC 20036	52-2050117		5,000.	0.			GENERAL SUPPORT
HOME HEADQUARTERS 538 ERIE BLVD WEST SYRACUSE, NY 13204	22-2982267		165,000.	0.			CAPITAL SUPPORT; PROGRAM SUPPORT
HOMEVILLE MUSEUM, INC. PO BOX 162 HOMER, NY 13077	20-4130195		5,000.	0.			PROGRAM SUPPORT
HOPE FOR ARIANG FOUNDATION, INC. PO BOX 15327 SYRACUSE, NY 13215	20-8067683		5,000.	0.			GENERAL SUPPORT
HOPE FOR BEREAVED 4500 ONONDAGA BLVD SYRACUSE, NY 13219	16-1370553		22,925.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT

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HOSPICE FOUNDATION OF CNY, INC. 990 SEVENTH NORTH STREET LIVERPOOL, NY 13088	16-1438980		16,292.	0.			GENERAL SUPPORT
HOSPICE OF CNY 990 SEVENTH NORTH ST LIVERPOOL, NY 13088	16-1438980		5,550.	0.			GENERAL SUPPORT
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FORT LAUDERDALE, FL 33312	59-6002321		12,240.	0.			GENERAL SUPPORT
IGNATIAN VOLUNTEER CORPS 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214	52-1885486		7,000.	0.			PROGRAM SUPPORT
IMAGE INITIATIVE, INC 4465 EAST GENESEE STREET #175 DEWITT, NY 13214	61-1494484		20,000.	0.			PROGRAM SUPPORT; SPONSORSHIP SUPPORT
IMMACULATE CONCEPTION CHURCH 400 SALT SPRINGS ST FAYETTEVILLE, NY 13066			31,000.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; HOPE APPEAL
IMPACT FOUNDATION PO BOX 25277 OVERLAND PARK, KS 66225	47-3574130		103,000.	0.			ADDITION TO FUND
IN MY FATHER'S KITCHEN PO BOX 11328 SYRACUSE, NY 13218	45-2777205		7,000.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
INLET VOLUNTEER EMERGENCY SERVICES, INC. - PO BOX 300 - INLET, NY 13360	16-1549797		5,000.	0.			CAPITAL SUPPORT

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INTERFAITH WORKS OF CENTRAL NEW YORK - 1010 JAMES STREET - SYRACUSE, NY 13203	16-1064233		98,069.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT; PROGRAM SUPPORT; CAPITAL SUPPORT
ITHACA COLLEGE 953 DANBY ROAD ITHACA, NY 14850			36,700.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
JEFFERSON COMMUNITY COLLEGE 1220 OUTER COFFEEN STREET WATERTOWN, NY 13601			6,375.	0.			SCHOLARSHIP SUPPORT
JEWISH COMMUNITY FOUNDATION OF CENTAL NEW YORK - 5655 THOMPSON ROAD - DEWITT, NY 13214	16-1599356		25,801.	0.			GENERAL SUPPORT
JEWISH FEDERATION OF CENTRAL NEW YORK, INC. - 5655 THOMPSON ROAD - DEWITT, NY 13214	15-0543614		36,956.	0.			GENERAL SUPPORT
JEWISH HOME OF CENTRAL NEW YORK, INC. - 4101 E GENESEE ST - SYRACUSE, NY 13214	15-0539103		23,650.	0.			CAPITAL SUPPORT
JIM AND JULI BOEHEIM FOUNDATION, INC. - 1075 COMSTOCK AVE - SYRACUSE, NY 13244	80-0434367		31,000.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT
JOSEPH'S HOUSE FOR WOMEN, INC. 1101 BURNET AVE SYRACUSE, NY 13203	46-2485173		131,655.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
JOWONIO SCHOOL 3049 E GENESEE STREET SYRACUSE, NY 13224			6,000.	0.			GENERAL SUPPORT

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JUBILEE HOMES OF SYRACUSE, INC. 119 SOUTH AVE SYRACUSE, NY 13204	16-1330593		10,000.	0.			PROGRAM SUPPORT
JUNIOR ACHIEVEMENT OF CENTRAL UPSTATE NY - 290 ELWOOD DAVIS RD, STE 290 #6 - LIVERPOOL, NY 13088	16-0956147		10,000.	0.			PROGRAM SUPPORT
JUSTICE RESOURCE INSTITUTE, INC. 160 GOULD STREET, SUITE 300 NEEDHAM, MA 02494	04-2526357		10,000.	0.			GENERAL SUPPORT
KIMBALL UNION ACADEMY PO BOX 188 MERIDEN, NH 03770	02-0222147		75,000.	0.			GENERAL SUPPORT
LAKE ERIE COLLEGE OF OSTEOPATHIC MEDICINE, INC. - 5515 PEACH ST - ERIE, PA 16509	25-1698677		5,000.	0.			GENERAL SUPPORT
LEAD NEW YORK PROGRAM 275B WARREN HALL ITHACA, NY 14853	22-6506148		8,560.	0.			GENERAL SUPPORT
LEAGUE OF WOMEN VOTERS PO BOX 11866 SYRACUSE, NY 13218	13-6215058		7,000.	0.			PROGRAM SUPPORT
LEGAL SERVICES OF CENTRAL NEW YORK, INC. - 221 S WARREN ST STE 300 - SYRACUSE, NY 13202	16-0925269		25,250.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
LEMOYNE COLLEGE 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214			271,565.	0.			GENERAL & PROGRAM SUPPORT; SCHOLARSHIPS; CAPITAL IMPROVEMENTS

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LIBERTY RESOURCES, INC. - CORTLAND 149 S MAIN ST CORTLAND, NY 13045	16-1129675		5,000.	0.			PROGRAM SUPPORT
LIME HOLLOW NATURE CENTER, INC. 338 MCLEAN RD CORTLAND, NY 13045	23-7339667		25,000.	0.			CAPITAL SUPPORT; EDUCATIONAL SUPPORT
LITERACY COALITION OF ONONDAGA COUNTY - PO BOX 2129 518 JAMES STREET - SYRACUSE, NY 13220	15-0532073		61,046.	0.			SUPPORT FOR LITERACY COALITION OF ONONDAGA COUNTY OPERATIONS
LITERACYCNY 100 NEW STREET SYRACUSE, NY 13202	16-1002098		29,900.	0.			GENERAL SUPPORT
LIVERPOOL PUBLIC LIBRARY 310 TULIP ST LIVERPOOL, NY 13088	16-1463853		13,500.	0.			SUPPORT FOR SHELVING FOR CHILDREN'S ROOM
LONGHOUSE COUNCIL, BSA 2803 BREWERTON ROAD SYRACUSE, NY 13211	16-0966978		11,550.	0.			GENERAL SUPPORT
LORETTO FOUNDATION 700 EAST BRIGHTON AVE SYRACUSE, NY 13205	22-2339225		10,776.	0.			GENERAL SUPPORT; SUPPORT FOR PASTORAL SPACE
LORETTO HEALTH & REHABILITATION CENTER - 700 E BRIGHTON AVE - SYRACUSE, NY 13205	20-0503099		75,000.	0.			GENERAL SUPPORT; COVID RELIEF SUPPORT
LOTUS SCHOOL OF LIBERAL ARTS PO BOX 340 OTTSVILLE, PA 18942	81-2067627		8,500.	0.			CARPENTRY PROJECTS; STAFF SUPPORT

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MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK, INC. - 5005 CAMPUSWOOD DR - EAST SYRACUSE, NY 13057	22-2572086		11,450.	0.			GENERAL SUPPORT
MANLIUS PEBBLE HILL SCHOOL 5300 JAMESVILLE RD SYRACUSE, NY 13214			1,472,736.	0.			GENERAL & PROGRAM SUPPORT; CAPITAL PROJECTS
MARY NELSON'S YOUTH DAY FOUNDATION 2849 S SALINA ST SYRACUSE, NY 13205	25-1916320		5,250.	0.			GENERAL SUPPORT
MATTHEW HOUSE INC. 43 METCALF DRIVE AUBURN, NY 13021	16-1591811		34,014.	0.			GENERAL SUPPORT
MCPMAHON/RYAN CHILD ADVOCACY SITE 601 EAST GENESEE ST SYRACUSE, NY 13202	16-1563195		116,615.	0.			GENERAL & PROGRAM SUPPORT; CAPITAL IMPROVEMENTS
MEALS ON WHEELS OF SYRACUSE 300 BURT STREET SYRACUSE, NY 13202	16-0970999		17,660.	0.			GENERAL & PROGRAM SUPPORT; CAPITAL IMPROVEMENTS
MEDAILLE COLLEGE 18 AGASSIZ CIRCLE BUFFALO, NY 14214			10,000.	0.			SAY YES TO EDUCATION SCHOLARSHIPS
MERCY WORKS, INC. 1221 S SALINA ST SYRACUSE, NY 13202	16-1553234		52,350.	0.			GENERAL & PROGRAM SUPPORT
MERCYHURST COLLEGE 501 E 38TH ST ERIE, PA 16546			5,400.	0.			SCHOLARSHIPS

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MICHIGANS THANKSGIVING PARADE 9500 MT. ELLIOTT STUDIO A DETROIT, MI 48211	38-2460378		7,750.	0.			GENERAL SUPPORT
MIDDLE TENNESSEE STATE UNIVERSITY 1301 EAST MAIN ST MURFREESBORO, TN 37132-0001			8,200.	0.			SCHOLARSHIPS
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL RD MILLBROOK, NY 12545			17,500.	0.			GENERAL SUPPORT; SCHOLARSHIPS
MOHAWK VALLEY COMMUNITY COLLEGE PAYNE HALL 1101 SHERMAN DRIVE UTICA, NY 13501			11,721.	0.			SCHOLARSHIPS
MONROE COMMUNITY COLLEGE 1000 EAST HENRIETTA ROAD ROCHESTER, NY 14623			25,028.	0.			SAY YES TO EDUCATION SCHOLARSHIPS
MORRISVILLE COLLEGE FOUNDATION INC. - PO BOX 901 - MORRISVILLE, NY 13408	51-0205028		25,000.	0.			SUPPORT FOR RECYCLING PROGRAM
MOST HOLY NAME OF JESUS PARISH 1700 HARPSTER ST PITTSBURGH, PA 15212			5,000.	0.			PROGRAM SUPPORT
MUSCULAR DYSTROPHY ASSOCIATION OF CENTRAL & NORTHERN NY - 6315 FLY ROAD, SUITE 102 - EAST SYRACUSE, NY 13057	13-1665552		5,800.	0.			GENERAL & PROGRAM SUPPORT
MUSEUM OF SCIENCE & TECHNOLOGY FOUNDATION - 500 S FRANKLIN ST - SYRACUSE, NY 13202	22-3158446		87,450.	0.			GENERAL SUPPORT; SCHOLARSHIP

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MUSICAL ASSOCIATES OF CENTRAL NEW YORK, INC. DBA SYMPHORIA - PO BOX 1161 - SYRACUSE, NY 13201	46-1080817		22,920.	0.			GENERAL SUPPORT
NATIONAL BRAILLE ASSOCIATION, INC. 95 ALLENS CREEK RD STE 2 ROCHESTER, NY 14618	22-6064715		5,100.	0.			GENERAL SUPPORT
NATIONAL COUNCIL OF TEACHERS OF ENGLISH - 1111 WEST KENYON ROAD - URBANA, IL 61801	37-0715886		16,200.	0.			GENERAL SUPPORT
NATIONAL MATH FOUNDATION, INC. PO BOX 155 ITHACA, NY 14851-0155	46-1116885		20,000.	0.			PROGRAM SUPPORT
NATIONAL MUSEUM OF POLO & HALL OF FAME - 9011 LAKE WORTH RD - LAKE WORTH, FL 33467	36-3308567		60,000.	0.			GENERAL SUPPORT
NATURAL HERITAGE TRUST/ALBANY OFFICE - 625 BROADWAY - ALBANY, NY 12207	16-1019635		5,500.	0.			SUPPORT FOR GREEN LAKES
NATURE CONSERVANCY/CENTRAL & WESTERN NY - 274 N GOODMAN ST STE B261 - ROCHESTER, NY 14607	53-0242652		22,000.	0.			PROGRAM SUPPORT
NEBRASKA FARM BUREAU FOUNDATION PO BOX 80299 LINCOLN, NE 68501	46-1740947		10,000.	0.			DISASTER RELIEF
NEHDA - NORTHEAST HAWLEY DEVELOPMENT ASSN - 101 GERTRUDE ST - SYRACUSE, NY 13203	16-1117485		11,540.	0.			SUPPORT FOR STRATEGIC PLANNING

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NEIGHBORHOOD INNOVATIONS, INC. 516 BURT ST SYRACUSE, NY 13202	27-3672698		100,000.	0.			EQUIPMENT PURCHASE
NEW YORK ANIMAL AGRICULTURE COALITION - PO BOX 147 - GREENWICH, NY 12834	46-5077587		15,100.	0.			GENERAL SUPPORT; DAIRY COW BIRTHING CENTER
NEW YORK CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET - FLOOR 17 - NEW YORK, NY 10275	90-0808294		70,700.	0.			GENERAL & PROGRAM SUPPORT
NEW YORK FFA LEADERSHIP TRAINING FOUNDATION, INC. - 9340 LONG POND RD - CROGHAN, NY 13327	15-6012484		21,650.	0.			GENERAL SUPPORT
NORTH AREA MEALS ON WHEELS, INC. 413 CHURCH STREET NORTH SYRACUSE, NY 13212	22-2296486		10,100.	0.			GENERAL SUPPORT; EQUIPMENT PURCHASE
NORTH SIDE LEARNING CENTER 501 PARK STREET SYRACUSE, NY 13203	27-1357086		6,500.	0.			GENERAL SUPPORT; EQUIPMENT PURCHASE
NORTH SYRACUSE EDUCATION FOUNDATION, INC. - PO BOX 5225 - SYRACUSE, NY 13220	16-1605888		5,600.	0.			GENERAL SUPPORT
NORTHEAST COMMUNITY CENTER (NECC) 716 HAWLEY AVE SYRACUSE, NY 13203			29,887.	0.			PROGRAM SUPPORT; SUPPORT FOR DATABASE EVALUATION
NORTHEASTERN UNIVERSITY 400 HUNTINGTON AVENUE BOSTON, MA 02115			7,750.	0.			SCHOLARSHIPS; SUPPORT FOR SCHOOL OF LAW

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(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		11,000.	0.			CAPITAL CAMPAIGN
NYS AGRICULTURAL SOCIETY FOUNDATION, INC. - 1818 LINWOOD RD - LINWOOD, NY 14486	27-1174254		10,300.	0.			GENERAL SUPPORT
ON POINT FOR COLLEGE 488 W ONONDAGA ST SYRACUSE, NY 13202			53,100.	0.			GENERAL & PROGRAM SUPPORT
ONEIDA AREA DAY CARE CENTER, INC. 447 SAYLES STREET ONEIDA, NY 13421	16-0985068		15,000.	0.			CAPITAL IMPROVEMENTS; EQUIPMENT PURCHASES
ONEIDA FAMILY YMCA 701 SENECA STREET ONEIDA, NY 13421	23-7045379		18,000.	0.			CAPITAL IMPROVEMENTS
ONONDAGA COMMUNITY COLLEGE 4585 WEST SENECA TURNPIKE RM 220 SYRACUSE, NY 13215			199,313.	0.			SCHOLARSHIPS
ONONDAGA COUNTY 421 MONTGOMERY ST, FL 14 SYRACUSE, NY 13202			10,000.	0.			PROGRAM SUPPORT
ONONDAGA COUNTY/DEPARTMENT OF CHILD & FAMILY SERVICES - 421 MONTGOMERY ST, 7TH FLOOR - SYRACUSE, NY 13202			1,501,000.	0.			SUPPORT FOR SAY YES TO EDUCATION PROGRAMS
ONONDAGA COUNTY/DEPT OF COMMUNITY DEVELOPMENT - 421 MONTGOMERY ST FL 11 - SYRACUSE, NY 13202			7,200.	0.			SUPPORT FOR CENSUS 2020

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ONONDAGA HISTORICAL ASSOCIATION 321 MONTGOMERY STREET SYRACUSE, NY 13202	15-0533554		62,800.	0.			GENERAL & PROGRAM SUPPORT
OPEN FIGURE DRAWING INC. 101 ELOISE TERRACE SYRACUSE, NY 13207	59-3763087		5,000.	0.			EQUIPMENT PURCHASE
OPERATION WALK NEW YORK INC. 5824 WIDEWATERS PKWY EAST SYRACUSE, NY 13057	27-4787826		20,000.	0.			GENERAL SUPPORT
OPHELIA'S PLACE PO BOX 621 LIVERPOOL, NY 13088	74-3043020		5,000.	0.			CAPITAL IMPROVEMENTS
OPTOMETRIC CENTER OF NEW YORK 33 WEST 42ND ST NEW YORK, NY 10036	13-1819472		26,000.	0.			SCHOLARSHIPS
ORDER OF MALTA - FEDERAL ASSOCIATION - PO BOX 223132 - CHANTILLY, VA 20153	52-1113253		14,150.	0.			GENERAL SUPPORT
OSBORNE ASSOCIATION 809 WESTCHESTER AVE BRONX, NY 10455	13-5563028		21,750.	0.			GENERAL SUPPORT
OWASCO WATERSHED LAKE ASSOCIATION, INC. - PO BOX 1 - AUBURN, NY 13021	22-2921543		9,000.	0.			SUPPORT FOR ROADSIDE DITCH EROSION MITIGATION PROJECT
PARK CENTRAL PRESBYTERIAN CHURCH 504 EAST FAYETTE STREET SYRACUSE, NY 13202			10,600.	0.			GENERAL SUPPORT

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PARKLAND COLLEGE FOUNDATION 2400 W BRADLEY AVE CHAMPAIGN, IL 61821	23-7025130		10,000.	0.			SCHOLARSHIP
PATRIOT ART FOUNDATION 5174 FOREST OAKS DR HOLLYWOOD, SC 29449	83-2039772		5,000.	0.			PROGRAM SUPPORT
PEACE, INC. 217 SOUTH SALINA ST. 2ND FLOOR SYRACUSE, NY 13202	16-6095039		6,100.	0.			GENERAL & PROGRAM SUPPORT
PENN STATE UNIVERSITY 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802			15,000.	0.			SCHOLARSHIPS
PGR FOUNDATION, INC. 121 TILDEN DR EAST SYRACUSE, NY 13057	47-2407532		5,000.	0.			SUPPORT FOR SAFE SITTER TRAINING
PHILLIPS FREE LIBRARY 37 S MAIN ST HOMER, NY 13077	15-0532226		6,000.	0.			SUPPORT FOR TECH EXPLORERS PROGRAM
PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK - 1120 E GENESEE ST - SYRACUSE, NY 13210	16-0746860		25,090.	0.			GENERAL & PROGRAM SUPPORT
PROVIDENCE COLLEGE 333 EATON STREET PROVIDENCE, RI 02908			5,000.	0.			SAY YES TO EDUCATION SCHOLARSHIPS
PROVIDENCE SERVICES OF SYRACUSE, INC. - 1201 E FAYETTE ST SUITE 13 - SYRACUSE, NY 13210	47-1431103		5,000.	0.			SUPPORT FOR SHUTTLE TO WORK

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PULASKI ACADEMY & CENTRAL SCHOOLS 2 HINMAN ROAD PULASKI, NY 13142			8,699.	0.			GENERAL SUPPORT; SCHOLARSHIPS
PUNTO DE CONTACTO - POINT OF CONTACT - 350 WEST FAYETTE STREET - SYRACUSE, NY 13202	13-3020607		9,000.	0.			PROGRAM SUPPORT
PURPOSE FARM, INC. 1454 WEST GENESEE RD BALDWINVILLE, NY 13027	46-1446338		33,900.	0.			SUPPORT TO HIRE STAFF
REDHOUSE ARTS CENTER INC PO BOX 603 SYRACUSE, NY 13201	22-2366669		416,998.	0.			GENERAL & PROGRAM SUPPORT; EQUIPMENT PURCHASE
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET TROY, NY 12180	14-1340095		10,200.	0.			SCHOLARSHIPS
RESCUE MISSION ALLIANCE 155 GIFFORD STREET PO BOX 11122 SYRACUSE, NY 13202	15-0532073		234,608.	0.			GENERAL & PROGRAM SUPPORT; CAPITAL IMPROVEMENTS
RINGLING COLLEGE OF ART AND DESIGN 2700 N TAMIAMI TRAIL SARASOTA, FL 34234			5,000.	0.			GENERAL SUPPORT
RIVER HOSPITAL, INC. 4 FULLER ST ALEXANDRIA BAY, NY 13607	42-1585479		22,100.	0.			GENERAL SUPPORT
ROAD TO EMMAUS MINISTRY OF SYRACUSE, INC. - PO BOX 15224 - SYRACUSE, NY 13215	81-2536179		55,400.	0.			GENERAL & PROGRAM SUPPORT; CAPITAL CAMPAIGN

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ROCHESTER COMMUNITY INCLUSIVE ROWING, INC. - 265 BRETLYN CIR - ROCHESTER, NY 14618	45-1832009		10,000.	0.			GENERAL SUPPORT
ROCHESTER INSTITUTE OF TECHNOLOGY 56 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623			28,500.	0.			SCHOLARSHIP
ROMAN CATHOLIC DIOCESE OF SYRACUSE 240 EAST ONONDAGA STREET SYRACUSE, NY 13202			91,200.	0.			ANNUAL APPEAL; CAPITAL IMPROVEMENTS
SAGE UPSTATE 431 EAST FAYETTE STREET, SUITE 050 SYRACUSE, NY 13202	16-1540763		12,500.	0.			GENERAL SUPPORT; BRIDGE FUNDING
SAINT AGATHA FOUNDATION C/O NATIONAL PHILANTHROPIC TRUST - 165 TOWNSHIP LINE RD STE 150 - JENKINTOWN, PA 19046-3533	06-0012966		50,000.	0.			PROGRAM SUPPORT
SALVATION ARMY 138 SOUTH MAIN STREET BOX 781 CORTLAND, NY 13045	13-5562351		12,800.	0.			GENERAL & PROGRAM SUPPORT
SAMARITAN'S PURSE 801 BAMBOO ROAD PO BOX 3000 BOONE, NC 28607	58-1437002		6,000.	0.			GENERAL & PROGRAM SUPPORT
SARAH LAWRENCE COLLEGE 1 MEAD WAY BRONXVILLE, NY 10708			7,500.	0.			SAY YES TO EDUCATION SCHOLARSHIPS
SARAH'S GUEST HOUSE, INC. 130 ROBERTS AVENUE SYRACUSE, NY 13207	16-1426336		10,514.	0.			GENERAL SUPPORT

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SAVANNAH COLLEGE OF ART AND DESIGN PO BOX 2701 SAVANNAH, GA 31402			5,000.	0.			SCHOLARSHIPS
SCHEPENS EYE RESEARCH INSTITUTE 20 STANIFORD STREET BOSTON, MA 02114	04-2129889		9,600.	0.			GENERAL SUPPORT
SEBREE FIRST BAPTIST CHURCH 12100 STATE HIGHWAY 132 E SEBREE, KY 42455			15,000.	0.			GENERAL SUPPORT
SHERBURNE-EARLVILLE CENTRAL SCHOOL DISTRICT - 15 SCHOOL STREET - SHERBURNE, NY 13460			16,200.	0.			SCHOLARSHIPS
SISTERS OF ST. FRANCIS OF THE NEUMANN COMMUNITIES - FRANCISCAN VILLA 6900 BUCKLEY RD - SYRACUSE, NY 13212	20-4292535		7,000.	0.			GENERAL & PROGRAM SUPPORT
SKANEATELES CENTRAL SCHOOL DISTRICT - 49 E ELIZABETH ST - SKANEATELES, NY 13152			10,000.	0.			PROGRAM SUPPORT
SKANEATELES COMMUNITY CENTER 97 STATE STREET RD SKANEATELES, NY 13152	16-1556745		10,100.	0.			GENERAL SUPPORT
SKANEATELES EARLY CHILDHOOD CENTER 1574 US ROUTE 20 SKANEATELES, NY 13152	22-2316055		10,000.	0.			CAPITAL IMPROVEMENTS
SKANEATELES FESTIVAL, INC. 97 EAST GENESEE STREET SKANEATELES, NY 13152	22-2317577		66,264.	0.			GENERAL & PROGRAM SUPPORT

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SKANEATELES HISTORICAL SOCIETY 28 HANNUM ST SKANEATELES, NY 13152	23-7339639		5,714.	0.			GENERAL SUPPORT
SKANEATELES LAKE ASSOCIATION INC PO BOX 862 SKANEATELES, NY 13152	23-7045486		56,400.	0.			GENERAL SUPPORT
SLEEP IN HEAVENLY PEACE, INC./SYRACUSE CHAPTER - 8417 OSWEGO RD #260 - BALDWINVILLE, NY 13027	46-4346568		12,640.	0.			GENERAL SUPPORT
SOLVAY DOLLARS FOR SCHOLARS 400 SPENCER STREET SYRACUSE, NY 13204	46-4788252		5,950.	0.			SCHOLARSHIPS
ST. ANDREW BY THE SEA 20 POPE AVENUE HILTON HEAD, SC 29928	57-0545273		10,000.	0.			GENERAL SUPPORT
ST. DAVID'S EPISCOPAL CHURCH P.O. BOX 261 DEWITT, NY 13214			8,820.	0.			GENERAL SUPPORT
ST. JAMES CHURCH 6 GREEN ST CAZENOVIA, NY 13035			40,550.	0.			PROGRAM SUPPORT
ST. JAMES EPISCOPAL CHURCH 9 WILLIAMS STREET CLINTON, NY 13323			37,800.	0.			GENERAL SUPPORT
ST. JOHN FISHER COLLEGE 3690 EAST AVENUE ROCHESTER, NY 14618			20,260.	0.			SCHOLARSHIPS

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ST. JOSEPH'S ROMAN CATHOLIC CHURCH 5600 W GENESEE ST CAMILLUS, NY 13031-1311			6,000.	0.			GENERAL SUPPORT; CAPITAL CAMPAIGN
ST. MARY OF THE ASSUMPTION 47 SYRACUSE ST BALDWINVILLE, NY 13027			55,000.	0.			GENERAL & PROGRAM SUPPORT
ST. MARY'S OF THE LAKE CHURCH 81 JORDAN STREET SKANEATELES, NY 13152			5,650.	0.			GENERAL SUPPORT
ST. PAUL'S UNITED METHODIST CHURCH 2200 VALLEY DR SYRACUSE, NY 13207			6,000.	0.			SUPPORT FOR GENERAL MAINTENANCE
ST. ROSE OF LIMA SCHOOL 407 S MAIN ST NORTH SYRACUSE, NY 13212-2811			6,000.	0.			TUITION ASSISTANCE
STEWART B. LANG MEMORIAL LIBRARY 2577 E MAIN ST CATO, NY 13033	16-1127864		5,000.	0.			SUPPORT FOR NEW BUILDING
STONE QUARRY HILL ART PARK, INC. PO BOX 251 CAZENOVIA, NY 13035	16-1406217		93,050.	0.			GENERAL & MAINTENANCE SUPPORT
STONEHILL COLLEGE 320 WASHINGTON ST EASTON, MA 02357			5,000.	0.			GENERAL SUPPORT
SULLIVAN FREE LIBRARY 101 FALLS BLVD CHITTENANGO, NY 13037	23-7259944		15,000.	0.			PROGRAM SUPPORT

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SUNY ALBANY 1400 WASHINGTON AVENUE ALBANY, NY 12222			18,723.	0.			SCHOLARSHIP SUPPORT
SUNY BINGHAMTON PO BOX 6003 BINGHAMTON, NY 13902			53,681.	0.			SCHOLARSHIP SUPPORT
SUNY BROCKPORT 350 NEW CAMPUS DRIVE BROCKPORT, NY 14420			32,950.	0.			SCHOLARSHIP SUPPORT
SUNY COBLESKILL 107 SUFFOLK CIRCLE COBLESKILL, NY 12043			9,570.	0.			SCHOLARSHIP SUPPORT
SUNY COLLEGE OF ESF 1 FORESTRY DRIVE 103 BRAY HALL SYRACUSE, NY 13210			35,582.	0.			SCHOLARSHIP SUPPORT
SUNY CORTLAND PO BOX 2000 CORTLAND, NY 13045			45,042.	0.			SCHOLARSHIP SUPPORT
SUNY ESF COLLEGE FOUNDATION 1 FORESTRY DR OFC 1 214 BRAY HALL SYRACUSE, NY 13210	15-6023443		9,872.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; SPONSORSHIP SUPPORT
SUNY FREDONIA G140 WILLIAMS CENTER FREDONIA, NY 14063			18,258.	0.			SCHOLARSHIP SUPPORT
SUNY GENESEO 1 COLLEGE CIRCLE GENESE0, NY 14454			44,881.	0.			SCHOLARSHIP SUPPORT

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SUNY MORRISVILLE PO BOX 901 MORRISVILLE, NY 13408			45,216.	0.			SCHOLARSHIP SUPPORT
SUNY OSWEGO 408 CULKIN HALL OSWEGO, NY 13126			129,520.	0.			SCHOLARSHIP SUPPORT
SUNY POLYTECHNIC INSTITUTE 100 SEYMOUR ROAD UTICA, NY 13502			13,369.	0.			SCHOLARSHIP SUPPORT
SUNY POTSDAM 44 PIERREPONT AVENUE POTSDAM, NY 13676			15,770.	0.			SCHOLARSHIP SUPPORT
SUNY PURCHASE 735 ANDERSON HILL ROAD PURCHASE, NY 10577			17,484.	0.			SCHOLARSHIP SUPPORT
SUNY STONY BROOK 180 ADMINISTRATION BUILDING STONY BROOK, NY 11794			7,070.	0.			SCHOLARSHIP SUPPORT
SUNY UPSTATE MEDICAL UNIV/EMERGENCY MEDICINE, INC. - 750 EAST ADAMS STREET - SYRACUSE, NY 13210			11,500.	0.			GENERAL SUPPORT
SYRACUSE CITY BALLET, INC. 932 SPENCER STREET SYRACUSE, NY 13204	16-1530816		23,500.	0.			GENERAL SUPPORT
SYRACUSE CSD/ROBERTS SCHOOL 715 GLENWOOD AVE SYRACUSE, NY 13207			9,200.	0.			PROGRAM SUPPORT

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SYRACUSE FRIENDS OF CHAMBER MUSIC P.O. BOX 215 DEWITT, NY 13214	16-6053113		7,000.	0.			GENERAL SUPPORT
SYRACUSE INTERNATIONAL FILM & VIDEO FESTIVAL - 1153 WEST FAYETTE ST - SYRACUSE, NY 13204	26-1969924		18,000.	0.			PROGRAM SUPPORT
SYRACUSE STAGE 820 E GENESEE ST SYRACUSE, NY 13210	15-0623468		64,775.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
SYRACUSE UNIVERSITY 900 SOUTH CROUSE AVENUE SYRACUSE, NY 13244			22,950.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
SYRACUSE UNIVERSITY - BURSAR'S OFFICE - 102 ARCHBOLD GYMNASIUM - SYRACUSE, NY 13244-1140			6,172.	0.			SCHOLARSHIP SUPPORT
SYRACUSE UNIVERSITY - OFFICE OF FINANCIAL AID - 200 BOWNE HALL - SYRACUSE, NY 13244			29,900.	0.			SCHOLARSHIP SUPPORT
SYRACUSE UNIVERSITY/ADVANCEMENT & EXTERNAL AFFAIRS - 640 SKYTOP RD 2ND FL - SYRACUSE, NY 13244-5160			69,296.	0.			SCHOLARSHIP SUPPORT; PROGRAM SUPPORT
SYRACUSE UNIVERSITY/ATHLETIC DEVELOPMENT - 810 NOTTINGHAM RD - SYRACUSE, NY 13224			25,000.	0.			GENERAL SUPPORT
SYRACUSE UNIVERSITY/COLLEGE OF LAW DINEEN HALL 950 IRVING AVENUE SYRACUSE, NY 13244			17,618.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT

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SYRACUSE UNIVERSITY/L. C. SMITH COLLEGE OF ENGINEERING - COMPUTER SCIENCE - 223 LINK HALL - SYRACUSE, NY 13244			38,100.	0.			GENERAL SUPPORT
SYRACUSE UNIVERSITY/MAXWELL POLICY RESEARCH - 426 EGGERS HALL - SYRACUSE, NY 13244			14,400.	0.			PROGRAM SUPPORT
SYRACUSE UNIVERSITY/MAXWELL SCHOOL 200 EGGERS HALL SYRACUSE, NY 13244			5,176.	0.			SCHOLARSHIP SUPPORT
TEMPLE EMANU-EL OF SARASOTA 151 MCINTOSH RD SARASOTA, FL 34232	59-1145961		18,400.	0.			GENERAL SUPPORT
TEMPLE SOCIETY OF CONCORD 910 MADISON STREET SYRACUSE, NY 13210			61,740.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
THE COMMUNITY FOUNDATION OF SARASOTA COUNTY INC - 2635 FRUITVILLE RD - SARASOTA, FL 34237	59-1956886		9,300.	0.			GENERAL SUPPORT; ADDITION TO FUND
THE CORA FOUNDATION C/O ART RAGE GALLERY PO BOX 6865 SYRACUSE, NY 13217	16-1263983		19,768.	0.			ARTRAGE GALLERY
THE ELM PROJECT 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1431690		10,000.	0.			GENERAL SUPPORT
THE FIRST BAPTIST CHURCH 22 SYRACUSE STREET BALDWINVILLE, NY 13027			48,010.	0.			GENERAL SUPPORT

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THE FIRST TEE OF SYRACUSE 5050 JAMESVILLE RD JAMESVILLE, NY 13078	31-1724122		12,100.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE - 240 EAST ONONDAGA ST - SYRACUSE, NY 13202	45-3364607		254,500.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; HOPE APPEAL
THE GOVERNOR'S ACADEMY 1 ELM STREET BYFIELD, MA 01922	04-2103564		6,000.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
THE GREAT SWAMP CONSERVANCY INC. 8375 N. MAIN STREET CANASTOTA, NY 13032	16-1529688		12,038.	0.			CAPITAL SUPPORT
THE HAVEN AT SKANDA 4000 MOSLEY ROAD CAZENOVIA, NY 13035	52-1053406		34,620.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; PROGRAM SUPPORT
THE KEYS PROGRAM 308 SHERRILL ROAD SHERRILL, NY 13461	16-1609790		5,000.	0.			PROGRAM SUPPORT
THE MUSEUM OF SCIENCE & TECHNOLOGY FOUNDATION - 500 S FRANKLIN ST - SYRACUSE, NY 13202	22-3158446		106,250.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
THE NEWLAND CENTER (THE LEARNING PLACE) - 1443 E GENESEE ST - SYRACUSE, NY 13210	86-1061215		6,600.	0.			GENERAL SUPPORT
THE PARTNERSHIP FOR COMMUNITY DEVELOPMENT, LTD. - PO BOX 37 - HAMILTON, NY 13346	16-1572206		10,699.	0.			GENERAL SUPPORT

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

(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 READING LEAGUE 4031 HOWLETT HILL ROAD SYRACUSE, NY 13215	81-0820021		21,373.	0.			GENERAL & PROGRAM SUPPORT
THE REV THEATRE COMPANY 17 WILLIAM ST FL 2 AUBURN, NY 13201	26-1267593		50,700.	0.			GENERAL & PROGRAM SUPPORT
THE SALVATION ARMY 18 EAST GENESEE STREET AUBURN, NY 13021	13-5562351		5,000.	0.			GENERAL SUPPORT
THE SALVATION ARMY OF SYRACUSE 677 S SALINA STREET, #100 SYRACUSE, NY 13202	13-2923701		131,108.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAPITAL SUPPORT; SPONSORSHIP SUPPORT
THE SAMARITAN CENTER 215 NORTH STATE STREET SYRACUSE, NY 13203	16-1328786		12,275.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT
THE TOWN AND COUNTRY GARDEN CLUB CORTLAND HOMER - 16 PINECREST DR - CORTLAND, NY 13045	33-1106452		5,000.	0.			GARDEN RESTORATION
THE UPSTATE FOUNDATION 750 EAST ADAMS STREET SYRACUSE, NY 13210	16-1068101		125,150.	0.			GENERAL & PROGRAM SUPPORT
TOMORROW'S NEIGHBORHOODS TODAY 201 E. WASHINGTON ST SYRACUSE, NY 13202	47-5635762		33,182.	0.			PROGRAM SUPPORT; PARTICIPATORY BUDGETING
TOMPKINS CORTLAND COMMUNITY COLLEGE - 170 NORTH STREET PO BOX 139 - DRYDEN, NY 13053			45,525.	0.			SCHOLARSHIP SUPPORT

Schedule I (Form 990)

CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

15-0626910

Page 1

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

(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
TOWN OF NELSON 4085 NELSON ROAD CAZENOVIA, NY 13035			20,000.	0.			PROGRAM SUPPORT
TYBURN ACADEMY 17 CLYMER ST AUBURN, NY 13021			5,000.	0.			GENERAL SUPPORT
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308			9,000.	0.			SCHOLARSHIP SUPPORT
UNITED WAY OF CENTRAL NEW YORK/SUCCESS BY SIX - PO BOX 2129 518 JAMES STREET, SUITE 200 - SYRACUSE, NY 13220	15-0532073		25,000.	0.			PROGRAM SUPPORT
UNITED WAY OF CNY PO BOX 2129 SYRACUSE, NY 13220	15-0532073		321,428.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT; PROGRAM SUPPORT
UNITED WAY OF INDIAN RIVER COUNTY 1836 14TH AVE VERO BEACH, FL 32960	27-4180892		10,000.	0.			CAMPAIGN SUPPORT
UNIVERSITY AT ALBANY 1400 WASHINGTON AVENUE ALBANY, NY 12222			37,470.	0.			SCHOLARSHIP SUPPORT
UNIVERSITY AT BUFFALO, SUNY 232 CAPEN HALL BUFFALO, NY 14260			64,481.	0.			SCHOLARSHIP SUPPORT
UNIVERSITY OF NOTRE DAME 115 MAIN BUILDING NOTRE DAME, IN 46556			5,185.	0.			SCHOLARSHIP SUPPORT

Schedule I (Form 990)

CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

15-0626910

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

(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 PENNSYLVANIA 601 FRANKLIN BLDG. 3451 WALNUT ST PHILADELPHIA, PA 19104			5,000.	0.			SCHOLARSHIP SUPPORT
UNIVERSITY OF ROCHESTER 330 MELIORA HALL PO BOX 270037 ROCHESTER, NY 14627			27,274.	0.			SCHOLARSHIP SUPPORT
UTICA CURLING CLUB 8300 CLARK MILLS RD WHITESBORO, NY 13492	15-0476440		5,000.	0.			CAPITAL SUPPORT
VASSAR COLLEGE 124 RAYMOND AVE BOX 8 POUGHKEEPSIE, NY 12604			5,000.	0.			SCHOLARSHIP SUPPORT
VERA HOUSE, INC. 723 JAMES ST SYRACUSE, NY 13203	51-0201530		77,714.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAPITAL SUPPORT
WBUR 90.9 - BOSTON UNIVERSITY 890 COMMONWEALTH AVENUE BOSTON, MA 02215	26-3347402		5,000.	0.			GENERAL SUPPORT
WCNY TV/24 - PUBLIC BROADCASTING COUNCIL OF CNY, INC. - PO BOX 2400 - SYRACUSE, NY 13220	16-0876277		64,148.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT; PROGRAM SUPPORT
WHOLE ME, INC. 1010 JAMES STREET SYRACUSE, NY 13203	04-3743001		45,750.	0.			GENERAL SUPPORT
WHOLEHEART, INC. 88 HIGH MEADOW LN RICHMOND, VT 05477	46-4300314		15,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

15-0626910

Page 1

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

(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		5,000.	0.			GENERAL SUPPORT
WOMEN'S OPPORTUNITY CENTER 901 JAMES STREET SYRACUSE, NY 13203	16-1482758		20,250.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
WRVO STATION 7060 STATE ROUTE 104 OSWEGO, NY 13126	15-0543477		6,440.	0.			GENERAL SUPPORT
YMCA OF GREATER SYRACUSE 340 MONTGOMERY STREET SYRACUSE, NY 13202	15-0532278		71,600.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
YOU CAN'T FAIL, INC. 27 THORNTON AVE AUBURN, NY 13021	47-4610055		5,000.	0.			PROGRAM SUPPORT
YOUNG LIFE/CNY REGION P O BOX 473 MANLIUS, NY 13104	84-0385934		5,000.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
YWCA OF SYRACUSE & ONONDAGA COUNTY 401 DOUGLAS STREET SYRACUSE, NY 13203	15-0532277		21,444.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; SPONSORSHIP SUPPORT

Schedule I (Form 990)

CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.

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

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/>	
4a		<input checked="" type="checkbox"/>
4b	<input checked="" type="checkbox"/>	
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2019

**CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.**

15-0626910

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER A. DUNN PRESIDENT & CEO	(i)	226,170.	16,500.	17,376.	20,765.	1,527.	282,338.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIMBERLY SADOWSKI SR. VICE PRESIDENT & CFO	(i)	141,444.	10,000.	167.	13,802.	1,464.	166,877.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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.

PART I, LINE 4B:

PETER A. DUNN \$16,500

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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 instructions and the latest information.

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	149	8,490,433.	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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization	CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.	Employer identification number	15-0626910
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GREATER GIVING, CELEBRATE LEGACY AND STEWARD CHARITABLE RESOURCES FOR
TODAY AND TOMORROW.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
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.
EXPENSES \$ 982,840. INCLUDING GRANTS OF \$ 773,555. REVENUE \$ 272.

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

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.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

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

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.

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.

FORM 990, PART VI, SECTION C, LINE 19:

THE MOST RECENT AUDITED FINANCIAL STATEMENTS CAN BE FOUND ON THE COMMUNITY FOUNDATION'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -112,545.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No. 1545-0047

2019

Open to Public Inspection

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
CNY PHILANTHROPY CENTER, LLC - 26-4462686 431 E. FAYETTE ST. SYRACUSE, NY 13202	HOLDS THE REAL PROPERTY AT 431 E. FAYETTE STREET	NEW YORK	117,927.	4,399,056.	CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

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

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

Schedule R (Form 990) 2019

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.

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?

	Yes	No
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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2019

For calendar year 2019 or other tax year beginning APR 1, 2019, and ending MAR 31, 2020

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury
Internal Revenue Service

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 431 E. FAYETTE STREET, NO. 100</p> <p>City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202</p>	<p>D Employer identification number (Employees' trust, see instructions.) 15-0626910</p> <p>E Unrelated business activity code (See instructions.) 900099</p>
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C Book value of all assets at end of year **258,034,360.**

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ **INVESTMENT ACTIVITY**. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **KIM SADOWSKI** Telephone number ▶ **(315) 422-9538**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a 3,778.		3,778.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b -62.		-62.
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5 346.	STMT 1	346.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 4,062.		4,062.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule) (see instructions)	18	
19 Taxes and licenses	19	
20 Depreciation (attach Form 4562)	20	
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	
22 Depletion	22	
23 Contributions to deferred compensation plans	23	
24 Employee benefit programs	24	
25 Excess exempt expenses (Schedule I)	25	
26 Excess readership costs (Schedule J)	26	
27 Other deductions (attach schedule)	27	SEE STATEMENT 2
28 Total deductions. Add lines 14 through 27	28	1,791.
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	2,271.
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	30	0.
31 Unrelated business taxable income. Subtract line 30 from line 29	31	2,271.

Part III Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 2,271.
33	Amounts paid for disallowed fringes 0.
34	Charitable contributions (see instructions for limitation rules) 2,271.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 2,271.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 1,000.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) 1,271.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37

Part IV Tax Computation	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21) 267.
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 41
42	Proxy tax. See instructions 42
43	Alternative minimum tax (trusts only) 43
44	Tax on Noncompliant Facility Income. See instructions 44
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies 267.

Part V Tax and Payments	
46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a
b	Other credits (see instructions) 46b
c	General business credit. Attach Form 3800 46c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 46d
e	Total credits. Add lines 46a through 46d 46e
47	Subtract line 46e from line 45 267.
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 48
49	Total tax. Add lines 47 and 48 (see instructions) 267.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 0.
51a	Payments: A 2018 overpayment credited to 2019 51a
b	2019 estimated tax payments 51b 6,408.
c	Tax deposited with Form 8868 51c
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d
e	Backup withholding (see instructions) 51e
f	Credit for small employer health insurance premiums (attach Form 8941) 51f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total 51g
52	Total payments. Add lines 51a through 51g 6,408.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed 54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid 6,141.
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax 6,141. Refunded 0.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes No
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	Yes No
59	Enter the amount of tax-exempt interest received or accrued during the tax year	Yes No

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____ Title: **PRESIDENT & CEO**

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

Paid Preparer Use Only

Print/Type preparer's name: **BETTINA LIPPHARDT** Preparer's signature: _____ Date: _____ Check if self-employed PTIN: **P00956232**

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**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals		Enter here and on page 1, Part I, line 7, column (A).		Enter here and on page 1, Part I, line 7, column (B).
		0.		0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 26. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 1

DESCRIPTION	NET INCOME OR (LOSS)
TIFF SECONDARY PARTNERS II, LLC - ORDINARY BUSINESS INCOME (LOSS)	623.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS INCOME (LOSS)	-677.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - NET RENTAL REAL ESTATE INCOME	1.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - INTEREST INCOME	41.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - DIVIDEND INCOME	108.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ROYALTIES	174.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME (LOSS)	76.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	346.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 2

DESCRIPTION	AMOUNT
TIFF PRIVATE EQUITY PARTNERS 2008, LLC SCHEDULE K-1 LINE 13J	1,477.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC SCHEDULE K-1 LINE 13W	217.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC SCHEDULE K-1 LINE 13A&B	2.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC SCHEDULE K-1 LINE 13I	95.
TOTAL TO FORM 990-T, PAGE 1, LINE 27	1,791.

Capital Gains and Losses
 Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 Go to www.irs.gov/Form1120 for instructions and the latest information.

2019

Name **CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.** Employer identification number **15-0626910**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes No
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				1.
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	1.

Part II Long-Term Capital Gains and Losses (See instructions.)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				3,777.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	3,777.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	1.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	3,777.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	3,778.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return
**CENTRAL NEW YORK COMMUNITY FOUNDATION,
 INC.**

Social security number or
 taxpayer identification no.
15-0626910

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	TIFF PRIVATE EQUITY PARTNERS 2008, LLC							1.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								1.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

Social security number or taxpayer identification no.

15-0626910

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1. Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
(X) (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Rows include TIFF SECONDARY PARTNERS II, LLC (401), TIFF PRIVATE EQUITY PARTNERS 2008, LLC (3,376), and a Totals row (3,777).

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **4797**

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.

▶ Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

2019

Attachment
Sequence No. **27**

**CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.**

Identifying number
15-0626910

1 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From
Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	TIFF PRIVATE EQUITY PARTNERS 2008, LLC						-62.
3	Gain, if any, from Form 4684, line 39						3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6	Gain, if any, from line 32, from other than casualty or theft						6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						7
							-62.
8	Nonrecaptured net section 1231 losses from prior years. See instructions						8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	(62.)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	-62.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4	18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2019)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable	22			
23	Adjusted basis. Subtract line 22 from line 21	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f	26g			
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b	Enter the smaller of line 24 or 29a. See instructions	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33	
34	Recomputed depreciation. See instructions	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN) 15-0626910
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 431 E. FAYETTE STREET, NO. 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SYRACUSE, NY 13202	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KIM SADOWSKI

- The books are in the care of ▶ **431 EAST FAYETTE STREET, NO. 100 - SYRACUSE, NY 13202**
Telephone No. ▶ **(315) 422-9538** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **APR 1, 2019**, and ending **MAR 31, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING

March 31, 2020

Prepared For:

Central New York Community Foundation,
Inc.
431 E. Fayette Street No. 100
Syracuse, NY 13202

Prepared By:

Bonadio & Co., LLP
432 North Franklin Street
Syracuse, NY 13204

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total Tax	\$	250
Less: payments and credits	\$	250
Plus: other amount		0
Plus: interest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form TR-579-CT to our office. We will then transmit your return electronically to the NYS DTF. Do not mail the paper copy of the return to the NYS DTF.

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500

FOR THE YEAR ENDING

March 31, 2020

Prepared For:

Central New York Community Foundation,
Inc.
431 E. Fayette Street No. 100
Syracuse, NY 13202

Prepared By:

Bonadio & Co., LLP
432 North Franklin Street
Syracuse, NY 13204

Amount of Tax:

Balance due of \$1,525

Make Check Payable To:

Department of Law

Mail Tax Return To:

NYS Office of Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Return Must Be Mailed On Or Before:

Please mail as soon as possible.

Special Instructions:

The report should be signed and dated by an authorized individual(s).

The attached copy of the federal Form 990 must be properly signed and dated.

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2019
Open to Public Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 04/01/2019 and Ending (mm/dd/yyyy) 03/31/2020		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: CENTRAL NEW YORK COMMUNITY FOUNDATION, I	Employer Identification Number (EIN): 15-0626910
	Mailing Address: 431 E. FAYETTE STREET, NO. 100	NY Registration Number: 00-42-19
	City / State / ZIP: SYRACUSE, NY 13202	Telephone: 315 422-9538
	Website: WWW.CNYCF.ORG	Email:

Check your organization's registration category: 7A only EPTL only DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

President or Authorized Officer:	<u>PETER A. DUNN</u>	Print Name and Title	Date
	Signature	PRESIDENT & CEO	
Chief Financial Officer or Treasurer:	<u>KIM SADOWSKI</u>	Print Name and Title	Date
	Signature	CFO	

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

- 3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.
- 3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>1,500.</u>	Total fee: \$ <u>1,525.</u>	Make a single check or money order payable to: "Department of Law"
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2020)

*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
 - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
 Charities Bureau Registration Section
 28 Liberty Street
 New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
 Call: (212) 416-8401
 Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).



Department of Taxation and Finance
**New York State Authorization for
 Electronic Funds Withdrawal For Tax
 Year 2019 Corporation Tax Extensions**

988025 07-29-19

TR-579.1-CT
(7/19)

Electronic return originator (ERO): **Do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: CENTRAL NEW YORK COMMUNITY FOUNDATION

Purpose

This form is for use by EROs only. An ERO must complete this form when **both** of the following conditions are met:

- 1 the ERO is e-filing one of the following forms:
 - Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both);*
 - Form CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both);*
 - Form CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return;*
 - Form CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both);*
 - Form CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both); or*
 - Form CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return); and*
- 2 the balance due on the e-filed corporation tax extension is being paid by electronic funds withdrawal through an approved e-file software package.

Instructions

Complete this form only when you transmit an electronically filed corporation tax extension **and** payment is being made by electronic funds withdrawal.

Important: You do not need to complete this form for corporation tax extension requests if no payment is required.

This form does **not** satisfy the signature requirement for e-filed Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400.

Do not mail this form to the Tax Department. EROs must keep this form for three years and present it to the Tax Department upon request.

Taxpayer authorization for electronic funds withdrawal for corporation tax extensions

I authorize my ERO to transmit the information necessary for the New York State Tax Department to initiate an electronic funds withdrawal for the amount specified on this form from the financial institution account indicated below. I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2019 electronic extension request, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Financial institution information (required if electronic payment is authorized)

1	Amount due with extension	1.	<u>250.</u>
2	Financial institution routing number	2.	<u>021303618</u>
3	Financial institution account number	3.	<u>0614399757</u>

Signature of authorized officer of the corporation: _____ Date: _____

Print your name and title: PETER A. DUNN, PRESIDENT & CEO



Department of Taxation and Finance
Request for Six-Month Extension to File
 (for franchise/business taxes, MTA surcharge, or both)
 Tax Law - Articles 9-A, 13, and 33

CT-5

All filers must enter tax period:

beginning **04-01-19** ending **03-31-20**

Employer identification number (EIN) 15-0626910	File number MM7	Business telephone number 315-422-9538		
Legal name of corporation CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.		Trade name / DBA		
Mailing name (if different from legal name) and address c/o		State or country of incorporation	Date received (for Tax Department use only)	
Number and street or PO box 431 E. FAYETTE STREET, NO. 100		Date of incorporation 09-30-13		
City SYRACUSE, NY	State NY	ZIP code 13202	Foreign corporations: date began business in NYS 09-30-13	Audit use

If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See Business information in Form CT-1.

Request for extension of time to file the following forms: Mark box(es) for one article only. Submit only one Form CT-5 and mark an **X** in both boxes in the appropriate article if you are requesting an extension for **both** the franchise tax and MTA surcharge returns. For example, mark an **X** in **both** the CT-3 box and the CT-3-M box under Article 9-A if you are requesting an extension of time to file **both** returns.

Article 9-A		Article 13	Article 33			
CT-3 <input type="checkbox"/>	CT-3-M <input type="checkbox"/>	CT-13 <input checked="" type="checkbox"/>	CT-33 <input type="checkbox"/>	CT-33-C <input type="checkbox"/>	CT-33-M <input type="checkbox"/>	CT-33-NL <input type="checkbox"/>

A. Pay amount shown on line 11. Make payable to: New York State Corporation Tax		Payment enclosed
← Attach your payment here. Detach all check stubs. (See instructions for details.)	A.	250.

Certain corporations filing as part of a combined group: Typically, taxpayers filing a combined return use Form CT-5.3. **However**, if for the tax year for which you are requesting an extension to file, you are either becoming a member of a **new** combined group, or being **added** to an **existing** group, you **must also** file Form CT-5. Complete the business information section above and line B. Then, mark an **X** in the box on either line C or D (see instructions).

Do **not** complete line A and lines 1 through 16.

B. Enter the EIN of the combined group's designated agent (CT-3-A filers), or parent (CT-33-A filers) **B**

Note: Failure to include the EIN of the designated agent (or parent) may delay processing of your extension request, and may result in penalties and interest.

C. If this extension request is for the **first** tax year that you are being included in a **new** combined group filing a combined return, mark an **X** in the box **C**

D. If this extension request is for the **first** tax year that you are being **added** to an **existing** combined group filing a combined return, mark an **X** in the box **D**

Computation of estimated franchise tax

1 Franchise tax from the worksheet in Form CT-5-I	1	250.
2		
3		
4 Prepayments of franchise tax (from line 16, column A)	4	
5 Balance due - franchise tax (subtract line 4 from line 1; do not enter less than zero)	5	250.

Computation of estimated MTA surcharge

6 MTA surcharge from the worksheet in Form CT-5-I	6	
7		
8		
9 Prepayments of MTA surcharge (from line 16, column B)	9	
10 Balance due - MTA surcharge (subtract line 9 from line 6; do not enter less than zero)	10	
11 Total balance due (see instructions)	11	250.

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968511
11-06-19

Composition of prepayments - Use this worksheet to determine the prepayments of franchise tax on line 4 and the prepayments of the MTA surcharge on line 9. See instructions.

	Date paid	A. Franchise tax	B. MTA surcharge
12 Mandatory first installment from Form CT-300 ...	12		
13a Second installment from Form CT-400	13a		
13b Third installment from Form CT-400	13b		
13c Fourth installment from Form CT-400	13c		
14 Overpayment credited from prior years	14		
15 Overpayment credited from Form CT- _____	Period	15	
16 Total prepayments (total all entries in column A and column B)	16		

Paid preparer use only <i>(see instr.)</i>	Firm's name (or yours if self-employed) BONADIO & CO., LLP		Firm's EIN 16-1131146	Preparer's PTIN or SSN P00956232
	Signature of individual preparing this document	Address 432 NORTH FRANKLIN S	City SYRACUSE	State ZIP code NY 13204
	Email address of individual preparing this document BLIPPHARDT@BONADIO.COM		Preparer's NYTPRN or Excl. code 03	Date

See instructions for where to file.

455002191019





CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

**THIS FORM MUST
BE FILED WITH
YOUR RETURN**

1 Legal name of corporation

1. CENTRAL NEW YORK COMMUNITY FOUNDATION
INC.

Payment enclosed

2.

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 15-0626910

5 File number (FCC)

5. MM7

6 Period beginning date (mm-dd-yy)

6. 04-01-19

7 Period ending date (mm-dd-yy)

7. 03-31-20

8 Amended (Y=1; N=0)

8. 0

9 Address change (Y=1; N=0)

9. 0

10 Final (Y=1; N=0)

10.

11 NAICS code

11. 900099

12 MTA indicator (None = 0, Y = 1, N = 2, Both = 3)

12.

13 Federal 1120-H filed (Y = 1, N = 0)

13.

14 REIT/RIC indicator (Y=1, N=0)

14.

15 Tax due/MTA surcharge

15. 250.00

16 Mandatory first installment (MFI) - no extension filed and tax due is over \$1,000

16.

17 Balance due

17.

18 Amount of overpayment credited to next period - NYS

18.

19 Refund of overpayment

19.

20 Refund of unused tax credits

20.

21 Tax credits to be credited as an overpayment to next year's return

21.

22 Amount of overpayment credited to next period - MTA

22.

23 Amount of MTA surcharge retaliatory tax credit to be refunded

23.

24 Fixed dollar minimum

24.

25 Designated agent's (Article 9-A) or combined parent's (Article 33) EIN

25. -

26 New York receipts

26.

27 Have you been convicted of an offense (NYS Penal Law, Art. 200 or 496, or section 195.20)?

27.

28 Paid preparer's EIN

28. 16-1131146

29 Preparer's NYTPRIN

29.

30 Excl. code

30. 03

541001191019



984951
12-11-19

1019

For office use only

Form CT-186-E filers only

31	Excise tax on telecommunication services - NYS	31.	<input type="text"/>	<input type="text"/>
32	Excise tax on mobile telecommunication services subject to the 2.9% rate	32.	<input type="text"/>	<input type="text"/>
33	Total excise tax on telecommunication services	33.	<input type="text"/>	<input type="text"/>
34	Tax on gross income - NYS	34.	<input type="text"/>	<input type="text"/>
35	MTA surcharge related to non-mobile telecommunication services	35.	<input type="text"/>	<input type="text"/>
36	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	36.	<input type="text"/>	<input type="text"/>
37	Total MTA surcharge related to telecommunication services	37.	<input type="text"/>	<input type="text"/>
38	MTA surcharge on gross income	38.	<input type="text"/>	<input type="text"/>
39	Balance due - NYS	39.	<input type="text"/>	<input type="text"/>
40	Balance due - MTA	40.	<input type="text"/>	<input type="text"/>
41	Provided telecommunication services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)	41.	<input type="text"/>	<input type="text"/>
42	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)	42.	<input type="text"/>	<input type="text"/>
43	Overpayment credited to next year's tax - NYS	43.	<input type="text"/>	<input type="text"/>
44	Overpayment credited to next year's tax - MTA	44.	<input type="text"/>	<input type="text"/>
45	Refund of overpayment - NYS	45.	<input type="text"/>	<input type="text"/>
46	Refund of overpayment - MTA	46.	<input type="text"/>	<input type="text"/>
47	Refund of unused tax credits - NYS	47.	<input type="text"/>	<input type="text"/>
48	Refund of unused tax credits - MTA	48.	<input type="text"/>	<input type="text"/>
49	Refundable tax credits to be credited to next year's tax - NYS	49.	<input type="text"/>	<input type="text"/>
50	Refundable tax credits to be credited to next year's tax - MTA	50.	<input type="text"/>	<input type="text"/>

541002191019





New York State E-File Authorization for Tax Year 2019

TR-579-CT

(7/19)

For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

Electronic return originator (ERO)/paid preparer: **Do not** mail this form to the Tax Department. Keep it for your records.

Legal name of corporation: CENTRAL NEW YORK COMMUNITY FOUNDATION,

Return type (mark an X for all that apply): CT-3 CT-3-A CT-3-M CT-3-S CT-13 CT-33
 CT-33-A CT-33-C CT-33-M CT-33-NL CT-183 CT-183-M CT-184 CT-184-M
 CT-186-E CT-300 CT-400

Purpose

Form TR-579-CT must be completed to authorize an ERO to e-file a corporation tax return and to transmit bank account information for the electronic funds withdrawal.

General instructions

Part A must be completed by an officer of the corporation who is authorized to sign the corporation's return before the ERO transmits the electronically filed Form CT-3, *General Business Corporation Franchise Tax Return*; CT-3-A, *General Business Corporation Combined Franchise Tax Return*; CT-3-M, *General Business Corporation MTA Surcharge Return*; CT-3-S, *New York S Corporation Franchise Tax Return*; CT-13, *Unrelated Business Income Tax Return*; CT-33, *Life Insurance Corporation Franchise Tax Return*; CT-33-A, *Life Insurance Corporation Combined Franchise Tax Return*; CT-33-C, *Captive Insurance Company Franchise Tax Return*; CT-33-M, *Insurance Corporation MTA Surcharge Return*; CT-33-NL, *Non-Life Insurance Corporation Franchise Tax Return*; CT-183, *Transportation and Transmission Corporation Franchise Tax Return on Capital Stock*; CT-183-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-184, *Transportation and Transmission Corporation Franchise Tax Return on Gross Earnings*; CT-184-M, *Transportation and Transmission Corporation MTA Surcharge Return*; CT-186-E, *Telecommunications Tax Return and Utility Services Tax Return*; CT-300, *Mandatory First Installment (MFI) of Estimated Tax for Corporations*; or CT-400, *Estimated Tax for Corporations*.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, *Alternative Methods of Signing for Tax Return Preparers*. Go to our website at www.tax.ny.gov to find this document.

Do not mail this form to the Tax Department. EROs/paid preparers must keep this form for three years and present it to the Tax Department upon request.

Do not use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*; CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*; CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*; CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*. Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2019 Corporation Tax Extensions*.

Financial institution information (required if electronic payment is authorized)

1 Amount of authorized debit 1. _____
 2 Financial institution routing number 2. _____
 3 Financial institution account number 3. _____

Part A - Declaration of authorized corporate officer for Form CT-3, CT-3-A, CT-3-M, CT-3-S, CT-13, CT-33, CT-33-A, CT-33-C, CT-33-M, CT-33-NL, CT-183, CT-183-M, CT-184, CT-184-M, CT-186-E, CT-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2019 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2019 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2019 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title PETER A. DUNN, PRESIDENT & CEO	Date
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Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2019 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2019 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2019 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2019 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature	Print name	Date
Paid preparer's signature	Print name BETTINA LIPPHARDT	Date



CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

All filers enter tax period:

beginning **04-01-19** ending **03-31-20**

Employer identification number (EIN) 15-0626910	File number MM7	Business telephone number 315-422-9538	If you claim an overpayment, mark an X in the box <input type="checkbox"/>
Legal name of corporation CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.		Trade name/DBA	
Mailing name (if different from legal name above) c/o	State or country of incorporation	Date received (for Tax Department use only)	
Number and street or PO box 431 E. FAYETTE STREET, NO. 100	Date of incorporation 09-30-13		
City SYRACUSE, NY	State NY	ZIP code 13202	Foreign corporations: date began business in NYS 09-30-13
NAICS business code number (from federal return) 900099	If address/phone above is new, mark an X in the box <input type="checkbox"/>	If you need to update your address or phone information for corporation tax, or other tax types, you can do so online. See <i>Business information</i> in Form CT-1.	Audit (for Tax Department use only)
Principal unrelated business activity (see instructions) INVESTMENT ACTIVITY			

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit

Organization - Have you filed this New York State application for exemption? (see instructions) Yes No

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

A. Pay amount shown on line 22. Make payable to: <i>New York State Corporation Tax</i> ◀ Attach your payment here. Detach all check stubs. (See instructions for details.)	Payment enclosed
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Computation of income and tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction	1	1,271.
2 New York State Article 13 and Article 23 tax deducted on federal return	2	
3 Additions required for shareholders of federal S corporations (see instructions)	3	
4 Grossed-up taxes for shareholders of New York S corporations (see instructions)	4	
5 Other additions (see instructions)	5	
6 Add lines 1 through 5	6	1,271.
7 Other income (see instructions)	7	
8 Federal S corporation shareholder subtractions (see instructions)	8	
9 Other subtractions (see instructions)	9	
10 Total subtractions (add lines 7, 8, and 9)	10	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6)	11	1,271.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions)	12	
13 Taxable income (subtract line 12 from line 11)	13	1,271.
14 Allocated taxable income (multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed)	14	1,271.
15 Tax based on income (multiply line 14 by 9% (.09))	15	114.
16 Minimum tax	16	250.00
17 Tax (line 15 or line 16, whichever is larger)	17	250.
18 Total prepayments from line 46	18	250.
19 Balance (if line 18 is less than line 17, subtract line 18 from line 17)	19	
20 Interest on late payment (see instructions)	20	
21 Late filing and late payment penalties (see instructions)	21	
22 Balance due (add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)	22	
23 Overpayment (if line 17 is less than line 18, subtract line 17 from line 18)	23	
24 Amount of overpayment on line 23 to be credited to next year	24	
25 Amount of overpayment on line 23 to be refunded (subtract line 24 from line 23)	25	

See page 3 for third-party designee, certification, and signature entry areas.

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Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990-T Other: Attach a complete copy of your federal return.

Schedule A - Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:	A New York State	B Everywhere	
26 Real estate owned (see instructions)	26		
27 Gross rents (attach list; see instructions)	27		
28 Inventories owned	28		
29 Other tangible personal property owned (see instructions)	29		
30 Total (add lines 26 through 29)	30		
31 Percentage in New York State (divide line 30, column A, by line 30, column B)	31		%

Receipts in the regular course of business from:

32 Sales of tangible personal property shipped to points within New York State	32		
33 All sales of tangible personal property	33		
34 Services performed	34		
35 Rentals of property	35		
36 Other business receipts	36		
37 Total (add lines 32 through 36)	37		
38 Percentage in New York State (divide line 37, column A, by line 37, column B)	38		%
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39		
40 Percentage in New York State (divide line 39, column A, by line 39, column B)	40		%
41 Total of New York State percentages (add lines 31, 38, and 40)	41		%
42 Business allocation percentage (divide line 41 by three or by the number of percentages)	42		%

Composition of prepayments claimed on line 18*

		Date paid	Amount
43 Payment with extension request, Form CT-5, line 5	43	08-15-20	250.
44a Second installment from Form CT-400	44a		
44b Third installment from Form CT-400	44b		
44c Fourth installment from Form CT-400	44c		
45 Amount of overpayment credited from prior years	45		
46 Total prepayments (add lines 43 through 45; enter here and on line 18)	46		250.

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination If marked, enter date of determination: • _____

Capital loss carryback Federal return filed Form 1139 •

Amended Form 990-T

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Third-party designee (see instructions)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Designee's name (print) BETTINA LIPPHARDT	Designee's phone number
	Designee's email address		PIN

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person PETER A. DUNN	Signature of authorized person	Official title PRESIDENT & CEO	
	Email address of authorized person		Telephone number	Date

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) BONADIO & CO., LLP		Firm's EIN 16-1131146	Preparer's PTIN or SSN P00956232	
	Signature of individual preparing this return	Address 432 NORTH FRANKLIN STREET		City SYRACUSE, NY	State ZIP code 13204
	Email address of individual preparing this return BLIPPHARDT@BONADIO.COM		Preparer's NYTPRN or Excl. code 03	Date	

See instructions for where to file.

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