

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the **2021** calendar year, or tax year beginning **APR 1, 2021** and ending **MAR 31, 2022**

B Check if applicable:	C Name of organization CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.	D Employer identification number 15-0626910
Address change Name change Initial return Final return/terminated Amended return Application pending	Doing business as	E Telephone number (315) 422-9538
	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	
	G Gross receipts \$ 84,282,164.	
	H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
	H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions	
	H(c) Group exemption number ▶	
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	
	J Website: ▶ WWW.CNYCF.ORG	
	K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶	L Year of formation: 1927 M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THE COMMUNITY FOUNDATION'S MISSION IS TO FOSTER A THRIVING CENTRAL NEW YORK COMMUNITY, INSPIRE		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	30
	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, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 26,708,525.	Current Year 34,296,809.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,164,262.	14,388,137.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	644,831.	335,927.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,517,618.	49,020,873.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	20,528,480.
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)	2,467,226.	2,684,832.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 951,639.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,300,477.	1,335,023.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	24,296,183.	22,148,773.
19	Revenue less expenses. Subtract line 18 from line 12	13,221,435.	26,872,100.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 363,941,689.	End of Year 395,864,792.
	21	Total liabilities (Part X, line 26)	26,997,556.	27,874,284.
	22	Net assets or fund balances. Subtract line 21 from line 20	336,944,133.	367,990,508.

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	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name BETTINA LIPPHARDT	Preparer's signature BETTINA LIPPHARDT	Date 10/27/22	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 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the 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 \$ 5,936,335. including grants of \$ 5,621,988.) (Revenue \$ 185,896.) 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 \$ 10,944,865. including grants of \$ 10,210,178.) (Revenue \$ 6,908.) 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 \$ 1,996,497. including grants of \$ 1,426,361.) (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 \$ 1,173,633. including grants of \$ 870,391.) (Revenue \$ 0.)

4e Total program service expenses 20,051,330.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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 the 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 line 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 on 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 on 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		30
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
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.		
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		
c	Enter the amount of reserves on hand		
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		
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 the instructions and file Form 4720, Schedule N.		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.		X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.		

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		19
b	Enter the number of voting members included on line 1a, above, who are independent		19
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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

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
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	
b	Describe on 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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on 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
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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) PETER A. DUNN PRESIDENT & CEO	40.00			X			282,439.	0.	25,723.	
(2) KIMBERLY SADOWSKI SR. VICE PRESIDENT & CFO	40.00			X			164,869.	0.	16,544.	
(3) FRANK RIDZI VP, COMMUNITY INVESTMENT	40.00					X	138,579.	0.	13,846.	
(4) THOMAS GRIFFITH VP, DEVELOPMENT	40.00					X	135,249.	0.	14,135.	
(5) KATRINA CROCKER VP, COMMUNICATIONS	40.00					X	124,542.	0.	21,809.	
(6) AHMEED TURNER EXECUTIVE DIRECTOR, SAY YES	40.00					X	121,263.	0.	6,214.	
(7) DANIEL J. FISHER BOARD CHAIR	1.00	X		X			0.	0.	0.	
(8) CATHERINE A. BERTINI MEMBER	1.00	X					0.	0.	0.	
(9) JOSEPH LAZZARO MEMBER	1.00	X					0.	0.	0.	
(10) CARAGH D. FAHY TREASURER	1.00	X		X			0.	0.	0.	
(11) KATE FELDMEIERS FRANZ MEMBER	1.00	X					0.	0.	0.	
(12) MARK A. FULLER MEMBER	1.00	X					0.	0.	0.	
(13) LEE M. GATTA MEMBER	1.00	X					0.	0.	0.	
(14) CAROLYN D. GERAKOPOULOS MEMBER	1.00	X					0.	0.	0.	
(15) CAERESA J. RICHARDSON MEMBER	1.00	X					0.	0.	0.	
(16) DAREN C. JAIME MEMBER	1.00	X					0.	0.	0.	
(17) LARRY R. LEATHERMAN MEMBER	1.00	X					0.	0.	0.	

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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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) WILLIAM H. BROWER, III MEMBER	1.00	X					0.	0.	0.	
(19) EMAD A. RAHIM MEMBER	1.00	X					0.	0.	0.	
(20) SUSAN FURTNEY MEMBER	1.00	X					0.	0.	0.	
(21) KARIN SLOAN DELANEY COMPLIANCE OFFICER	1.00	X		X			0.	0.	0.	
(22) KEVIN E. SCHWAB MEMBER	1.00	X					0.	0.	0.	
(23) STEPHEN D. FOURNIER MEMBER	1.00	X					0.	0.	0.	
(24) BETHAIDA GONZALEZ VICE CHAIR	1.00	X		X			0.	0.	0.	
(25) REBECCA BRONFEIN RAPHAEL MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							966,941.	0.	98,271.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							966,941.	0.	98,271.	

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 6

	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

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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	34,296,809.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 11,939,570.				
	h Total. Add lines 1a-1f			34,296,809.			
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)		3,150,630.			3150630.	
	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	46,498,798.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	35,261,291.				
	c Gain or (loss)	7c	11,237,507.				
d Net gain or (loss)			11,237,507.		11237507.		
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	192,804.	192,804.		
	b ADMIN MANAGEMENT FEE (EXPENSE)		561000	143,123.		143,123.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			335,927.			
12 Total revenue. See instructions			49,020,873.	192,804.	0.	14531260.	

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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	18,128,918.	18,128,918.		
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	459,741.	149,180.	198,675.	111,886.
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	1,810,683.	898,312.	508,006.	404,365.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	144,079.	63,452.	44,686.	35,941.
9 Other employee benefits	110,984.	56,129.	35,840.	19,015.
10 Payroll taxes	159,345.	74,405.	48,932.	36,008.
11 Fees for services (nonemployees):				
a Management				
b Legal	24,786.		24,786.	
c Accounting	51,961.	7,754.	39,172.	5,035.
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.)	175,501.	148,491.	16,553.	10,457.
12 Advertising and promotion				
13 Office expenses	83,164.	29,181.	19,237.	34,746.
14 Information technology	122,078.	64,785.	34,333.	22,960.
15 Royalties				
16 Occupancy	160,675.	95,006.	40,725.	24,944.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	79,015.	34,102.	18,363.	26,550.
20 Interest	65,416.	40,714.	15,014.	9,688.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	273,423.	170,176.	62,753.	40,494.
23 Insurance	42,613.	26,522.	9,780.	6,311.
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	162,715.	7,012.	8,276.	147,427.
b DUES	55,993.	26,173.	16,614.	13,206.
c PROGRAM EXPENSES	23,037.	23,037.		
d EQUIPMENT RENTAL AND MA	11,489.	6,134.	3,262.	2,093.
e All other expenses	3,157.	1,847.	797.	513.
25 Total functional expenses. Add lines 1 through 24e	22,148,773.	20,051,330.	1,145,804.	951,639.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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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	163,508.	1	190,656.	
	2 Savings and temporary cash investments	2,910,141.	2	3,558,175.	
	3 Pledges and grants receivable, net	526,696.	3	255,402.	
	4 Accounts receivable, net	4,790,074.	4	4,207,706.	
	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	112,874.	9	87,038.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,191,971.			
	b Less: accumulated depreciation	10b 3,237,737.	4,157,718.	10c	3,954,234.
	11 Investments - publicly traded securities	277,470,977.	11	291,753,021.	
	12 Investments - other securities. See Part IV, line 11	68,315,082.	12	84,357,839.	
	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	5,244,619.	15	7,250,721.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	363,941,689.	16	395,864,792.		
Liabilities	17 Accounts payable and accrued expenses	218,492.	17	172,485.	
	18 Grants payable	1,569,783.	18	1,506,626.	
	19 Deferred revenue	395,401.	19	369,539.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to 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	2,337,640.	23	1,779,671.	
	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	22,476,240.	25	24,045,963.	
	26 Total liabilities. Add lines 17 through 25	26,997,556.	26	27,874,284.	
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	255,856,163.	27	283,729,107.	
	28 Net assets with donor restrictions	81,087,970.	28	84,261,401.	
	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	336,944,133.	32	367,990,508.	
33 Total liabilities and net assets/fund balances	363,941,689.	33	395,864,792.		

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**CENTRAL NEW YORK COMMUNITY FOUNDATION,
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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	49,020,873.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,148,773.
3	Revenue less expenses. Subtract line 2 from line 1	3	26,872,100.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	336,944,133.
5	Net unrealized gains (losses) on investments	5	2,700,741.
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	1,473,534.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	367,990,508.

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 on 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 _____		

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25170988.	13565024.	23682559.	26708525.	34296809.	123423905
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	25170988.	13565024.	23682559.	26708525.	34296809.	123423905
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.						123423905

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	25170988.	13565024.	23682559.	26708525.	34296809.	123423905
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	7329400.	12044504.	4961856.	10164262.	14388137.	48888159.
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.)	271,353.	287,896.	137,228.	424,900.	354,190.	1475567.
11 Total support. Add lines 7 through 10						173787631
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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 2021 (line 6, column (f), divided by line 11, column (f))	14	71.02	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	73.63	%
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 5 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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 on line 2, above, 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>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <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 governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described on line 2a, above, 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 lines 3a and 3b 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>If "Yes" or "No" 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>		
2a		
2b		
3a		
3b		

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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,
INC.

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	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6
7 Total annual distributions. Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9 Distributable amount for 2021 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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

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

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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>749,885.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	<hr/> <hr/> <hr/>	\$ <u>1,200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	<hr/> <hr/> <hr/>	\$ <u>4,359,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	<hr/> <hr/> <hr/>	\$ <u>1,500,000.</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>701,623.</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>1,516,374.</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		\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ <u>925,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ <u>1,026,827.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ <u>4,449,810.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ <u>1,002,525.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ <u>995,484.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" 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
13	<hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<hr/> <hr/> <hr/>	\$ <u>1,286,784.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<hr/> <hr/> <hr/>	\$ <u>814,474.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	<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
1	VARIOUS STOCKS _____ _____ _____	\$ <u>718,758.</u>	<u>03/22/22</u>
9	VARIOUS STOCK _____ _____ _____	\$ <u>1,026,827.</u>	<u>12/30/21</u>
10	VARIOUS STOCK _____ _____ _____	\$ <u>4,449,810.</u>	<u>08/26/21</u>
11	VARIOUS STOCK _____ _____ _____	\$ <u>1,002,525.</u>	<u>11/15/21</u>
12	VARIOUS STOCK _____ _____ _____	\$ <u>995,484.</u>	<u>11/30/21</u>
15	VARIOUS STOCK _____ _____ _____	\$ <u>241,393.</u>	<u>12/27/21</u>

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

(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

(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

(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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

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) 2021

LHA

132041 11-03-21

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: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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		7,500.
j Total. Add lines 1c through 1i			7,500.
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.

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

2021

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	367	22
2 Aggregate value of contributions to (during year)	20,459,403.	187,165.
3 Aggregate value of grants from (during year)	10,210,178.	283,607.
4 Aggregate value at end of year	149,360,009.	7,222,000.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 ▶ \$ _____

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 | 2,342,456. |
| d Additions during the year | 1,208,795. |
| e Distributions during the year | -162,141. |
| f Ending balance | 3,389,110. |
- 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	82,176,266.	58,308,190.	68,725,553.	68,293,911.	63,758,795.
b Contributions	1,679,861.	1,004,362.	347,962.	980,370.	258,532.
c Net investment earnings, gains, and losses	4,381,381.	27,672,838.	-6,330,777.	1,443,743.	7,054,632.
d Grants or scholarships	3,199,567.	3,496,088.	3,058,824.	865,203.	1,605,552.
e Other expenditures for facilities and programs	1,227,334.	1,313,036.	1,375,724.	1,127,268.	1,172,496.
f Administrative expenses					
g End of year balance	83,810,607.	82,176,266.	58,308,190.	68,725,553.	68,293,911.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 85.5764 %
 - b Permanent endowment 9.1425 %
 - c Term endowment 5.2811 %
- 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 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		5,938,184.	2,429,905.	3,508,279.
c Leasehold improvements				
d Equipment				
e Other		1,000,012.	807,832.	192,180.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,954,234.

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) HEDGE FUNDS AND FUNDS OF		
(B) FUNDS	56,919,437.	END-OF-YEAR MARKET VALUE
(C) LIMITED PARTNERSHIPS	27,438,402.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	84,357,839.	

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	438,700.
(5) CHARITABLE GIFT ANNUITIES	334,407.
(6) DEFERRED COMPENSATION	386,979.
(7) ENDOWMENTS HELD FOR OTHER	
(8) NOT-FOR-PROFIT ORGANIZATIONS	22,885,877.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	24,045,963.

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 ...

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	53,195,148.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,700,741.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,473,534.
e	Add lines 2a through 2d	2e	4,174,275.
3	Subtract line 2e from line 1	3	49,020,873.
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	49,020,873.

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	22,148,773.
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	22,148,773.
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	22,148,773.

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 EIGHT 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 1,473,534.

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

2021

Open to Public
Inspection

Name of the organization CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.	Employer identification number 15-0626910
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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	46,822,369.
JERSEY, ENGLISH CHANNEL			INVESTMENTS HELD IN JERSEY, ENGLISH CHANNEL	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	1,159,149.
GUERNSEY, ENGLISH CHANNEL			INVESTMENTS HELD IN GUERNSEY, ENGLISH CHANNEL	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	2,774,260.
AFRICA			INVESTMENTS HELD IN AFRICA	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	9,962,252.
LONDON, ENGLAND			INVESTMENTS HELD IN LONDON, ENGLAND	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	17,369,249.
SINGAPORE			INVESTMENTS HELD IN SINGAPORE	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	9,634,103.
3 a Subtotal	0	0			87,721,382.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			87,721,382.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2021
SEE PART V FOR COLUMN (E) DESCRIPTIONS

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.

REGION: AFRICA

(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: LONDON, ENGLAND

(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: SINGAPORE

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.

(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.

Multiple horizontal lines for supplemental information.

**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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABC CAYUGA, INC. 100 NORTH ST STE 2 AUBURN, NY 13021	81-1255927		102,156.	0.			EDUCATIONAL SUPPORT; CAMPAIGN SUPPORT
ACCESSCNY 1603 COURT STREET SYRACUSE, NY 13208	15-0532247		63,064.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; PROGRAM SUPPORT
ADELPHI UNIVERSITY FINANCIAL AID OFFICE 1 SOUTH AVE, LEVERMORE HALL - GARDEN CITY, NY 11530			11,000.	0.			SCHOLARSHIP SUPPORT
AFFIRMATIVE EVANGELISM FELLOWSHIP 211 FLEURY RD PINE BUSH, NY 12566			7,500.	0.			EDUCATIONAL SUPPORT
ALGEBRA SOCIETY, INC. 1 PENN PLAZA STE 6335 NEW YORK, NY 10119	82-3378242		24,500.	0.			GENERAL SUPPORT
ALS ASSOCIATION/UPSTATE NEW YORK CHAPTER - 135 OLD COVE ROAD SUITE 213 - LIVERPOOL, NY 13090	13-3271855		19,778.	0.			GENERAL SUPPORT

- 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION CENTRAL NEW YORK CHAPTER - PO BOX 12226 - SYRACUSE, NY 13218	14-1634958		26,300.	0.			GENERAL SUPPORT
AMERICAN DIABETES ASSOCIATION 160 ALLENS CREEK RD ROCHESTER, NY 14618	13-1623888		5,200.	0.			GENERAL SUPPORT; EVENT SUPPORT
AMERICAN FRIENDS OF NEVE SHALOM/WAHAT AL-SALAM - 229 N CENTRAL AVE - STE 401 - GLENDALE, CA 91203	13-3441742		7,000.	0.			GENERAL SUPPORT; MEDICAL SUPPORT
AMERICAN HEART ASSOCIATION/GREATER SYRACUSE & NORTH COUNTRY - PO BOX 3049 - SYRACUSE, NY 13220	16-0915734		28,512.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT; EVENT SUPPORT
AMERICAN INDIAN COLLEGE FUND 8333 GREENWOOD BLVD DENVER, CO 80221	52-1573446		10,000.	0.			GENERAL SUPPORT
AMERICAN POMEROY HISTORIC GENEALOGICAL ASSOCIATION, INC. - 492 E BRIGHTON AVE - SYRACUSE, NY 13210	81-0873322		50,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS OF CENTRAL NEW YORK - 344 WEST GENESEE STREET - SYRACUSE, NY 13202	53-0196605		38,950.	0.			GENERAL SUPPORT; UKRAINE SUPPORT; DISASTER RELIEF
ANTIQUUE BOAT MUSEUM 750 MARY STREET CLAYTON, NY 13624	22-2319606		15,000.	0.			MEMBERSHIP & GENERAL SUPPORT
AOPA FOUNDATION 421 AVIATION WAY FREDERICK, MD 21701	20-8817225		41,000.	0.			GENERAL 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARISE AT THE FARM 1972 NEW BOSTON ROAD CHITTENANGO, NY 13037	16-1550034		5,250.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
ASBURY UNITED METHODIST CHURCH 205 SOUTH MAIN STREET HARRISONBURG, VA 22801			5,200.	0.			GENERAL SUPPORT
ASSUMPTION CHURCH 812 NORTH SALINA STREET SYRACUSE, NY 13208			29,550.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
AUBURN PUBLIC THEATER 8 EXCHANGE STREET AUBURN, NY 13021	20-3577149		8,300.	0.			GENERAL SUPPORT; EVENT SUPPORT; PROGRAM SUPPORT
AUBURN RESCUE MISSION 51 MERRIMAN ST EXT AUBURN, NY 13021	15-0532146		5,100.	0.			GENERAL SUPPORT
AURORA OF CNY 1065 JAMES ST STE 100 SYRACUSE, NY 13203	15-0543651		29,750.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
BALTIMORE WOODS NATURE CENTER 4007 BISHOP HILL ROAD PO BOX 133 MARCELLUS, NY 13108	16-0973044		93,413.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT; PROGRAM SUPPORT; SCHOLARSHIP SUPPORT; CAPITAL SUPPORT
BEAUTIFUL MESS MINISTRIES, INC. PO BOX 142 SODUS, NY 14551	81-2810966		10,000.	0.			GENERAL SUPPORT
BELIEVE IN SYRACUSE 2610 SOUTH SALINA ST SYRACUSE, NY 13205	46-4153281		25,000.	0.			PROGRAM SUPPORT

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BEYOND CELIAC PO BOX 544 AMBLER, PA 19002	90-0108854		10,000.	0.			GENERAL SUPPORT
BIG MOOSE AMBULANCE COMPANY, INC. 1449 BIG MOOSE RD EAGLE BAY, NY 13331	20-5868375		12,500.	0.			GENERAL SUPPORT
BIG MOOSE COMMUNITY CHAPEL 1544 BIG MOOSE ROAD EAGLE BAY, NY 13331			16,000.	0.			GENERAL SUPPORT
BISHOP LUDDEN JR/SR HIGH SCHOOL 815 FAY RD SYRACUSE, NY 13219			20,400.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAMPAIGN SUPPORT
BLOOMSBURG UNIVERSITY 400 E SECOND ST BLOOMSBURG, PA 17815			6,450.	0.			SCHOLARSHIP SUPPORT
BOYS & GIRLS CLUBS OF SYRACUSE PO BOX 606 SYRACUSE, NY 13209	15-0532240		16,350.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
BRADY FAITH CENTER 404 SOUTH AVENUE SYRACUSE, NY 13204			84,630.	0.			GENERAL SUPPORT; BRADY FARM; PATRON SPONSORSHIP
BRADY SOCIAL ENTERPRISES, INC. 404 SOUTH AVE SYRACUSE, NY 13204	84-4394385		30,737.	0.			PROGRAM SUPPORT; GENERAL SUPPORT; SPONSORSHIP REPORT
BROOKLINE COMMUNITY FOUNDATION, INC. - 40 WEBSTER PLACE - BROOKLINE, MA 02445	04-2103944		15,000.	0.			GENERAL SUPPORT

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BROWARD HOUSE, INC. 1726 SE 3RD AVE FORT LAUDERDALE, FL 33316	59-2913416		14,864.	0.			GENERAL SUPPORT
BUFFALO STATE COLLEGE FINANCIAL AID OFFICE, MOOT HALL 230 1300 ELMWOOD AVENUE - BUFFALO, NY 14222			78,825.	0.			SCHOLARSHIP SUPPORT
BUILDING MEN PROGRAM, INC. 103 MANN DR SYRACUSE, NY 13209	47-3788818		6,000.	0.			PROGRAM SUPPORT
CAFE SANKOFA INC. 2323 S SALINA ST SYRACUSE, NY 13205	85-3811519		62,500.	0.			PROGRAM SUPPORT; CAPITAL SUPPORT
CASA MYRNA VAZQUEZ, INC. 451 BLUE HILL AVE BOSTON, MA 02121	04-2625710		20,000.	0.			GENERAL SUPPORT
CASPAR GREGORY CAMP, INC. PO BOX 322 AURORA, NY 13026	16-1202636		8,000.	0.			CAPITAL SUPPORT
CATHOLIC CHARITIES 1654 W ONONDAGA ST SYRACUSE, NY 13204	15-0532085		31,110.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; PROGRAM SUPPORT
CATHOLIC CHARITIES/OXFORD STREET INN SHELTER - 1654 WEST ONONDAGA STREET - SYRACUSE, NY 13204	15-0532085		50,000.	0.			GENERAL SUPPORT
CAZARTS, INC. 1 LIBERTY ST CAZENOVIA, NY 13035	84-2105097		10,953.	0.			PROGRAM SUPPORT

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CAZCARES, INC. 101 NELSON ST CAZENOVIA, NY 13035	16-1185489		14,250.	0.			GENERAL SUPPORT
CAZENOVIA COLLEGE 22 SULLIVAN STREET CAZENOVIA, NY 13035			63,700.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT; PROGRAM SUPPORT
CAZENOVIA PRESERVATION FOUNDATION PO BOX 627 CAZENOVIA, NY 13035	16-6101151		68,150.	0.			CAPITAL SUPPORT; GENERAL SUPPORT
CAZENOVIA PUBLIC LIBRARY 100 ALBANY STREET CAZENOVIA, NY 13035	15-0532080		10,500.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
CENTER FOR COMMUNITY ALTERNATIVES (CCA) - 115 EAST JEFFERSON ST - STE 300 - SYRACUSE, NY 13202	16-1395992		20,000.	0.			PROGRAM SUPPORT
CENTER FOR COURT INNOVATION/FUND FOR THE CITY OF NEW YORK - 121 SIXTH AVE 6TH FL - NEW YORK, NY 10013	13-2612524		150,500.	0.			PROGRAM SUPPORT; STAFF SUPPORT
CENTER OF HOPE INTERNATIONAL, INC. 5013 S. SALINA ST. SYRACUSE, NY 13205	46-4397286		25,000.	0.			PROGRAM SUPPORT
CENTERSTATE CEO 115 WEST FAYETTE STREET SYRACUSE, NY 13202	27-2620882		60,000.	0.			PROGRAM SUPPORT
CENTERSTATE CEO FOUNDATION 115 WEST FAYETTE STREET SYRACUSE, NY 13202	22-2305294		19,050.	0.			PROGRAM SUPPORT

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CENTRAL CURRENT, INC. 110 W FAYETTE ST STE 1000 SYRACUSE, NY 13202	86-1656116		41,500.	0.			GENERAL SUPPORT
CENTRAL NEW YORK LAND TRUST, INC. 7 FENNELLS STREET SKANEATELES, NY 13152	23-7399316		154,150.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT
CENTRAL NEW YORK SPAY NEUTER ASSISTANCE PROGRAM - 17 SALISBURY ST - CORTLAND, NY 13045	20-3322730		10,250.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
CENTRAL NEW YORK SPCA 5878 EAST MOLLOY RD SYRACUSE, NY 13211	15-0532072		18,422.	0.			GENERAL SUPPORT
CHADWICK RESIDENCE 335 VALLEY DRIVE SYRACUSE, NY 13207	22-2805597		30,100.	0.			GENERAL SUPPORT; STAFF SUPPORT
CHARLES N. GORDON WILDLIFE REHABILITATION CENTER, INC. - PO BOX 90 - HAMILTON, NY 13346	83-2797618		10,000.	0.			CAPITAL SUPPORT
CHRIST THE KING RETREAT HOUSE 500 BROOKFORD RD. SYRACUSE, NY 13224	15-0539124		18,000.	0.			GENERAL SUPPORT
CHRISTIAN BROTHERS ACADEMY 6245 RANDALL ROAD SYRACUSE, NY 13214			94,550.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT; EVENT SUPPORT
CINCINNATUS AREA HERITAGE SOCIETY 2781 ROUTE 26 CINCINNATUS, NY 13040	22-2270525		20,000.	0.			PROJECT SUPPORT; GENERAL SUPPORT

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CITY COLLEGE OF NEW YORK 160 CONVENT AVE NEW YORK, NY 10031			10,500.	0.			GENERAL SUPPORT
CITY OF SYRACUSE/NEIGHBORHOOD AND BUSINESS DEVELOPMENT - 201 E WASHINGTON ST FL 7 - SYRACUSE, NY 13202			150,000.	0.			PROGRAM SUPPORT
CLARKSON UNIVERSITY OFFICE OF DEV & ALUMNI RELATIONS 8 CLARKSON AVE BOX 5515 - POTSDAM, NY 13699			56,025.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
CLEAR PATH FOR VETERANS, INC. 1223 SALT SPRINGS ROAD CHITTENANGO, NY 13037	27-5206513		36,550.	0.			GENERAL SUPPORT; STAFF SUPPORT; PROGRAM SUPPORT
CNY ARTS 421 MONTGOMERY ST. FL 11 SYRACUSE, NY 13202	15-0625350		25,400.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
CNY LYME & TICK-BORNE DISEASE ALLIANCE, INC. - 131 W SENECA ST #9 - MANLIUS, NY 13104	84-3999202		61,000.	0.			GENERAL SUPPORT; EDUCATIONAL SUPPORT
COLGATE UNIVERSITY 13 OAK DRIVE HAMILTON, NY 13346			7,250.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
COLUMBIA UNIVERSITY STUDENT ACCOUNT PAYMENTS PO BOX 138 NEW YORK, NY 10008			16,490.	0.			SCHOLARSHIP SUPPORT
COMMUNITY BIKES PO BOX 513 HAMILTON, NY 13346	27-0845541		7,000.	0.			CAPITAL SUPPORT

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COMMUNITY FOLK ART CENTER 805 E. GENESEE STREET SYRACUSE, NY 13210	74-3051509		16,500.	0.			EDUCATIONAL SUPPORT; SPONSORSHIP SUPPORT
COMMUNITY MEMORIAL HOSPITAL FOUNDATION, INC. - 150 BROAD STREET - HAMILTON, NY 13346	16-1603283		51,000.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
COMMUNITY OPTIONS 216 W MANLIUS ST EAST SYRACUSE, NY 13057	22-2964056		23,000.	0.			CAPITAL SUPPORT
CONNECT AFRICA FOUNDATION, INC. 222 PLEASANT STREET NEWTON CENTER, MA 02459	37-1496337		15,000.	0.			GENERAL SUPPORT
CONSERVANCY OF SOUTHWEST FLORIDA 1495 SMITH PRESERVE WAY NAPLES, FL 34102	59-1157084		10,000.	0.			GENERAL SUPPORT
CONTACT COMMUNITY SERVICES, INC. 6311 COURT STREET ROAD EAST SYRACUSE, NY 13057	16-0984299		5,805.	0.			GENERAL SUPPORT
CORNELL COOPERATIVE EXTENSION/CORTLAND COUNTY - 60 CENTRAL AVE RM 140 - CORTLAND, NY 13045	16-6072877		5,500.	0.			PROGRAM SUPPORT
CORNELL COOPERATIVE EXTENSION/MADISON COUNTY - 100 EATON STREET - MORRISVILLE, NY 13408	16-6072885		10,000.	0.			PROGRAM SUPPORT
CORNELL UNIVERSITY 203 DAY HALL ITHACA, NY 14850			12,425.	0.			SCHOLARSHIP SUPPORT

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CORNELL UNIVERSITY/ADVANCEMENT SERVICES - 130 E SENECA ST #400 - ITHACA, NY 14850			12,420.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
CORNING COMMUNITY COLLEGE 1 ACADEMIC DRIVE CORNING, NY 14830			6,000.	0.			SCHOLARSHIP SUPPORT
CORTLAND AREA COMMUNITIES THAT CARE COALITION - 45 CRANDALL ST - CORTLAND, NY 13045	34-2064367		88,541.	0.			PROGRAM SUPPORT
CORTLAND COMMUNITY FOUNDATION PO BOX 466 CORTLAND, NY 13045	16-1561037		20,500.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
CORTLAND COMMUNITY SPCA 879 MCLEAN RD CORTLAND, NY 13045	51-0244203		5,850.	0.			GENERAL SUPPORT
CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. - 32 NORTH MAIN ST - CORTLAND, NY 13045	16-1004653		19,000.	0.			PROGRAM SUPPORT
CORTLAND COUNTY HISTORICAL SOCIETY, INC. - 25 HOMER AVENUE - CORTLAND, NY 13045	15-0555683		11,500.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAPITAL SUPPORT
CORTLAND LOAVES & FISHES PO BOX 170 CORTLAND, NY 13045	16-1236737		10,000.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
CORTLAND REPERTORY THEATRE 24 PORT WATSON ST CORTLAND, NY 13045	16-1004610		8,200.	0.			GENERAL SUPPORT

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COVENANT HOUSE - NEW YORK, NY TIMES SQUARES STATION PO BOX 731 NEW YORK, NY 10108	13-2725416		14,400.	0.			GENERAL SUPPORT
CRADLES TO CRAYONS, INC. 155 NORTH BEACON STREET BRIGHTON, MA 02135	04-3584367		10,000.	0.			GENERAL SUPPORT
CROUSE HEALTH FOUNDATION 736 IRVING AVE SYRACUSE, NY 13210	16-1035427		100,750.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT; PROGRAM SUPPORT; EVENT SUPPORT; PROJECT SUPPORT
CUSE CULTURE LEGACY FOUNDATION 191 WINSTON WAY SYRACUSE, NY 13214	84-2395454		8,000.	0.			PROGRAM SUPPORT
DANA-FARBER CANCER INSTITUTE, INC. PO BOX 849168 BOSTON, MA 02284	04-2263040		11,000.	0.			EVENT SUPPORT
DAVID'S REFUGE 8195 CAZENOVIA ROAD MANLIUS, NY 13104	45-3686680		24,750.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
DEWITT COMMUNITY CHURCH 3600 ERIE BLVD E SYRACUSE, NY 13214			38,400.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR ST FL 16 NEW YORK, NY 10006	13-3433452		5,557.	0.			GENERAL SUPPORT; DISASTER RELIEF SUPPORT
DOWNTOWN SYRACUSE FOUNDATION 115 WEST FAYETTE STREET SYRACUSE, NY 13202	45-5419583		25,000.	0.			PROGRAM SUPPORT

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DUNBAR ASSOCIATION, INC. 1453 S. STATE STREET SYRACUSE, NY 13205	15-0533563		19,000.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
EARLVILLE FREE LIBRARY PO BOX 120 EARLVILLE, NY 13332	15-0618864		29,781.	0.			GENERAL SUPPORT
EARLY CHILDHOOD ALLIANCE 484 S SALINA ST FL 2 SYRACUSE, NY 13202	15-0532073		50,000.	0.			STAFF SUPPORT
ELMCREST CHILDREN'S CENTER 960 SALT SPRINGS RD SYRACUSE, NY 13224	15-0539090		14,250.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT; PROGRAM SUPPORT; SCHOLARSHIP SUPPORT
ELON UNIVERSITY PO 398 100 CAMPUS BOX ELON, NC 27244	56-0532303		20,000.	0.			SCHOLARSHIP SUPPORT
ESF COLLEGE FOUNDATION 214 BRAY HALL 1 FORESTRY DR OFC 1 SYRACUSE, NY 13210	15-6023443		19,144.	0.			GENERAL SUPPORT
EVERSON MUSEUM OF ART 401 HARRISON STREET SYRACUSE, NY 13202	15-0616499		90,800.	0.			GENERAL SUPPORT; EVENT SUPPORT
EVERSON MUSEUM OF ART P.O. BOX 1625 BINGHAMTON, NY 13902	45-3302040		7,000.	0.			EVENT SUPPORT
EXCEPTIONAL FAMILY RESOURCES 1820 LEMOYNE AVE SYRACUSE, NY 13208	16-1098311		55,000.	0.			CAPITAL SUPPORT

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FAITH HERITAGE SCHOOL 3740 MIDLAND AVE SYRACUSE, NY 13205			27,250.	0.			GENERAL SUPPORT
FARM CREDIT EAST CARES, INC. 7397 STATE HIGHWAY 80 COOPERSTOWN, NY 13326	45-4746916		7,500.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES MANLEY FIELD HOUSE, ROOM 105 1301 EAST COLVIN ST - SYRACUSE, NY 13244	44-0610626		17,700.	0.			GENERAL SUPPORT
FIGHT FOR HEARTS 103 CLAIRE RD SYRACUSE, NY 13214	46-4012014		11,300.	0.			PROGRAM SUPPORT
FINGER LAKES LAND TRUST 202 EAST COURT STREET ITHACA, NY 14850	22-2983688		82,550.	0.			GENERAL SUPPORT; PROJECT SUPPORT; CAPITAL SUPPORT;
FIRST PRESBYTERIAN CHURCH OF SKANEATELES - 97 E. GENESEE STREET - SKANEATELES, NY 13152			15,000.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH OF ONEIDA - 116 WEST GROVE STREET - ONEIDA, NY 13421			100,000.	0.			CAPITAL SUPPORT
FIT PLAY PARKS, INC. PO BOX 720 PINE ISLAND, NY 10969	87-1756870		25,000.	0.			GENERAL SUPPORT
FOCUS GREATER SYRACUSE 201 E WASHINGTON ST STE 704 SYRACUSE, NY 13202	16-1606023		25,750.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT; PROJECT 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK ASSOCIATION OF NEW YORK STATE - 33 ELK ST STE 203 - ALBANY, NY 12207	20-2555423		50,000.	0.			GENERAL SUPPORT
FOOD BANK OF CNY 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	20-2816988		47,200.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT
FOODSHARE, INC. 2 RESEARCH PKWY WALLINGFORD, CT 06492	22-2474771		17,000.	0.			GENERAL SUPPORT
FRANCIS HOUSE 108 MICHAELS AVE SYRACUSE, NY 13208	16-1585910		70,257.	0.			GENERAL SUPPORT
FRANCISCORPS, INC. PO BOX 11166 SYRACUSE, NY 13218	14-1814144		7,000.	0.			CAPITAL SUPPORT
FRANZISKA RACKER CENTERS, INC. 3226 WILKINS ROAD ITHACA, NY 14850	15-0581887		10,000.	0.			GENERAL SUPPORT
FREE WHEELCHAIR MISSION 15279 ALTON PARKWAY SUITE 300 IRVINE, CA 92618	31-1781635		15,000.	0.			GENERAL SUPPORT
FREMONT AREA COMMUNITY FOUNDATION 1005 E 23RD ST STE 2 FREMONT, NE 68025	47-0629642		125,000.	0.			GENERAL SUPPORT
FRIENDS OF CENTRAL LIBRARY (FOCL) 447 SOUTH SALINA STREET SYRACUSE, NY 13202	16-1440173		6,700.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT

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FRIENDS OF FORT ONTARIO INC 1 E 4TH ST OSWEGO, NY 13126	16-1350538		7,000.	0.			PROGRAM SUPPORT
FRIENDS OF ISRAEL DEFENSE FORCES PO BOX 4224 NEW YORK, NY 10163	13-3156445		10,000.	0.			GENERAL SUPPORT
FRIENDS OF THE ROSAMOND GIFFORD ZOO AT BURNET PARK - 1 CONSERVATION PLACE - SYRACUSE, NY 13204	23-7083532		190,950.	0.			CAPITAL SUPPORT; GENERAL SUPPORT; CAMPAIGN SUPPORT; SPONSORSHIP SUPPORT
GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE - 2040 N DIXIE HIGHWAY, - WILTON MANORS, FL 33305	65-0431045		18,580.	0.			GENERAL SUPPORT
GEORGE & REBECCA BARNES FOUNDATION 930 JAMES STREET SYRACUSE, NY 13203	20-1811339		20,000.	0.			CAPITAL SUPPORT
GIGI'S PLAYHOUSE OF SYRACUSE 5585 EAST CIRCLE DRIVE CICERO, NY 13039	38-3877315		6,785.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
GOOD LIFE YOUTH FOUNDATION 484 S SALINA ST STE 202 SYRACUSE, NY 13202	26-1123420		55,750.	0.			GENERAL SUPPORT; PROGRAM SUPPORT: BLACK EQUITY SUPPORT
GOOD SHEPHERD FOOD BANK PO BOX 1807 AUBURN, ME 04211	22-2986809		10,000.	0.			GENERAL SUPPORT
GREATER NEW ORLEANS COMMUNITY FOUNDATION - 919 SAINT CHARLES AVE - NEW ORLEANS, LA 70130	72-0408921		10,000.	0.			DISASTER RELIEF SUPPORT

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GREATER SYRACUSE WORKS 516 BURT STREET SYRACUSE, NY 13202	16-1605447		40,000.	0.			CAPITAL SUPPORT
GULF COAST COMMUNITY FOUNDATION 601 TAMIAMI TRAIL SOUTH VENICE, FL 34285	59-1052433		150,000.	0.			PROGRAM SUPPORT
HAL WELSH EAST AREA FAMILY YMCA 200 TOWNE DRIVE FAYETTEVILLE, NY 13066	15-0532278		5,250.	0.			CAMPAIGN SUPPORT; PROGRAM SUPPORT; EVENT SUPPORT
HALF-SHIRE HISTORICAL SOCIETY PO BOX 73 1100 COUNTY ROUTE 48 RICHLAND, NY 13144	22-2142376		10,000.	0.			CAPITAL SUPPORT
HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323			9,500.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477		5,512.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
HELPING HOUNDS DOG RESCUE 7268 CASWELL AVE #1 NORTH SYRACUSE, NY 13212	26-4132608		31,350.	0.			GENERAL SUPPORT; STAFF SUPPORT
HIGH POINT UNIVERSITY ROBERTS HALL STE 100 DRAWER #49 ONE UNIVERSITY PKWY - HIGH POINT, NC 27268			16,000.	0.			SCHOLARSHIP SUPPORT
HILLSDALE COLLEGE 33 COLLEGE STREET HILLSDALE, MI 49242			5,100.	0.			GENERAL SUPPORT; EDUCATIONAL SUPPORT

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HILLSIDE CHILDREN'S FOUNDATION/ALBANY - PO BOX 1901 - ALBANY, NY 12201	16-0743039		9,000.	0.			EDUCATIONAL SUPPORT
HOBART & WILLIAM SMITH COLLEGES 615 SOUTH MAIN STREET GENEVA, NY 14456			7,700.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
HOLY CROSS CHURCH 4112 E GENESEE ST SYRACUSE, NY 13214			6,000.	0.			GENERAL SUPPORT
HOLY CROSS SCHOOL 4200 E GENESEE ST DEWITT, NY 13214			14,300.	0.			EVENT SUPPORT; EDUCATIONAL SUPPORT
HOME HEADQUARTERS 538 ERIE BLVD WEST SYRACUSE, NY 13204	22-2982267		195,342.	0.			PROGRAM SUPPORT; CAMPAIGN SUPPORT
HOPE FOR BEREAVED 4500 ONONDAGA BLVD SYRACUSE, NY 13219	16-1370553		31,450.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; SPONSORSHIP SUPPORT; EVENT SUPPORT
HOPEPRINT, INC P.O. BOX 11664 SYRACUSE, NY 13218	37-1621379		12,500.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
HOSPICE & PALLIATIVE CARE INC. 4277 MIDDLE SETTLEMENT ROAD NEW HARTFORD, NY 13413	22-2238073		9,000.	0.			CAPITAL SUPPORT
HOSPICE FOUNDATION OF CNY & OF THE FINGER LAKES, INC. - 990 7TH NORTH STREET - LIVERPOOL, NY 13088	16-1438980		33,378.	0.			GENERAL SUPPORT

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HOUSING VISIONS UNLIMITED 1201 EAST FAYETTE ST SYRACUSE, NY 13210	16-1375637		9,250.	0.			GENERAL SUPPORT
HOWLAND STONE STORE MUSEUM PO BOX 124 AURORA, NY 13026	16-1355567		11,250.	0.			CAPITAL SUPPORT; PROGRAM SUPPORT
HUMANE ASSOCIATION OF CNY 4915 1/2 WEST TAFT ROAD LIVERPOOL, NY 13088	16-6069942		17,750.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FORT LAUDERDALE, FL 33312	59-6002321		18,580.	0.			GENERAL SUPPORT
IMMACULATE CONCEPTION CHURCH 400 SALT SPRINGS ST FAYETTEVILLE, NY 13066			27,250.	0.			GENERAL SUPPORT
I-MOBILE HEALTH MISSION, INC. 124 NORTHERN LIGHTS DR SYRACUSE, NY 13212	81-2482707		20,000.	0.			STAFF SUPPORT
INCLUSIVE ALLIANCE IPA, INC. 635 JAMES ST SYRACUSE, NY 13203	82-2588423		45,000.	0.			CAPITAL SUPPORT
INTERFAITH WORKS OF CENTRAL NEW YORK - 1010 JAMES STREET - SYRACUSE, NY 13203	16-1064233		241,992.	0.			PROGRAM SUPPORT; GENERAL SUPPORT; EVENT SUPPORT
INTERNATIONAL CANCER ADVOCACY NETWORK - 27 WEST MORTEN AVE - PHOENIX, AZ 85021	86-0818253		6,000.	0.			EVENT SUPPORT

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ITHACA COLLEGE 953 DANBY ROAD ITHACA, NY 14850			24,200.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
JDRF INTERNATIONAL/UPSTATE NEW YORK CHAPTER - 1757 CENTRAL AVE STE 102 - ALBANY, NY 12205	23-1907729		7,350.	0.			GENERAL SUPPORT
JEWISH COMMUNITY FOUNDATION OF CENTAL NEW YORK - 5655 THOMPSON ROAD - DEWITT, NY 13214	16-1599356		5,250.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
JEWISH FEDERATION OF CENTRAL NEW YORK, INC. - 5655 THOMPSON ROAD - DEWITT, NY 13214	15-0543614		37,490.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT
JM MACDONALD SPORTS COMPLEX, INC. 4292 FAIRGROUNDS RD. CORTLAND, NY 13045	16-1595605		7,000.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
JOHN D. BARROW COLLECTION OR ART GALLERY - 49 EAST GENESEE STREET - SKANEATELES, NY 13152	22-2260222		502,650.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT
JOHN JAY COLLEGE OF CRIMINAL JUSTICE - OFFICE OF THE BURSAR 524 W 59TH ST RM L70 NB - NEW YORK, NY 10019			10,000.	0.			SCHOLARSHIP SUPPORT
JOSEPH'S HOUSE FOR WOMEN, INC. 802 COURT STREET SYRACUSE, NY 13208	46-2485173		22,400.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
JOURNEYS OF SOLUTION, INC PO BOX 28 WEBSTER, NY 14580	26-2399434		17,000.	0.			COVID19 SUPPORT; SCHOLARSHIP SUPPORT; DISASTER RELIEF SUPPORT

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JOWONIO SCHOOL 3049 E GENESEE STREET SYRACUSE, NY 13224			6,750.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF CENTRAL UPSTATE NY - 1 S WASHINGTON ST STE 110 - ROCHESTER, NY 14614	16-0956147		20,000.	0.			PROGRAM SUPPORT
JUNIOR LEAGUE OF SYRACUSE, INC. 431 EAST FAYETTE ST SUITE 225 SYRACUSE, NY 13202	15-6025122		5,100.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
JUSTICE RESOURCE INSTITUTE, INC. 160 GOULD STREET, SUITE 300 NEEDHAM, MA 02494	04-2526357		10,000.	0.			GENERAL SUPPORT
KENTUCKY FARM BUREAU EDUCATION FOUNDATION, INC. - 9201 BUNSEN PKWY - LOUISVILLE, KY 40220	61-6035765		7,500.	0.			GENERAL SUPPORT
LAUNCH CNY 313 E WILLOW ST STE 204 SYRACUSE, NY 13203	16-1279753		10,850.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT; CAPITAL SUPPORT
LEAD NY (THE EMPIRE ST FOOD AND AGRI LEADERSHIP INSTITUTE) - 275B WARREN HALL - ITHACA, NY 14853	15-0532082		33,560.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
LEADERSHIP GREATER SYRACUSE 5703 ENTERPRISE PARKWAY, SUITE C EAST SYRACUSE, NY 13057	16-1455481		8,700.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT
LEBANESE AMERICAN UNIVERSITY 211 E 46 ST NEW YORK, NY 10017			11,000.	0.			GENERAL SUPPORT

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LEMOYNE COLLEGE 1419 SALT SPRINGS ROAD SYRACUSE, NY 13214			311,700.	0.			SCHOLARSHIP SUPPORT
LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DR STE 200 RYE BROOK, NY 10573	13-5644916		9,100.	0.			GENERAL SUPPORT
LIBERTY UNIVERSITY FINANCIAL AID MSC BOX 710282 1971 UNIVERSITY BLVD. - LYNCHBURG, VA 24515			20,000.	0.			SCHOLARSHIP SUPPORT
LIME HOLLOW NATURE CENTER, INC. 338 MCLEAN RD CORTLAND, NY 13045	23-7339667		10,000.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
LITERACYCNY 100 NEW STREET SYRACUSE, NY 13202	16-1002098		40,100.	0.			GENERAL SUPPORT; STAFF SUPPORT
LIVERPOOL PUBLIC LIBRARY 310 TULIP ST LIVERPOOL, NY 13088	16-1463853		13,300.	0.			CAPITAL SUPPORT
LONGHOUSE COUNCIL, BSA 2803 BREWERTON ROAD SYRACUSE, NY 13211	16-0966978		12,050.	0.			GENERAL SUPPORT
LORETTO HEALTH & REHABILITATION CENTER - 700 E BRIGHTON AVE - SYRACUSE, NY 13205	20-0503099		77,000.	0.			CAPITAL SUPPORT
MADISON COUNTY CHILDREN'S CAMP PO BOX 753 ONEIDA, NY 13421	16-0953500		17,350.	0.			GENERAL SUPPORT; COVID19 SUPPORT; CAPITAL SUPPORT

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MADISON COUNTY RURAL HEALTH COUNCIL - PO BOX 187 - MORRISVILLE, NY 13408	46-2603272		15,500.	0.			PROGRAM SUPPORT
MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK, INC. - 5005 CAMPUSWOOD DR - EAST SYRACUSE, NY 13057	22-2572086		19,880.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT; CAPITAL SUPPORT
MANLIUS PEBBLE HILL SCHOOL 5300 JAMESVILLE RD SYRACUSE, NY 13214			2,708,500.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; SPONSORSHIP SUPPORT
MARTIN'S CREEK MENNONITE CHURCH 6111 COUNTY ROAD 203 MILLERSBURG, OH 44654			45,000.	0.			GENERAL SUPPORT
MASONIC MEDICAL RESEARCH LABORATORY - 2150 BLEECKER ST - UTICA, NY 13501	13-5648611		10,000.	0.			CAPITAL SUPPORT
MATTHEW HOUSE INC. 43 METCALF DRIVE AUBURN, NY 13021	16-1591811		36,074.	0.			GENERAL SUPPORT
MCMAHON/RYAN CHILD ADVOCACY SITE 601 EAST GENESEE ST SYRACUSE, NY 13202	16-1563195		81,450.	0.			PROGRAM SUPPORT; EVENT SUPPORT; GENERAL SUPPORT; STAFF SUPPORT
MEALS ON WHEELS OF SYRACUSE 300 BURT STREET SYRACUSE, NY 13202	16-0970999		12,000.	0.			GENERAL SUPPORT
MERCY FLIGHT CENTRAL, INC. 2420 BRICKYARD ROAD CANANDAIGUA, NY 14424	16-1427751		5,150.	0.			GENERAL SUPPORT; CAPITAL SUPPORT

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MERCY WORKS, INC. 1221 S SALINA ST SYRACUSE, NY 13202	16-1553234		44,200.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
MICHIGANS THANKSGIVING PARADE FOUNDATION - 9500 MT. ELLIOTT STUDIO A - DETROIT, MI 48211	38-2460378		7,000.	0.			GENERAL SUPPORT
MIDDLE TENNESSEE STATE UNIVERSITY 1301 EAST MAIN ST MURFREESBORO, TN 37132			8,200.	0.			SCHOLARSHIP SUPPORT
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL RD MILLBROOK, NY 12545			21,001.	0.			GENERAL SUPPORT
MOST HOLY ROSARY CHURCH 111 ROBERTS AVE SYRACUSE, NY 13207			21,700.	0.			GENERAL SUPPORT
MUSEUM OF MODERN ART 11 W 53RD ST NEW YORK, NY 10019	13-1624100		11,150.	0.			GENERAL SUPPORT
MUSEUM OF SCIENCE & TECHNOLOGY FOUNDATION - 500 S FRANKLIN ST - SYRACUSE, NY 13202	22-3158446		355,550.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; SPONSORSHIP SUPPORT
MUSICAL ASSOCIATES OF CENTRAL NEW YORK, INC. DBA SYMPHORIA - 234 HARRISON ST - SYRACUSE, NY 13202	46-1080817		59,885.	0.			GENERAL SUPPORT; EDUCATIONAL SUPPORT; PROGRAM SUPPORT
NATIONAL COUNCIL OF TEACHERS OF ENGLISH - 340 N NEIL ST - CHAMPAIGN, IL 61820	37-0715886		16,300.	0.			GENERAL SUPPORT

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NATIONAL OUTDOOR LEADERSHIP SCHOOL 284 LINCOLN ST LANDER, WY 82520			125,000.	0.			SCHOLARSHIP SUPPORT
NEHDA - NORTHEAST HAWLEY DEVELOPMENT ASSN - 101 GERTRUDE ST - SYRACUSE, NY 13203	16-1117485		24,376.	0.			PROGRAM SUPPORT
NEW MUSEUM OF CONTEMPORARY ART 235 BOWERY NEW YORK, NY 10002	13-2986881		7,500.	0.			GENERAL SUPPORT
NEW YORK CIVIL LIBERTIES UNION FOUNDATION - 125 BROAD STREET, 19TH FLOOR - NEW YORK, NY 10004	90-0808294		50,200.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
NEW YORK FFA LEADERSHIP TRAINING FOUNDATION, INC. - 9340 LONG POND RD - CROGHAN, NY 13327	15-6012484		97,764.	0.			GENERAL SUPPORT
NIAGARA COUNTY COMMUNITY COLLEGE ATTN: FINANCIAL AID 3111 SAUNDERS SETTLEMENT ROAD - SANBORN, NY 14132			12,444.	0.			SCHOLARSHIP SUPPORT
NORTH SIDE LEARNING CENTER 501 PARK STREET SYRACUSE, NY 13203	27-1357086		11,600.	0.			GENERAL SUPPORT
NORTHWOOD SCHOOL 92 NORTHWOOD RD LAKE PLACID, NY 12946			30,000.	0.			GENERAL SUPPORT
NYS AGRICULTURAL SOCIETY FOUNDATION, INC. - 1818 LINWOOD RD - LINWOOD, NY 14486	27-1174254		26,900.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; STAFF SUPPORT

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ON POINT FOR COLLEGE 488 W ONONDAGA ST SYRACUSE, NY 13202			94,650.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT; BLACK EQUITY SUPPORT; EDUCATIONAL SUPPORT
ONEIDA COMMUNITY MANSION HOUSE 170 KENWOOD AVE ONEIDA, NY 13421	22-2825570		125,000.	0.			CAPITAL SUPPORT
ONONDAGA COMMUNITY COLLEGE 4941 ONONDAGA RD SYRACUSE, NY 13215			164,468.	0.			SCHOLARSHIP SUPPORT
ONONDAGA COUNTY/DEPARTMENT OF CHILD & FAMILY SERVICES - 421 MONTGOMERY ST, 7TH FLOOR - SYRACUSE, NY 13202	15-6000461		1,500,000.	0.			PROGRAM SUPPORT; MENTAL HEALTH CLINICS
ONONDAGA EARTH CORPS 100 NEW ST #239 SYRACUSE, NY 13202	46-0593831		25,750.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
ONONDAGA ENVIRONMENTAL INSTITUTE 5795 WIDEWATERS PKWY 2ND FL SYRACUSE, NY 13214	16-1374219		39,896.	0.			PROGRAM SUPPORT
ONONDAGA HISTORICAL ASSOCIATION 321 MONTGOMERY STREET SYRACUSE, NY 13202	15-0533554		20,450.	0.			GENERAL SUPPORT; EVENT SUPPORT
OPERATION NORTHERN COMFORT 800 2ND ST LIVERPOOL, NY 13088	46-4485637		10,000.	0.			GENERAL SUPPORT
OPTOMETRIC CENTER OF NEW YORK 33 WEST 42ND ST NEW YORK, NY 10036	13-1819472		26,300.	0.			SCHOLARSHIP SUPPORT

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OSWEGO HEALTH FOUNDATION, INC. 110 WEST SIXTH ST OSWEGO, NY 13126	80-0822020		8,100.	0.			CAPITAL SUPPORT
PAIGE'S BUTTERFLY RUN 50 PRESIDENTIAL PLZ STE 106 SYRACUSE, NY 13202	52-2154937		6,850.	0.			GENERAL SUPPORT
PARK CENTRAL PRESBYTERIAN CHURCH 504 EAST FAYETTE STREET SYRACUSE, NY 13202			8,950.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
PARK SCHOOL CORPORATION 171 GODDARD AVE BROOKLINE, MA 02445	04-2104824		10,000.	0.			GENERAL SUPPORT
PAUL SMITHS COLLEGE ATTENTION: DEVELOPMENT OFFICE PO B PAUL SMITHS, NY 12970			17,000.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
PEACE, INC. MCCARTHY BUILDING, 2ND FLOOR 217 SOUTH SALINA ST. - SYRACUSE, NY 13202	16-6095039		96,850.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
PERFORM 4 PURPOSE 8 FOURTH AVE. AUBURN, NY 13021	45-2470208		7,350.	0.			PROGRAM SUPPORT
PGR FOUNDATION, INC. 121 TILDEN DR EAST SYRACUSE, NY 13057	47-2407532		6,600.	0.			GENERAL SUPPORT; BLACK EQUITY SUPPORT
PHILHARMONIC-SYMPHONY SOCIETY OF NEW YORK INC. - DAVID GEFFEN HALL 10 LINCOLN CENTER PLAZA - NEW YORK, NY 10023	13-1664054		5,500.	0.			GENERAL 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PHILLIPS FREE LIBRARY PO BOX 7 HOMER, NY 13077	15-0532226		7,000.	0.			PROGRAM SUPPORT
PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK - 114 UNIVERSITY AVENUE - ROCHESTER, NY 14605	16-0746860		16,320.	0.			GENERAL SUPPORT
PROVIDENCE COLLEGE OFFICE OF THE BURSAR 1 CUNNINGHAM S PROVIDENCE, RI 02918			8,500.	0.			SCHOLARSHIP SUPPORT
PULASKI ACADEMY & CENTRAL SCHOOLS 2 HINMAN ROAD PULASKI, NY 13142			27,221.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
PURPOSE FARM, INC. 1454 WEST GENESEE RD BALDWINVILLE, NY 13027	46-1446338		20,500.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
REDHOUSE ARTS CENTER INC PO BOX 603 SYRACUSE, NY 13201	22-2366669		354,200.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
REFUGEE & IMMIGRANT SELF-EMPOWERMENT INC. (RISE) - 302 BURT STREET - SYRACUSE, NY 13202	20-2873332		27,300.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
RESTOREFORLIFE, INC. 335 STANTON DR DEWITT, NY 13214	84-4698109		5,250.	0.			CAPITAL SUPPORT
RIVERS WAY, INC. 1227 VOLUNTEER PKWY BRISTOL, TN 37620	62-1542726		32,500.	0.			GENERAL SUPPORT

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ROAD TO EMMAUS MINISTRY OF SYRACUSE, INC. - PO BOX 15224 - SYRACUSE, NY 13215	81-2536179		27,200.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
ROCHESTER INSTITUTE OF TECHNOLOGY 56 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623			59,135.	0.			SCHOLARSHIP SUPPORT
ROMAN CATHOLIC DIOCESE OF SYRACUSE 240 EAST ONONDAGA STREET SYRACUSE, NY 13202			6,418.	0.			PROGRAM SUPPORT
RONALD MCDONALD HOUSE OF CNY 1100 EAST GENESEE STREET SYRACUSE, NY 13210	22-2371193		40,563.	0.			GENERAL SUPPORT; EVENT SUPPORT
RURAL AND MIGRANT MINISTRY OF OSWEGO COUNTY, INC. - 15 STEWART STREET P.O. BOX 192 - RICHLAND, NY 13144			5,735.	0.			CAPITAL SUPPORT
SALT CITY HARVEST FARM, INC. 4897 LEDYARD DRIVE MANLIUS, NY 13104	81-1639071		7,000.	0.			CAPITAL SUPPORT
SALVATION ARMY PO BOX 781 CORTLAND, NY 13045	13-5562351		13,000.	0.			GENERAL SUPPORT; EVENT SUPPORT, PROGRAM SUPPORT
SALVATION ARMY OF AUBURN 18 EAST GENESEE STREET AUBURN, NY 13021	13-5562351		5,100.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE PO BOX 3000 801 BAMBOO ROAD BOONE, NC 28607	58-1437002		32,600.	0.			DISASTER SUPPORT, GENERAL SUPPORT

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SANDY CREEK CENTRAL HIGH SCHOOL PO BOX 248 SANDY CREEK, NY 13145			15,350.	0.			SCHOLARSHIP SUPPORT
SARAH'S GUEST HOUSE, INC. 100 ROBERTS AVENUE SYRACUSE, NY 13207	16-1426336		14,114.	0.			GENERAL SUPPORT, EVENT SUPPORT
SCHEPENS EYE RESEARCH INSTITUTE 20 STANIFORD STREET BOSTON, MA 02114	04-2129889		10,312.	0.			GENERAL SUPPORT
SCHWEINFURTH MEMORIAL ART CENTER 205 GENESEE STREET AUBURN, NY 13021	16-1097876		15,800.	0.			PROGRAM SUPPORT; SCHOLARSHIP SUPPORT; GENERAL SUPPORT
SHERBURNE-EARLVILLE CENTRAL SCHOOL DISTRICT - 15 SCHOOL STREET - SHERBURNE, NY 13460			16,200.	0.			SCHOLARSHIP SUPPORT
SKANEATELES AMBULANCE VOLUNTEER EMERGENCY SERVICE, INC. - 77 FENNEL STREET - SKANEATELES, NY 13152	16-6088614		11,200.	0.			GENERAL SUPPORT
SKANEATELES CENTRAL SCHOOL DISTRICT - 49 E ELIZABETH ST - SKANEATELES, NY 13152			10,000.	0.			GENERAL SUPPORT
SKANEATELES COMMUNITY CENTER 97 STATE STREET RD SKANEATELES, NY 13152	16-1556745		6,800.	0.			CAPITAL SUPPORT
SKANEATELES EDUCATION FOUNDATION P.O. BOX 16 SKANEATELES, NY 13152	76-0840043		6,200.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; SCHOLARSHIP SUPPORT

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SKANEATELES FESTIVAL, INC. 97 EAST GENESEE STREET SKANEATELES, NY 13152	22-2317577		27,264.	0.			GENERAL SUPPORT
SKANEATELES HISTORICAL SOCIETY 28 HANNUM ST SKANEATELES, NY 13152	23-7339639		15,765.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
SKANEATELES LAKE ASSOCIATION INC PO BOX 862 SKANEATELES, NY 13152	23-7045486		30,600.	0.			GENERAL SUPPORT: CAPITAL SUPPORT
SKANEATELES SKI CLUB P.O. BOX 276 SKANEATELES, NY 13152	16-0869926		15,000.	0.			CAPITAL SUPPORT
SOCIETY FOR NEW MUSIC 438 BROOKFORD ROAD SYRACUSE, NY 13224	51-0198960		10,000.	0.			EDUCATIONAL SUPPORT
SOLVAY DOLLARS FOR SCHOLARS C/O PLANNED RESULTS, INC. 400 SPENCER STREET - SYRACUSE, NY 13204	46-4788252		6,950.	0.			SCHOLARSHIP SUPPORT
SPAFFORD AREA HISTORICAL SOCIETY PO BOX 250 MARIETTA, NY 13110	16-1341026		10,700.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
SPECIAL OLYMPICS NEW YORK CENTRAL REGION - 6315 FLY RD STE 2 - EAST SYRACUSE, NY 13057	23-7061382		5,600.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
SPIRITUAL RENEWAL CENTER 1342 LANCASTER AVENUE SYRACUSE, NY 13210	22-2296810		5,100.	0.			GENERAL SUPPORT

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ST. ANTHONY OF PADUA - OLD FORGE PO BOX 236 OLD FORGE, NY 13420			8,000.	0.			GENERAL SUPPORT
ST. DAVID'S EPISCOPAL CHURCH P.O. BOX 261 DEWITT, NY 13214			6,335.	0.			GENERAL SUPPORT
ST. JAMES CHURCH 6 GREEN ST CAZENOVIA, NY 13035			11,300.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
ST. JAMES EPISCOPAL CHURCH 96 EAST GENESEE STREET SKANEATELES, NY 13152			16,500.	0.			GENERAL SUPPORT
ST. JOHN FISHER COLLEGE 3690 EAST AVENUE ROCHESTER, NY 14618			6,450.	0.			SCHOLARSHIP SUPPORT; PROGRAM SUPPORT
ST. JOSEPH'S HOSPITAL HEALTH CENTER SCHOOL OF NURSING - ST. JOSEPH'S SCHOOL OF NURSING 206 PROSPECT AVENUE - SYRACUSE, NY			10,125.	0.			SCHOLARSHIP SUPPORT
ST. MARY OF THE ASSUMPTION 47 SYRACUSE ST BALDWINVILLE, NY 13027			20,225.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
ST. MARY'S OF THE LAKE CHURCH 10 W AUSTIN ST SKANEATELES, NY 13152			5,500.	0.			GENERAL SUPPORT
ST. PAUL'S CATHEDRAL 310 MONTGOMERY STREET SYRACUSE, NY 13202			26,300.	0.			GENERAL SUPPORT; PROGRAM SUPPORT

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ST. PAUL'S UNITED METHODIST CHURCH 2200 VALLEY DR SYRACUSE, NY 13207			6,000.	0.			GENERAL SUPPORT
ST. ROSE OF LIMA CHURCH 411 S MAIN STREET NORTH SYRACUSE, NY 13212			15,200.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT
ST. ROSE OF LIMA SCHOOL 407 S MAIN ST NORTH SYRACUSE, NY 13212			31,000.	0.			SPONSORSHIP SUPPORT; CAMPAIGN SUPPORT
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD - STATEN ISLAND, NY 10306	02-0554654		6,900.	0.			GENERAL SUPPORT
STONE QUARRY HILL ART PARK, INC. 3883 STONE QUARRY ROAD PO BOX 251 CAZENOVIA, NY 13035	16-1406217		101,750.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
SULLIVAN FREE LIBRARY 101 FALLS BLVD CHITTENANGO, NY 13037	23-7259944		15,000.	0.			PROGRAM SUPPORT
SUNCOAST HUMANE SOCIETY, INC. 6781 SAN CASA DRIVE ENGLEWOOD, FL 34224	23-7174193		5,500.	0.			CAPITAL SUPPORT
SUNY ALFRED STATE 10 UPPER COLLEGE DRIVE ALFRED, NY 14802			32,970.	0.			SCHOLARSHIP SUPPORT
SUNY BINGHAMTON STUDENT ACCOUNTS PO BOX 6003 BINGHAMTON, NY 13902			19,540.	0.			SCHOLARSHIP SUPPORT

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SUNY BROCKPORT OFFICE OF FINANCIAL AID 350 NEW CAM BROCKPORT, NY 14420			58,944.	0.			SCHOLARSHIP SUPPORT
SUNY COLLEGE AT CORTLAND FOUNDATION, INC. - PO BOX 2000 - CORTLAND, NY 13045			43,250.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
SUNY COLLEGE OF ESF 1 FORESTRY DRIVE 113 BRAY HALL SYRACUSE, NY 13210			40,135.	0.			SCHOLARSHIP SUPPORT
SUNY CORTLAND PO BOX 2000 CORTLAND, NY 13045			55,435.	0.			SCHOLARSHIP SUPPORT
SUNY FREDONIA STUDENT ACCOUNTS OFFICE G140 WILLIAMS CENTER - FREDONIA, NY 14063			16,512.	0.			SCHOLARSHIP SUPPORT
SUNY GENESEO OFFICE OF STUDENT ACCOUNTS ERWIN HALL 103 1 COLLEGE CR. - GENESEO, NY 14454			37,080.	0.			SCHOLARSHIP SUPPORT
SUNY MORRISVILLE STUDENT ACCOUNTS OFFICE PO BOX 901 MORRISVILLE, NY 13408			25,724.	0.			SCHOLARSHIP SUPPORT
SUNY OSWEGO STUDENT ACCTS. OFFICE 408 CULKIN HALL 7060 STATE RTE 104 - OSWEGO, NY 13126			107,817.	0.			SCHOLARSHIP SUPPORT
SUNY POLYTECHNIC INSTITUTE BURSAR OFFICE 100 SEYMOUR ROAD UTICA, NY 13502			5,500.	0.			SCHOLARSHIP SUPPORT

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SUNY PURCHASE 735 ANDERSON HILL ROAD PURCHASE, NY 10577			7,070.	0.			SCHOLARSHIP SUPPORT
SUNY RESEARCH FOUNDATION ATTN: CASH RECEIPTS 750 EAST ADAMS STREET CAB ROOM 209 - SYRACUSE, NY 13210	14-1368361		24,500.	0.			PROGRAM SUPPORT
SUNY STONY BROOK 180 ADMINISTRATION BUILDING STONY BROOK, NY 11794			8,570.	0.			SCHOLARSHIP SUPPORT
SUNY UPSTATE MEDICAL UNIV/EMERGENCY MEDICINE, INC. - 750 EAST ADAMS STREET - SYRACUSE, NY 13210			11,700.	0.			SCHOLARSHIP SUPPORT
SYRACUSE CENTER FOR PEACE AND SOCIAL JUSTICE, INC - 2013 E. GENESEE ST - SYRACUSE, NY 13210	56-2623904		6,650.	0.			CAPITAL SUPPORT
SYRACUSE CITY SCHOOL DISTRICT 725 HARRISON ST SYRACUSE, NY 13210			12,000.	0.			GENERAL SUPPORT
SYRACUSE CITY SCHOOL DISTRICT EDUCATIONAL FOUNDATION - PO BOX 9827 - SYRACUSE, NY 13290	02-0651844		20,800.	0.			PROGRAM SUPPORT
SYRACUSE FILM CENTER, INC. 804 WESTMORELAND AVE SYRACUSE, NY 13210	82-2563192		45,000.	0.			PROGRAM SUPPORT
SYRACUSE HEALTH SCIENCE CENTER MEDICAL ALUMNI FOUNDATION, IN - 750 E ADAMS ST SETNOR 1510 - SYRACUSE, NY 13210	16-6038703		15,200.	0.			SCHOLARSHIP SUPPORT

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SYRACUSE JEWISH FAMILY SERVICE 4101 E GENESEE ST SYRACUSE, NY 13214	15-0539102		6,000.	0.			GENERAL SUPPORT
SYRACUSE OPERA COMPANY PO BOX 1223 SYRACUSE, NY 13201	23-7167068		28,100.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
SYRACUSE PARKS CONSERVANCY PO BOX 11384 SYRACUSE, NY 13218	27-1737900		11,250.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
SYRACUSE RESCUE MISSION ALLIANCE 155 GIFFORD ST SYRACUSE, NY 13202	15-0532073		79,208.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; PROGRAM SUPPORT
SYRACUSE STAGE 820 E GENESEE ST SYRACUSE, NY 13210	15-0623468		65,909.	0.			GENERAL SUPPORT
SYRACUSE TEEN CHALLENGE 124 FURMAN ST SYRACUSE, NY 13205	43-1353323		10,000.	0.			GENERAL SUPPORT
SYRACUSE UNIVERSITY - OFFICE OF FINANCIAL AID - 200 BOWNE HALL - SYRACUSE, NY 13244			18,169.	0.			SCHOLARSHIP SUPPORT
SYRACUSE UNIVERSITY WAER-FM88 795 OSTROM AVE SYRACUSE, NY 13244	15-0532081		6,100.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
SYRACUSE UNIVERSITY/ADVANCEMENT & EXTERNAL AFFAIRS - 640 SKYTOP RD 2ND FL - SYRACUSE, NY 13244			154,675.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; SCHOLARSHIP SUPPORT

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SYRACUSE UNIVERSITY/L. C. SMITH COLLEGE OF ENGINEERING AND - COMPUTER SCIENCE 223 LINK HALL - SYRACUSE, NY 13244			40,100.	0.			SCHOLARSHIP SUPPORT
SYRACUSE UNIVERSITY/MAXWELL POLICY RESEARCH - 426 EGGERS HALL - SYRACUSE, NY 13244			14,300.	0.			PROGRAM SUPPORT
TEMPLE SOCIETY OF CONCORD 910 MADISON STREET SYRACUSE, NY 13210			10,000.	0.			GENERAL SUPPORT
THE BROOKLINE CENTER FOR COMMUNITY MENTAL HEALTH - 41 GARRISON - BROOKLINE, MA 02445	04-2263744		10,000.	0.			GENERAL SUPPORT
THE CONSORTIUM FOR CHILDREN'S SERVICES - 1010 JAMES ST - SYRACUSE, NY 13203	16-1019998		35,355.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
THE CORA FOUNDATION PO BOX 6865 SYRACUSE, NY 13217	16-1263983		24,250.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
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			82,897.	0.			GENERAL SUPPORT
THE FIRST TEE OF SYRACUSE 5050 JAMESVILLE RD JAMESVILLE, NY 13078	31-1724122		54,362.	0.			GENERAL SUPPORT; CAPITAL SUPPORT

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THE FOOD BANK OF WESTERN MASSACHUSETTS, INC. - 97 NORTH HATFIELD RD - HATFIELD, MA 01038	04-2751023		5,650.	0.			GENERAL SUPPORT
THE FOUNDATION AT THE MENORAH PARK 4101 E GENESEE ST SYRACUSE, NY 13214	22-2360749		12,500.	0.			CAPITAL SUPPORT; PROGRAM SUPPORT
THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE - 240 EAST ONONDAGA ST - SYRACUSE, NY 13202	45-3364607		24,350.	0.			GENERAL SUPPORT
THE GOVERNOR'S ACADEMY 1 ELM STREET BYFIELD, MA 01922	04-2103564		6,000.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
THE JOE FAMILY FOUNDATION FOR DISABILITY ADVOCACY INC. - 3847 SANDPIPER LN - LIVERPOOL, NY 13090	85-1765089		12,131.	0.			BLACK EQUITY SUPPORT
THE KEYS PROGRAM 308 SHERRILL ROAD SHERRILL, NY 13461	16-1609790		5,625.	0.			PROGRAM SUPPORT
THE NEWLAND CENTER (THE LEARNING PLACE) - C/O NORTHSIDE LEARNING CENTER 501 PARK ST. - SYRACUSE, NY 13203	86-1061215		10,700.	0.			GENERAL SUPPORT
THE SALVATION ARMY OF SYRACUSE 677 S SALINA ST, STE 100 SYRACUSE, NY 13202	13-2923701		123,405.	0.			GENERAL SUPPORT; PROGRAM SUPPORT;
THE SAMARITAN CENTER 215 NORTH STATE STREET SYRACUSE, NY 13203	16-1328786		33,525.	0.			GENERAL SUPPORT; EVENT SUPPORT

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THE UPSTATE FOUNDATION 750 EAST ADAMS STREET SYRACUSE, NY 13210	16-1068101		220,924.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT; EVENT SUPPORT
THE WOLF FOUNDATION, INC. 860 HARD ROAD WEBSTER, NY 14580	20-4311706		33,000.	0.			CAPITAL SUPPORT
THE WOMEN'S ECONOMIC INSTITUTE, INC. - 334 W COLVIN ST - SYRACUSE, NY 13205	82-4825464		17,500.	0.			BLACK EQUITY SUPPORT
TIMANOUS FOUNDATION PO BOX 2886 SOUTH PORTLAND, ME 04116	35-2580434		5,200.	0.			PROGRAM SUPPORT; GENERAL SUPPORT
TIOUGHNIAGA LAKE PRESERVATION FOUNDATION, INC. - PO BOX 467 - DE RUYTER, NY 13052	45-4550041		10,000.	0.			GENERAL SUPPORT
TOMORROW'S NEIGHBORHOODS TODAY 201 E WASHINGTON ST STE 711 SYRACUSE, NY 13202	47-5635762		75,000.	0.			CAPITAL SUPPORT
TOMPKINS CORTLAND COMMUNITY COLLEGE - 170 NORTH STREET PO BOX 139 - DRYDEN, NY 13053			27,500.	0.			SCHOLARSHIP SUPPORT
TOWN OF NELSON 4085 NELSON ROAD CAZENOVIA, NY 13035			20,000.	0.			PROGRAM SUPPORT
UNITE AMERICA INSTITUTE, INC. 1580 N LINCOLN ST STE 520 DENVER, CO 80203	27-3001286		10,000.	0.			GENERAL SUPPORT

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UNITED WAY OF CNY 980 JAMES ST SYRACUSE, NY 13203	15-0532073		228,684.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAMPAIGN SUPPORT; EVENT SUPPORT
UNITED WAY OF INDIAN RIVER COUNTY PO BOX 1960 VERO BEACH, FL 32961	27-4180892		10,000.	0.			GENERAL SUPPORT
UNITED WAY OF MADISON COUNTY PO BOX 648 ONEIDA, NY 13421	22-2308205		11,200.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
UNIVERSITY AT ALBANY STUDENT ACCOUNTS - G - 26 1400 WASHINGTON AVENUE - ALBANY, NY 12222			60,735.	0.			SCHOLARSHIP SUPPORT
UNIVERSITY AT BUFFALO 12 CAPEN HALL BUFFALO, NY 14260			176,254.	0.			SCHOLARSHIP SUPPORT
UNIVERSITY OF ROCHESTER ALUMNI & ADVANCE. CTR, PO BOX 27003 ROCHESTER, NY 14627			21,200.	0.			SCHOLARSHIP SUPPORT
UPSTATE MINORITY ECONOMIC ALLIANCE 115 WEST FAYETTE ST SYRACUSE, NY 13202	81-1046358		15,000.	0.			STAFF SUPPORT
URBAN JOBS TASK FORCE OF SYRACUSE, INC. - PO BOX 336 - SYRACUSE, NY 13205	86-2086696		10,000.	0.			CAPITAL SUPPORT
US FUND FOR UNICEF 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110		100,450.	0.			GENERAL 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 Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VASSAR COLLEGE 124 RAYMOND AVENUE POUGHKEEPSIE, NY 12604			6,500.	0.			SCHOLARSHIP SUPPORT; PROGRAM SUPPORT
VERA HOUSE FOUNDATION INC. 723 JAMES STREET SYRACUSE, NY 13203	22-3132223		22,700.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT; SPONSORSHIP SUPPORT
VERA HOUSE, INC. 723 JAMES ST SYRACUSE, NY 13203	51-0201530		59,690.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; STAFF SUPPORT
VERMONT FOODBANK 33 PARKER RD BARRE, VT 05641	22-3021942		10,000.	0.			GENERAL SUPPORT
VILLAGE OF JORDAN 7 MECHANIC ST JORDAN, NY 13080			55,099.	0.			SPONSORSHIP SUPPORT
VOLUNTEER LAWYERS PROJECT OF ONONDAGA COUNTY, INC - 221 SOUTH WARREN STREET - SYRACUSE, NY 13202	46-1593349		108,350.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
WALTER HOVING HOME, INC. PO BOX 194 GARRISON, NY 10524	13-2753267		25,000.	0.			GENERAL SUPPORT
WARRIORS OF THE CROSS PO BOX 5113 CORTLAND, NY 13045	47-2550038		69,000.	0.			PROJECT SUPPORT
WBUR 90.9 - BOSTON UNIVERSITY 890 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547		10,200.	0.			GENERAL 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 Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WCNY TV/24 - PUBLIC BROADCASTING COUNCIL OF CNY, INC. - PO BOX 2400 - SYRACUSE, NY 13220	16-0876277		23,510.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; EVENT SUPPORT
WE RISE ABOVE THE STREETS RECOVERY OUTREACH, INC. - 404 OAK STREET STE 111 - SYRACUSE, NY 13203	47-1701405		6,750.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
WELLHOUSE MINISTRIES, INC. PO BOX 862 OSWEGO, NY 13126	81-1030004		15,000.	0.			PROGRAM SUPPORT
WELLS COLLEGE 170 MAIN STREET AURORA, NY 13026			11,836.	0.			PROGRAM SUPPORT; GENERAL SUPPORT
WESTCOTT COMMUNITY CENTER (WCC) 826 EUCLID AVE SYRACUSE, NY 13210	16-1499834		19,290.	0.			BLACK EQUITY SUPPORT; GENERAL SUPPORT
WHOLE ME, INC. 1010 JAMES STREET SYRACUSE, NY 13203	04-3743001		25,000.	0.			STAFF SUPPORT
WHOLEHEART, INC. 88 HIGH MEADOW LN RICHMOND, VT 05477	46-4300314		25,000.	0.			PROJECT SUPPORT; COVID19 SUPPORT
WILLIAM MARSH RICE UNIVERSITY RICE ATHLETICS DEVELOPMENT MS-548 P HOUSTON, TX 77251			7,500.	0.			PROGRAM SUPPORT
WISDOM THINKERS NETWORK 1736 STATE ROUTE 5 ELBRIDGE, NY 13060	22-2420597		10,000.	0.			GENERAL SUPPORT; CAPITAL 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 Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN ON THE FRONT LINE, INC. 197 LAURSEN DR SYRACUSE, NY 13205	86-2426946		9,750.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; EVENT SUPPORT
WORD OF LIFE CHRISTIAN ACADEMY 12 EAST ONEIDA STREET BALDWINVILLE, NY 13027	16-1189201		25,000.	0.			GENERAL SUPPORT
WORLD CENTRAL KITCHEN, INC. 655 NEW YORK AVE NW FL 6 WASHINGTON, DC 20001	27-3521132		5,750.	0.			GENERAL SUPPORT; DISASTER RELIEF SUPPORT
YMCA OF GREATER SYRACUSE 340 MONTGOMERY STREET SYRACUSE, NY 13202	15-0532278		82,000.	0.			CAPITAL SUPPORT; EVENT SUPPORT

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

2021

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 checked="" 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) 2021

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

15-0626910

Schedule J (Form 990) 2021

Page 2

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 and/or 1099-NEC 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)	244,323.	17,300.	20,816.	24,196.	1,527.	308,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIMBERLY SADOWSKI SR. VICE PRESIDENT & CFO	(i)	159,089.	800.	4,980.	15,017.	1,527.	181,413.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANK RIDZI VP, COMMUNITY INVESTMENT	(i)	126,838.	6,800.	4,941.	12,410.	1,436.	152,425.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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

2021

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	235	11,939,570.	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 V, 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.		

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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 \$ 1,173,633. INCLUDING GRANTS OF \$ 870,391. REVENUE \$ 0.

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 (I.E. 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) 2021

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. DURING FISCAL 2022, THE COMMUNITY FOUNDATION ENGAGED AN INDEPENDENT COMPENSATION CONSULTANT TO DO A BROAD REVIEW OF STAFF COMPENSATION POLICY AND STRUCTURE.

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 1,473,534.

**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

2021

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	123,986.	4,013,728.	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) 2021

CENTRAL NEW YORK COMMUNITY FOUNDATION,

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
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)				

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2021, or fiscal year beginning APR 1, 2021, and ending MAR 31, 2022

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

EIN or SSN 15-0626910

Name and title of officer or person subject to tax PETER A. DUNN, PRESIDENT & CEO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and description, and Amount. Includes lines 1a-10a for various forms and lines 1b-10b for corresponding amounts. Line 6a is checked with an 'X' and has '0.' in column 10b.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) ... and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize BONADIO & CO., LLP to enter my PIN 92574. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax [Signature] Date 10/24/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

16605213204 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature BETTINA LIPPHARDT Date 10/27/22

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2021)

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

For calendar year 2021 or other tax year beginning APR 1, 2021, and ending MAR 31, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ **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).**

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) <input type="checkbox"/> 529A</p>	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 431 E. FAYETTE STREET, 100 City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202 C Book value of all assets at end of year 395,864,792.	<p>D Employer identification number 15-0626910</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
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G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Check if filing only to ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶

J Enter the number of attached Schedules A (Form 990-T) ▶ **1**

K 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. ▶

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

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	226.
2 Reserved	2	
3 Add lines 1 and 2	3	226.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	226.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	226.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions. Form **990-T** (2021)

Part III Tax and Payments			
1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d		1e	
2 Subtract line 1e from Part II, line 7		2	0.
3 Other amounts due. 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 statement)		3	
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here		4	0.
5 Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4		5	0.
6a Payments: A 2020 overpayment credited to 2021	6a		6,141.
b 2021 estimated tax payments. Check if section 643(g) election applies	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439			
<input type="checkbox"/> Form 4136			
<input type="checkbox"/> Other			
Total	6g		
7 Total payments. Add lines 6a through 6g		7	6,141.
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached		8	
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9	
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid		10	6,141.
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax		11	0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)			
1 At any time during the 2021 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
			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year			
4 Enter available pre-2018 NOL carryovers here			
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.			
Business Activity Code	Available post-2017 NOL carryover		
901101	\$ 2,354.		
	\$		
6a Did the organization change its method of accounting? (see instructions)			X
b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	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.			
	Signature of officer	Date	PRESIDENT & CEO	Title
				May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	BETTINA LIPPHARDT	BETTINA LIPPHARDT	10/27/22	PTIN P00956232
	Firm's name ▶ BONADIO & CO., LLP	Firm's EIN ▶ 16-1131146		
	Firm's address ▶ 432 NORTH FRANKLIN STREET		Phone no. (315) 422-7109	
	SYRACUSE, NY 13204			

**SCHEDULE A
(Form 990-T)**

Department of the Treasury
Internal Revenue Service

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

▶ 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).

1
OMB No. 1545-0047

2021

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

A Name of the organization CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.	B Employer identification number 15-0626910
C Unrelated business activity code (see instructions) ▶ 901101	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **INVESTMENT ACTIVITY**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶			
2 Cost of goods sold (Part III, line 8)	1c			
3 Gross profit. Subtract line 2 from line 1c	2			
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a	0.		
c Capital loss deduction for trusts	4b			
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	4c			
6 Rent income (Part IV)	5	1,142.		1,142.
7 Unrelated debt-financed income (Part V)	6			
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	7			
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	8			
10 Exploited exempt activity income (Part VIII)	9			
11 Advertising income (Part IX)	10			
12 Other income (see instructions; attach statement)	11			
13 Total. Combine lines 3 through 12	12	1,142.		1,142.
	13			

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

1 Compensation of officers, directors, and trustees (Part X)				
2 Salaries and wages				
3 Repairs and maintenance				
4 Bad debts				
5 Interest (attach statement). See instructions				
6 Taxes and licenses				
7 Depreciation (attach Form 4562). See instructions		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				
10 Contributions to deferred compensation plans				
11 Employee benefit programs				
12 Excess exempt expenses (Part VIII)				
13 Excess readership costs (Part IX)				
14 Other deductions (attach statement) SEE STATEMENT 2				11.
15 Total deductions. Add lines 1 through 14				11.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				1,131.
17 Deduction for net operating loss. See instructions STATEMENT 3				905.
18 Unrelated business taxable income. Subtract line 17 from line 16				226.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold Enter method of inventory valuation ▶

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

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
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)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.				
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.				

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A _____

B _____

C _____

D _____

	A	B	C	D
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 statement)				
b Other deductions (attach statement)				
c Total deductions (add lines 3a and 3b, columns A through D)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5 Average adjusted basis of or allocable to debt-financed property (attach statement)				
6 Divide line 4 by line 5	%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6				
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶ 0.				
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶ 0.				
11 Total dividends-received deductions included in line 10 ▶ 0.				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

		Exempt Controlled Organizations			
1. Name of controlled organization	2. Employer identification number	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 Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)	
Totals			0.	0.	

Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity: _____	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS INCOME (LOSS)		1,593.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - NET RENTAL REAL ESTATE INCOME		1.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - INTEREST INCOME		18.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - DIVIDEND INCOME		4.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ROYALTIES		115.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME (LOSS)		-589.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		1,142.

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
OTHER DEDUCTIONS - PORTFOLIO FROM TIFF PRIVATE EQUITY PARTNERS 2008, LLC		11.
TOTAL TO SCHEDULE A, PART II, LINE 14		11.

FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 3
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
2,354.	905.	1,449.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 4
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/21	2,354.	0.	2,354.	2,354.
NOL CARRYOVER AVAILABLE THIS YEAR			2,354.	2,354.

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0123

2021

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 - Assets Held One Year or Less

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				-7.
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	-7.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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				-47.
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	-47.

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	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	0.

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

**SCHEDULE D
(Form 1120)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0123

2021

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 - Assets Held One Year or Less

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				-7.
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	-7.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

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				-47.
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	-47.

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	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	0.

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

