

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **APR 1, 2022** and ending **MAR 31, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 431 E. FAYETTE STREET 100 City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202 F Name and address of principal officer: KIMBERLY SADOWSKI SAME AS C ABOVE	D Employer identification number 15-0626910 E Telephone number (315) 422-9538 G Gross receipts \$ 52,687,574. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.CNYCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1927
M State of legal domicile: NY		

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: THE CENTRAL NEW YORK COMMUNITY FOUNDATION IS A PUBLIC CHARITY THAT TURNS COMMUNITY DOLLARS INTO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	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 2022 (Part V, line 2a)	5	31
	6 Total number of volunteers (estimate if necessary)	6	125
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b 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 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)		14,388,137.	4,687,610.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		335,927.	319,733.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		49,020,873.	34,290,952.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,128,918.
	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)	2,684,832.	3,044,253.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,094,014.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,335,023.	1,601,909.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	22,148,773.	25,334,728.	
19 Revenue less expenses. Subtract line 18 from line 12	26,872,100.	8,956,224.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 395,864,792.	End of Year 389,455,496.
	21 Total liabilities (Part X, line 26)	27,874,284.	31,756,747.
	22 Net assets or fund balances. Subtract line 21 from line 20	367,990,508.	357,698,749.

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 KIMBERLY SADOWSKI, VP & CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name LISA HANN	Preparer's signature LISA HANN
	Firm's name BONADIO & CO., LLP	Date 10/19/23
	Firm's address 432 NORTH FRANKLIN STREET SYRACUSE, NY 13204	Check if self-employed <input type="checkbox"/> PTIN P01715748
		Firm's EIN 16-1131146 Phone no. (315) 422-7109

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: OUR MISSION IS TO FOSTER A THRIVING AND EQUITABLE CENTRAL NEW YORK REGION BY LEADING AND INSPIRING A COMMUNITY CULTURE OF GIVING, CELEBRATING LEGACY AND STEWARDING 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 \$ 6,273,927. including grants of \$ 5,563,773.) (Revenue \$ 176,905.) PROGRAMS: GRANTMAKING AND STRATEGIC INITIATIVES THE COMMUNITY FOUNDATION'S PROGRAMS ARE DESIGNED TO SUPPORT NONPROFITS ACROSS THEIR LIFECYCLE. THIS RANGES FROM THE BIRTH OF NEW ORGANIZATIONS OUT OF COMMUNITY CONCERNS, TO THE LAUNCH OR EXPANSION OF NEW IDEAS FOR WAYS TO SERVE THE COMMUNITY, TO THE PROFESSIONAL DEVELOPMENT OF STAFF AND ORGANIZATIONAL PROCESSES. OUR PROGRAMS SEEK TO BRING ABOUT POSITIVE CHANGE AND IMPACT WHILE HONORING DIVERSITY AND BUILDING INCLUSION WITHIN AND ACROSS OUR COMMUNITIES. THROUGH OUR INVOLVEMENT AND INVESTMENTS IN COLLECTIVE IMPACT EFFORTS, WE STRIVE TO PROVIDE LEADERSHIP AND RESOURCES THAT MOVE OUR REGION FORWARD.

4b (Code:) (Expenses \$ 12,848,662. including grants of \$ 12,115,339.) (Revenue \$ 3,765.) 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 \$ 2,168,232. including grants of \$ 1,652,303.) (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 \$ 1,676,545. including grants of \$ 1,357,151.) (Revenue \$ 0.)

4e Total program service expenses 22,967,366.

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		31
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>		
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	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person 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.	17	

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		
	1b	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
7a			X
7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a		X	
b	Each committee with authority to act on behalf of the governing body?	X	
8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X
9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
KIMBERLY 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, box 6 of 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			341,416.	0.	30,587.	
(2) KIMBERLY SADOWSKI VP & CFO	40.00			X			185,733.	0.	17,990.	
(3) FRANK RIDZI VP OF COMMUNITY INVESTMENT	40.00				X		149,585.	0.	14,561.	
(4) THOMAS GRIFFITH VP OF DEVELOPMENT	40.00				X		144,566.	0.	14,353.	
(5) AHMEED TURNER VP OF SCHOLARSHIPS AND STUDENT SUCCE	40.00				X		139,593.	0.	11,488.	
(6) KATRINA CROCKER VP OF COMMUNICATIONS	40.00				X		125,705.	0.	22,351.	
(7) MONICA MERANTE SENIOR DIRECTOR OF PHILANTHROPIC SER	40.00				X		109,547.	0.	19,687.	
(8) DANIEL J. FISHER BOARD CHAIR	1.00	X		X			0.	0.	0.	
(9) CATHERINE A. BERTINI MEMBER	1.00	X					0.	0.	0.	
(10) JOSEPH LAZZARO MEMBER	1.00	X					0.	0.	0.	
(11) KATE FRANZ MEMBER	1.00	X					0.	0.	0.	
(12) MARK A. FULLER TREASURER	1.00	X		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) LISA D. ALFORD MEMBER	1.00	X					0.	0.	0.	

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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 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.	
(26) MARTIN A. SCHWAB MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							1,196,145.	0.	131,017.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,196,145.	0.	131,017.	

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 7

	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

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

Form 990 (2022)

15-0626910 Page **9**

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	29,283,609.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 3,462,381.					
	h Total. Add lines 1a-1f		29,283,609.					
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)		3,308,175.			3308175.		
	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	19,776,057.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	18,396,622.			
			c Gain or (loss)	7c	1,379,435.			
	d Net gain or (loss)			1,379,435.		1379435.		
	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	180,670.	180,670.			
	b ADMIN MANAGEMENT FEE (EXPENSE)		561000	139,063.		139,063.		
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d			319,733.				
12 Total revenue. See instructions			34,290,952.	180,670.	0.	4826673.		

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

Form 990 (2022)

15-0626910 Page **10**

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	20,688,566.	20,688,566.		
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	462,348.	150,494.	198,983.	112,871.
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	2,107,020.	1,010,433.	620,190.	476,397.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	180,086.	87,516.	50,902.	41,668.
9 Other employee benefits	118,979.	66,476.	29,601.	22,902.
10 Payroll taxes	175,820.	80,628.	55,301.	39,891.
11 Fees for services (nonemployees):				
a Management				
b Legal	15,001.		15,001.	
c Accounting	43,875.	4,167.	35,541.	4,167.
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.)	281,243.	225,962.	9,650.	45,631.
12 Advertising and promotion				
13 Office expenses	96,459.	36,157.	22,608.	37,694.
14 Information technology	130,720.	63,344.	41,849.	25,527.
15 Royalties				
16 Occupancy	177,154.	104,576.	45,269.	27,309.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	153,770.	73,089.	33,137.	47,544.
20 Interest	48,090.	29,931.	11,037.	7,122.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	279,502.	173,959.	64,148.	41,395.
23 Insurance	45,471.	28,301.	10,436.	6,734.
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	157,684.	6,607.	8,774.	142,303.
b PROGRAM EXPENSES	108,631.	108,631.		
c DUES	49,569.	21,184.	16,352.	12,033.
d EQUIPMENT RENTAL AND MA	11,317.	5,416.	3,730.	2,171.
e All other expenses	3,423.	1,929.	839.	655.
25 Total functional expenses. Add lines 1 through 24e	25,334,728.	22,967,366.	1,273,348.	1,094,014.
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)				

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

Form 990 (2022)

15-0626910 Page **11**

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	190,656.	1	162,753.	
	2 Savings and temporary cash investments	3,558,175.	2	3,170,242.	
	3 Pledges and grants receivable, net	255,402.	3	204,098.	
	4 Accounts receivable, net	4,207,706.	4	3,878,369.	
	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	87,038.	9	98,132.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 7,321,062.			
	b Less: accumulated depreciation	10b 3,517,239.	3,954,234.	10c	3,803,823.
	11 Investments - publicly traded securities	291,753,021.	11	275,632,628.	
	12 Investments - other securities. See Part IV, line 11	84,357,839.	12	95,476,939.	
	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	7,250,721.	15	6,778,512.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	395,864,792.	16	389,455,496.		
Liabilities	17 Accounts payable and accrued expenses	172,485.	17	197,371.	
	18 Grants payable	1,506,626.	18	2,528,279.	
	19 Deferred revenue	369,539.	19	318,784.	
	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	1,779,671.	23	1,204,375.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	24,045,963.	25	27,507,938.	
	26 Total liabilities. Add lines 17 through 25	27,874,284.	26	31,756,747.	
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	283,729,107.	27	279,153,465.	
	28 Net assets with donor restrictions	84,261,401.	28	78,545,284.	
	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	367,990,508.	32	357,698,749.	
33 Total liabilities and net assets/fund balances	395,864,792.	33	389,455,496.		

Form **990** (2022)

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	34,290,952.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,334,728.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,956,224.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	367,990,508.
5	Net unrealized gains (losses) on investments	5	-18,945,342.
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	-302,641.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	357,698,749.

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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13565024.	23682559.	26708525.	34296809.	29283609.	127536526
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	13565024.	23682559.	26708525.	34296809.	29283609.	127536526
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.						127536526

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	13565024.	23682559.	26708525.	34296809.	29283609.	127536526
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	12044504.	4961856.	10164262.	14388137.	1041629.	42600388.
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.)	287,896.	137,228.	424,900.	354,190.	374,761.	1578975.
11 Total support. Add lines 7 through 10						171715889
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 2022 (line 6, column (f), divided by line 11, column (f))	14	74.27 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	71.02 %
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. 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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

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
---	---

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) 2022

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: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		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 expenditures 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

2022

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	371	21
2 Aggregate value of contributions to (during year)	19,693,245.	189,891.
3 Aggregate value of grants from (during year)	12,077,877.	295,360.
4 Aggregate value at end of year	150,159,754.	6,916,413.
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 July 25,2006, 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?

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)?

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

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

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

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

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

Schedule D (Form 990) 2022

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 | 3,389,110. |
| d Additions during the year | -120,938. |
| e Distributions during the year | -219,545. |
| f Ending balance | 3,048,628. |
- 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	83,810,607.	82,176,266.	58,308,190.	68,725,553.	68,293,911.
b Contributions	601,877.	1,679,861.	1,004,362.	347,962.	980,370.
c Net investment earnings, gains, and losses	-4,298,155.	4,381,381.	27,672,838.	-6,330,777.	1,443,743.
d Grants or scholarships	3,563,141.	3,199,567.	3,496,088.	3,058,824.	865,203.
e Other expenditures for facilities and programs	1,776,373.	1,227,334.	1,313,036.	1,375,724.	1,127,268.
f Administrative expenses					
g End of year balance	74,774,815.	83,810,607.	82,176,266.	58,308,190.	68,725,553.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 84.6531 %
 - b Permanent endowment 10.0149 %
 - c Term endowment 5.3320 %
- 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"/> |
- 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.	2,660,848.	3,277,336.
c Leasehold improvements				
d Equipment				
e Other		1,129,103.	856,391.	272,712.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,803,823.

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	70,297,384.	END-OF-YEAR MARKET VALUE
(C) LIMITED PARTNERSHIPS	25,179,555.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	95,476,939.	

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	220,481.
(5) CHARITABLE GIFT ANNUITIES	304,467.
(6) DEFERRED COMPENSATION	389,498.
(7) ENDOWMENTS HELD FOR OTHER	
(8) NOT-FOR-PROFIT ORGANIZATIONS	26,593,492.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	27,507,938.

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	15,042,969.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-18,945,342.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-302,641.	
e	Add lines 2a through 2d	2e		-19,247,983.
3	Subtract line 2e from line 1	3		34,290,952.
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		34,290,952.

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	25,334,728.
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		25,334,728.
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		25,334,728.

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 XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT -302,641.

INTENDED USE OF ENDOWMENT FUNDS:

THE CENTRAL NEW YORK COMMUNITY FOUNDATION TURNS COMMUNITY DOLLARS INTO COMMUNITY CHANGE. IT RECEIVES CONTRIBUTIONS FROM DONORS, MANAGES THEM TO GROW OVER TIME AND THEN DISTRIBUTES FUNDING TO ADDRESS THE REGION'S GREATEST NEEDS.

Part XIII Supplemental Information (continued)

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

2022

Open to Public
Inspection

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

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CAYMAN ISLANDS			INVESTMENTS HELD IN CAYMAN ISLANDS	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	42,703,947.
JERSEY, ENGLISH CHANNEL			INVESTMENTS HELD IN JERSEY, ENGLISH CHANNEL	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	950,864.
GUERNSEY, ENGLISH CHANNEL			INVESTMENTS HELD IN GUERNSEY, ENGLISH CHANNEL	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	2,800,227.
AFRICA			INVESTMENTS HELD IN AFRICA	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	8,770,826.
LONDON, ENGLAND			INVESTMENTS HELD IN LONDON, ENGLAND	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	17,429,146.
SINGAPORE			INVESTMENTS HELD IN SINGAPORE	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	9,044,403.
3 a Subtotal	0	0			81,699,413.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			81,699,413.

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

Schedule F (Form 990) 2022

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

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

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

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

3 Enter total number of other organizations or entities ▶ _____

Part 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

2022

**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
100 BLACK MEN OF SYRACUSE, INC. 2610 S SALINA ST STE 27 SYRACUSE, NY 13205	26-2847372		70,500.	0.			GENERAL SUPPORT; BLACK EQUITY SUPPORT
A TINY HOME FOR GOOD, INC. 1222 SOUTH AVE SYRACUSE, NY 13207	47-1629588		42,050.	0.			GENERAL SUPPORT; PROJECT SUPPORT; STAFFING SUPPORT
ACCESSCNY, INC 1603 COURT STREET SYRACUSE, NY 13208	15-0532247		5,763.	0.			GENERAL SUPPORT
ALFRED UNIVERSITY 1 SAXON DRIVE ALFRED, NY 14802			11,300.	0.			SCHOLARSHIP SUPPORT
ALGEBRA SOCIETY, INC. 209 W 29TH ST STE 335 NEW YORK, NY 10001	82-3378242		13,000.	0.			GENERAL SUPPORT
ALL SAINTS CHURCH 1340 LANCASTER AVE SYRACUSE, NY 13210			9,800.	0.			GENERAL SUPPORT; PROGRAM 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.

Schedule I (Form 990) 2022

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
ALS ASSOCIATION/UPSTATE NEW YORK CHAPTER - 135 OLD COVE ROAD SUITE 213 - LIVERPOOL, NY 13090	13-3271855		20,327.	0.			GENERAL SUPPORT
ALTAMONT PROGRAM, INC. 428 DUANE AVE SCHENECTADY, NY 12304	14-1708881		35,500.	0.			CAPITAL SUPPORT
ALZHEIMER'S ASSOCIATION CENTRAL NEW YORK CHAPTER - PO BOX 12226 - SYRACUSE, NY 13218	14-1634958		19,500.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY/GIFT PROCESSING CENTER - HEADQUARTERS 1599 CLIFTON RD., NE - ATLANTA, GA 30322	13-1788491		6,470.	0.			GENERAL SUPPORT
AMERICAN CANCER SOCIETY/NORTHEAST REGION - PO BOX 10727 - ROCHESTER, NY 14610	13-1788491		30,000.	0.			PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION/GREATER SYRACUSE & NORTH COUNTRY - ATTN: SYRACUSE 444 LIBERTY AVE STE 1300 - PITTSBURGH, PA 15222	16-0915734		20,750.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT
AMERICAN HOME FURNISHINGS HALL OF FAME FOUNDATION, INC. - 202 NEAL PL STE 101 - HIGH POINT, NC 27262	31-1764449		66,000.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT; SPONSORSHIP SUPPORT
AMERICAN POMEROY HISTORIC GENEALOGICAL ASSOCIATION, INC. - 492 E BRIGHTON AVE - SYRACUSE, NY 13210	81-0873322		125,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS PO BOX 37839 BOONE, IA 50037	53-0196605		13,950.	0.			GENERAL SUPPORT; DISASTER RELIEF 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
AMERICAN RED CROSS OF CENTRAL NEW YORK - C/O NORTHEASTERN NY CHAPTER 33 EVERETT RD - ALBANY, NY 12205	53-0196605		69,850.	0.			GENERAL SUPPORT; DISASTER RELIEF SUPPORT; CAPITAL SUPPORT
ANTIQUE BOAT MUSEUM 750 MARY STREET CLAYTON, NY 13624	22-2319606		5,875.	0.			GENERAL SUPPORT
AOPA FOUNDATION 421 AVIATION WAY FREDERICK, MD 21701	20-8817225		41,000.	0.			GENERAL SUPPORT
ARC OF ONONDAGA COUNTY 600 S WILBUR AVE SYRACUSE, NY 13204	02-0590821		53,128.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
ARTS AT THE PALACE PO BOX 177 HAMILTON, NY 13346	20-5762886		19,890.	0.			CAPITAL SUPPORT
ASBURY UNITED METHODIST CHURCH 205 SOUTH MAIN STREET HARRISONBURG, VA 22801			5,200.	0.			GENERAL SUPPORT
AUBURN PUBLIC THEATER 8 EXCHANGE STREET AUBURN, NY 13021	20-3577149		10,700.	0.			GENERAL SUPPORT; STAFF SUPPORT
AURORA OF CNY 1065 JAMES ST SYRACUSE, NY 13203	15-0543651		48,625.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
BALTIMORE WOODS NATURE CENTER PO BOX 133 MARCELLUS, NY 13108	16-0973044		26,402.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAMPAIGN 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
BELLEVUE HEIGHTS UNITED METHODIST CHURCH - 2112 SOUTH GEDDES STREET - SYRACUSE, NY 13207			11,000.	0.			PROGRAM SUPPORT
BIG MOOSE COMMUNITY CHAPEL PO BOX 209 EAGLE BAY, NY 13331			6,250.	0.			GENERAL SUPPORT
BIG MOOSE FIRE COMPANY 1449 BIG MOOSE ROAD EAGLE BAY, NY 13331	16-1077582		5,600.	0.			GENERAL SUPPORT
BILQUIS EDHI RELIEF FOUNDATION, INC. - 4511 NATIONAL ST - CORONA, NY 11368	11-3454067		10,000.	0.			DISASTER RELIEF SUPPORT
BIRTHRIGHT OF ONONDAGA COUNTY 346 N MIDLER AVE STE 46 SYRACUSE, NY 13206	22-2314663		6,000.	0.			GENERAL SUPPORT
BISHOP LUDDEN JR/SR HIGH SCHOOL 815 FAY RD SYRACUSE, NY 13219			25,500.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAMPAIGN SUPPORT
BLACK LIVES MATTER SYRACUSE 2013 E GENESEE ST STE 6 SYRACUSE, NY 13210	84-2364378		10,000.	0.			BLACK EQUITY SUPPORT
BOARDSTRONG 500 SEVENTH AVE, 8A NEW YORK, NY 10018	13-2708480		10,000.	0.			PROJECT SUPPORT
BOYS & GIRLS CLUBS OF SYRACUSE PO BOX 606 SYRACUSE, NY 13209	15-0532240		36,618.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; PROGRAM SUPPORT

Schedule I (Form 990)

CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
BRADY FAITH CENTER 404 SOUTH AVENUE SYRACUSE, NY 13204			135,250.	0.			GENERAL SUPPORT; STAFF SUPPORT; PROGRAM SUPPORT; SPONSORSHIP SUPPORT
BRADY SOCIAL ENTERPRISES, INC. 404 SOUTH AVE SYRACUSE, NY 13204	84-4394385		13,936.	0.			GENERAL SUPPORT
BRIDGES/ MADISON COUNTY COUNCIL ON ALCOHOLISM - PO BOX 389 - ONEIDA, NY 13421	16-1286318		15,000.	0.			STAFF SUPPORT
BROOME COMMUNITY COLLEGE PO BOX 1017 BINGHAMTON, NY 13902			16,000.	0.			SCHOLARSHIP SUPPORT
BROWARD HOUSE, INC. 1726 SE 3RD AVE FORT LAUDERDALE, FL 33316	59-2913416		19,632.	0.			GENERAL SUPPORT
BROWN UNIVERSITY OFFICE OF FINANCIAL AID BOX 1827 - 69 BROWN STREET - PROVIDENCE, RI 02912			25,600.	0.			SCHOLARSHIP SUPPORT
BUFFALO STATE COLLEGE FINANCIAL AID OFFICE, MOOT HALL 230 1300 ELMWOOD AVENUE - BUFFALO, NY 14222			70,372.	0.			SCHOLARSHIP SUPPORT
CALVARY FOOD PANTRY 90 FRANKLIN STREET AUBURN, NY 13021	55-0883343		7,845.	0.			CAPITAL SUPPORT
CATHOLIC CHARITIES OF ONONDAGA COUNTY - 1654 W ONONDAGA ST - SYRACUSE, NY 13204	15-0532085		66,749.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT; REFUGEE RESETTLEMENT SUPPORT; PROGRAM SUPPORT

Schedule I (Form 990)

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

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
CATHOLIC CHARITIES/OXFORD STREET INN SHELTER - 1654 WEST ONONDAGA STREET - SYRACUSE, NY 13204	15-0532085		50,000.	0.			GENERAL SUPPORT
CAYUGA COMMUNITY COLLEGE 197 FRANKLIN STREET BUILDING M #235 AUBURN, NY 13021			14,100.	0.			SCHOLARSHIP SUPPORT
CAYUGA MUSEUM OF HISTORY AND ART 203 GENESEE STREET AUBURN, NY 13021	15-0533567		18,500.	0.			PROJECT SUPPORT; GENERAL SUPPORT; CAPITAL SUPPORT
CAZARTS, INC. 1 LIBERTY ST CAZENOVIA, NY 13035	84-2105097		6,500.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
CAZCARES, INC. 101 NELSON ST CAZENOVIA, NY 13035	16-1185489		16,850.	0.			GENERAL SUPPORT; PROJECT SUPPORT
CAZENOVIA COLLEGE 22 SULLIVAN STREET CAZENOVIA, NY 13035			8,400.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; SCHOLARSHIP SUPPORT
CAZENOVIA PRESERVATION FOUNDATION PO BOX 627 CAZENOVIA, NY 13035	16-6101151		72,045.	0.			GENERAL SUPPORT; ENVIRONMENTAL SUPPORT
CAZENOVIA PUBLIC LIBRARY 100 ALBANY STREET CAZENOVIA, NY 13035	15-0532080		12,500.	0.			PROGRAM SUPPORT
CENTER FOR COMMUNITY ALTERNATIVES (CCA) - 115 EAST JEFFERSON ST - STE 300 - SYRACUSE, NY 13202	16-1395992		21,000.	0.			GENERAL SUPPORT; PROGRAM SUPPORT

Schedule I (Form 990)

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

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
CENTER FOR THE ARTS OF HOMER, INC. 72 SOUTH MAIN ST. HOMER, NY 13077	54-2098298		5,100.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
CENTERSTATE CEO FOUNDATION 115 WEST FAYETTE STREET SYRACUSE, NY 13202	22-2305294		31,500.	0.			GENERAL SUPPORT: MWBE SUPPORT; STAFF SUPPORT
CENTRAL COLLEGE 812 UNIVERSITY ST PELLA, IA 50219			10,000.	0.			SCHOLARSHIP SUPPORT
CENTRAL CURRENT, INC. PO BOX 1258 SYRACUSE, NY 13201	86-1656116		61,000.	0.			GENERAL SUPPORT; STAFF SUPPORT
CENTRAL NEW YORK DIAPER BANK, INC PO BOX 367 MANLIUS, NY 13104	81-2106440		13,800.	0.			GENERAL SUPPORT
CENTRAL NEW YORK LAND TRUST, INC. 7 FENNELLS STREET SKANEATELES, NY 13152	23-7399316		121,650.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
CENTRAL NEW YORK SPCA 5878 EAST MOLLOY RD SYRACUSE, NY 13211	15-0532072		23,618.	0.			GENERAL SUPPORT
CHARLES N. GORDON WILDLIFE REHABILITATION CENTER, INC. - 6135 VOSBURG ROAD - EARLVILLE, NY 13332	83-2797618		10,250.	0.			GENERAL SUPPORT: CAPITAL SUPPORT
CHILDREN'S DEFENSE FUND/NEW YORK 815 SECOND AVE FL 8 NEW YORK, NY 10017	52-0895622		25,000.	0.			LEAD PROJECT 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
CHILDREN'S HOME OF JEFFERSON COUNTY - PO BOX 6550 - WATERTOWN, NY 13601	15-0532089		15,000.	0.			GENERAL SUPPORT
CHRIST THE KING RETREAT HOUSE 500 BROOKFORD RD. SYRACUSE, NY 13224	15-0539124		6,000.	0.			GENERAL SUPPORT
CHRISTIAN BROTHERS ACADEMY 6245 RANDALL ROAD SYRACUSE, NY 13214			87,550.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT; CAPITAL SUPPORT; EVENT SUPPORT; PROGRAM SUPPORT
CINCINNATUS AREA HERITAGE SOCIETY 2781 ROUTE 26 CINCINNATUS, NY 13040	22-2270525		13,500.	0.			CAPITAL SUPPORT
CITY OF SYRACUSE/COMMISSIONER OF FINANCE - 233 EAST WASHINGTON STREET - SYRACUSE, NY 13202			6,000.	0.			PROGRAM SUPPORT
CITY OF SYRACUSE/NEIGHBORHOOD AND BUSINESS DEVELOPMENT - 201 E WASHINGTON ST FL 6 - SYRACUSE, NY 13202			84,000.	0.			LEAD PROJECT SUPPORT
CLARKSON UNIVERSITY OFFICE OF DEVELOPMENT & ALUMNI RELATIONS 8 CLARKSON AVE, BOX 5515 - POTSDAM,			24,500.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
CLEAR PATH FOR VETERANS, INC. 1223 SALT SPRINGS ROAD CHITTENANGO, NY 13037	27-5206513		58,400.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAPITAL SUPPORT
CNY LIBRARY RESOURCES COUNCIL 5710 COMMONS PARK DR EAST SYRACUSE, NY 13057	16-0957462		9,600.	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
COLGATE UNIVERSITY 13 OAK DRIVE HAMILTON, NY 13346			12,650.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
COLUMBIA UNIVERSITY STUDENT ACCOUNT PAYMENTS PO BOX 138 NEW YORK, NY 10008			10,000.	0.			SCHOLARSHIP SUPPORT
COMMUNITY FOLK ART CENTER, INC. 805 E. GENESEE STREET SYRACUSE, NY 13210	74-3051509		14,000.	0.			BLACK EQUITY SUPPORT
COMMUNITY MEMORIAL HOSPITAL FOUNDATION, INC. - 150 BROAD STREET - HAMILTON, NY 13346	16-1603283		6,000.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
CONGREGATION BETH SHOLOM-CHEVRA SHAS - PO BOX 271 - SYRACUSE, NY 13214	16-1236737		5,850.	0.			GENERAL SUPPORT
CONNECT AFRICA FOUNDATION, INC. 222 PLEASANT STREET NEWTON CENTER, MA 02459	37-1496337		10,000.	0.			GENERAL SUPPORT
CONTACT COMMUNITY SERVICES, INC. 6311 COURT STREET ROAD EAST SYRACUSE, NY 13057	16-0984299		5,320.	0.			GENERAL SUPPORT
CORNELL UNIVERSITY 203 DAY HALL ITHACA, NY 14850			27,760.	0.			SCHOLARSHIP SUPPORT
CORTLAND AREA COMMUNITIES THAT CARE COALITION - 45 CRANDALL ST - CORTLAND, NY 13045	34-2064367		88,541.	0.			LITERACY PROGRAM SUPPORT

Schedule I (Form 990)

CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
CORTLAND COMMUNITY FOUNDATION PO BOX 466 CORTLAND, NY 13045	16-1561037		11,200.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. - 32 NORTH MAIN ST - CORTLAND, NY 13045	16-1004653		53,000.	0.			PROGRAM SUPPORT
CORTLAND LOAVES & FISHES 13 COURT STREET CORTLAND, NY 13045	16-1236737		14,000.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
CORTLAND MEMORIAL FOUNDATION, INC. 134 HOMER AVENUE CORTLAND, NY 13045	22-2230692		10,000.	0.			HEALTH CARE SUPPORT; SCHOLARSHIP SUPPORT
CORTLAND REPERTORY THEATRE PO BOX 783 CORTLAND, NY 13045	16-1004610		7,500.	0.			GENERAL SUPPORT
COVENANT HOUSE - NEW YORK, NY 461 EIGHTH AVENUE NEW YORK, NY 10001	13-2725416		7,600.	0.			GENERAL SUPPORT
CROUSE HEALTH FOUNDATION 736 IRVING AVE SYRACUSE, NY 13210	16-1035427		56,575.	0.			GENERAL SUPPORT
CUSE CONNECTION, INC. PO BOX 246 SYRACUSE, NY 13214	46-5606564		10,000.	0.			BLACK EQUITY SUPPORT
DAEMEN COLLEGE STUDENT ACCOUNTS 4380 MAIN STREET AMHERST, NY 14226	16-0759798		22,600.	0.			SCHOLARSHIP SUPPORT

Schedule I (Form 990)

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

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
DANA-FARBER CANCER INSTITUTE, INC. PO BOX 849168 BOSTON, MA 02284	04-2263040		6,700.	0.			EVENT SUPPORT
DANCE THEATER OF SYRACUSE PO BOX 552 SYRACUSE, NY 13214	47-4526049		10,000.	0.			BLACK EQUITY SUPPORT
DARTMOUTH COLLEGE C/O GIFT RECORDING OFFICE 6066 DEVELOPMENT OFFICE - HANOVER, NH 03755			7,600.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
DAVID'S REFUGE 8195 CAZENOVIA ROAD MANLIUS, NY 13104	45-3686680		9,240.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
DEAF NEW AMERICAN ADVOCACY, INC. PO BOX 778 LIVERPOOL, NY 13088	87-4483827		50,000.	0.			CAPITAL SUPPORT
DESENS HOUSE, INC. 340 W 1ST ST OSWEGO, NY 13126	84-3163618		9,800.	0.			PROGRAM SUPPORT
DEWITT COMMUNITY CHURCH 3600 ERIE BLVD E SYRACUSE, NY 13214			14,000.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA, INC. 40 RECTOR ST FL 16 NEW YORK, NY 10006	13-3433452		6,711.	0.			GENERAL SUPPORT
DOWNTOWN SYRACUSE FOUNDATION 115 WEST FAYETTE STREET SYRACUSE, NY 13202	45-5419583		10,450.	0.			BLACK EQUITY 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
DREW UNIVERSITY 36 MADISON AVENUE MADISON, NJ 07940	22-1487164		6,000.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
DUNBAR ASSOCIATION, INC. 1453 S. STATE STREET SYRACUSE, NY 13205	15-0533563		16,050.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
EARLVILLE FREE LIBRARY PO BOX 120 EARLVILLE, NY 13332	15-0618864		38,532.	0.			GENERAL SUPPORT
ELMCREST CHILDREN'S CENTER 960 SALT SPRINGS RD SYRACUSE, NY 13224	15-0539090		175,600.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAPITAL SUPPORT
ELMIRA COLLEGE OFFICE OF INSTITUTIONAL ADVANCEMENT 1 PARK PL - ELMIRA, NY 14901			11,000.	0.			PROGRAM SUPPORT; SCHOLARSHIP SUPPORT
EMPOWER PARKINSON, INC. PO BOX 353 TULLY, NY 13159	83-2789189		10,100.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
ERIE CANAL MUSEUM 318 ERIE BLVD EAST SYRACUSE, NY 13202	15-0624395		12,330.	0.			GENERAL SUPPORT; PROJECT SUPPORT; STAFF SUPPORT
ERIE CANALWAY NATIONAL HERITAGE CORRIDOR - PO BOX 219 - WATERFORD, NY 12188	26-0372982		9,493.	0.			EVENT SUPPORT
ESF COLLEGE FOUNDATION PO BOX 6486 SYRACUSE, NY 13217	15-6023443		46,722.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; ENVIRONMENTAL 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
EVERSON MUSEUM OF ART 401 HARRISON STREET SYRACUSE, NY 13202	15-0616499		52,724.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT; PROGRAM SUPPORT
EXCEPTIONAL FAMILY RESOURCES 1820 LEMOYNE AVE SYRACUSE, NY 13208	16-1098311		10,450.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
FAITH HERITAGE SCHOOL 3740 MIDLAND AVE SYRACUSE, NY 13205			7,250.	0.			GENERAL SUPPORT
FAMILY COUNSELING SERVICES OF CORTLAND COUNTY, INC - 165 MAIN ST STE A - CORTLAND, NY 13045	16-0975006		9,000.	0.			GENERAL SUPPORT; PROJECT SUPPORT
FASHION INSTITUTE OF TECHNOLOGY BURSAR'S OFFICE 227 W 27TH ST B127 NEW YORK, NY 10001			7,670.	0.			SCHOLARSHIP SUPPORT
FAYETTEVILLE SENIOR CENTER 584 E GENESEE ST FAYETTEVILLE, NY 13066	16-1143963		10,800.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES MANLEY FIELD HOUSE, ROOM 105 1301 EAST COLVIN ST - SYRACUSE, NY 13244	44-0610626		15,100.	0.			GENERAL SUPPORT
FINGER LAKES LAND TRUST 202 EAST COURT STREET ITHACA, NY 14850	22-2983688		134,700.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
FINGER LAKES SPCA OF CNY 41 YORK ST AUBURN, NY 13021	15-0532256		7,667.	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
FIRST PRESBYTERIAN CHURCH OF SKANEATELES - 97 E. GENESEE STREET - SKANEATELES, NY 13152			8,667.	0.			GENERAL SUPPORT; PROJECT SUPPORT
FOCUS GREATER SYRACUSE 201 E WASHINGTON ST STE 704 SYRACUSE, NY 13202	16-1606023		5,350.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
FOCUSING OUR RESOURCES FOR COMMUNITY ENLIGHTENMENT (FORCE) - PO BOX 317 - SYRACUSE, NY 13205	11-3676963		25,250.	0.			GENERAL SUPPORT; BLACK EQUITY SUPPORT
FOOD BANK OF CNY 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209	20-2816988		55,985.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
FOODSHARE, INC. 2 RESEARCH PKWY WALLINGFORD, CT 06492	22-2474771		7,500.	0.			GENERAL SUPPORT
FRANCIS HOUSE 108 MICHAELS AVE SYRACUSE, NY 13208	16-1585910		39,920.	0.			GENERAL SUPPORT; EVENT SUPPORT
FRANCISCAN NORTHSIDE MINISTRIES 812 N SALINA ST SYRACUSE, NY 13208	14-1818548		11,086.	0.			GENERAL SUPPORT
FRIENDS OF CENTRAL LIBRARY (FOCL) 447 SOUTH SALINA STREET SYRACUSE, NY 13202	16-1440173		6,350.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
FRIENDS OF ISRAEL DEFENSE FORCES PO BOX 4224 NEW YORK, NY 10163	13-3156445		10,000.	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
FRIENDS OF THE ROSAMOND GIFFORD ZOO AT BURNET PARK - 1 CONSERVATION PLACE - SYRACUSE, NY 13204	23-7083532		112,321.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; PROJECT SUPPORT; STAFF SUPPORT
GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE - 2040 N DIXIE HIGHWAY, - WILTON MANORS, FL 33305	65-0431045		24,540.	0.			GENERAL SUPPORT
GIRL SCOUTS OF NYPENN PATHWAYS, INC. - 8170 THOMPSON RD - CICERO, NY 13039	16-0844808		20,000.	0.			PROGRAM SUPPORT
GOOD LIFE YOUTH FOUNDATION 2610 SOUTH SALINA STREET #4 SYRACUSE, NY 13205	26-1123420		6,945.	0.			GENERAL SUPPORT
GREATER SYRACUSE WORKS 516 BURT STREET SYRACUSE, NY 13202	16-1605447		40,000.	0.			STAFF SUPPORT
GULF COAST COMMUNITY FOUNDATION 601 TAMIAMI TRAIL SOUTH VENICE, FL 34285	59-1052433		200,750.	0.			DISASTER RELIEF SUPPORT; PROJECT SUPPORT
HABITAT FOR HUMANITY INTERNATIONAL 322 W LAMAR ST AMERICUS, GA 31709	91-1914868		8,700.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
HAL WELSH EAST AREA FAMILY YMCA 200 TOWNE DRIVE FAYETTEVILLE, NY 13066	15-0532278		5,500.	0.			GENERAL SUPPORT: PROGRAM SUPPORT
HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323			6,800.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT

Schedule I (Form 990)

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

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
HARRIET TUBMAN BOOSTERS 144 GENESEE ST STE 102-122 AUBURN, NY 13021	83-0584679		8,475.	0.			CAPITAL SUPPORT
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477		6,074.	0.			GENERAL SUPPORT
HELPING HOUNDS DOG RESCUE 7268 CASWELL AVE NORTH SYRACUSE, NY 13212	26-4132608		8,500.	0.			GENERAL SUPPORT
HERKIMER COUNTY COMMUNITY COLLEGE 100 RESERVOIR ROAD HERKIMER, NY 13350			7,500.	0.			SCHOLARSHIP SUPPORT
HILLSIDE CHILDREN'S FOUNDATION 215 WYOMING ST STE 500 SYRACUSE, NY 13204	16-0743039		33,550.	0.			GENERAL SUPPORT; EVENT SUPPORT; CAPITAL SUPPORT
HOBART & WILLIAM SMITH COLLEGES 615 SOUTH MAIN STREET GENEVA, NY 14456			7,450.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
HOLY CROSS SCHOOL 4200 E GENESEE ST DEWITT, NY 13214			9,000.	0.			GENERAL SUPPORT
HOME HEADQUARTERS 538 ERIE BLVD WEST SYRACUSE, NY 13204	22-2982267		463,614.	0.			LEAD SUPPORT; PROJECT SUPPORT
HOPE FOR BEREAVED 4500 ONONDAGA BLVD SYRACUSE, NY 13219	16-1370553		37,275.	0.			GENERAL SUPPORT; SPONSORSHIP 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
HOSPICE FOUNDATION OF CNY & OF THE FINGER LAKES, INC. - 990 7TH NORTH STREET - LIVERPOOL, NY 13088	16-1438980		75,054.	0.			GENERAL SPORT; CAPITAL SUPPORT
HOWLAND STONE STORE MUSEUM PO BOX 124 AURORA, NY 13026	16-1355567		9,350.	0.			GENERAL SUPPORT; CAPITAL SUPPORT;
HUMANE ASSOCIATION OF CNY 4915 1/2 WEST TAFT ROAD LIVERPOOL, NY 13088	16-6069942		24,500.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
HUMANE SOCIETY OF BROWARD COUNTY 2070 GRIFFIN RD FORT LAUDERDALE, FL 33312	59-6002321		24,540.	0.			GENERAL SUPPORT
IMMACULATE CONCEPTION CHURCH 400 SALT SPRINGS ST FAYETTEVILLE, NY 13066			18,250.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
INLET VOLUNTEER EMERGENCY SERVICES, INC. - PO BOX 300 - INLET, NY 13360	16-1549797		5,600.	0.			GENERAL SUPPORT
INTERFAITH WORKS OF CENTRAL NEW YORK - 1010 JAMES STREET - SYRACUSE, NY 13203	16-1064233		51,125.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; EVENT SUPPORT; PROGRAM SUPPORT; REFUGEE SUPPORT;
INTERNATIONAL CANCER ADVOCACY NETWORK - 27 WEST MORTEN AVE - PHOENIX, AZ 85021	86-0818253		11,000.	0.			SUPPORT FOR RESEARCH EVENT SUPPORT
INTERNATIONAL WALDENSTROMS MACROGLOBULINEMIA FOUNDATION - 6144 CLARK CENTER AVE - SARASOTA, FL 34238	54-1784426		7,000.	0.			SUPPORT FOR RESEARCH

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
IT TAKES A VILLAGE FOR ALL, INC. 146 LAKEVIEW AVE SYRACUSE, NY 13204	84-3572922		10,000.	0.			BLACK EQUITY SUPPORT
ITHACA COLLEGE 953 DANBY ROAD ITHACA, NY 14850			41,750.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
JEFFERSON COMMUNITY COLLEGE FINANCIAL SERVICES OFFICES 1220 COFFEEN STREET - WATERTOWN, NY 13601			7,800.	0.			SCHOLARSHIP SUPPORT
JEWISH FEDERATION OF CENTRAL NEW YORK, INC. - 5655 THOMPSON ROAD - DEWITT, NY 13214	15-0543614		24,945.	0.			GENERAL SUPPORT
JIM AND JULI BOEHEIM FOUNDATION, INC. - CARMELO K. ANTHONY BASKETBALL CENTER 1075 COMSTOCK AVE - SYRACUSE, NY 13210	80-0434367		20,500.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
JOSEPH'S HOUSE FOR WOMEN, INC. 802 COURT STREET SYRACUSE, NY 13208	46-2485173		66,700.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; STAFF SUPPORT
JOURNEYS OF SOLUTION, INC PO BOX 28 WEBSTER, NY 14580	26-2399434		17,000.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
JOWONIO SCHOOL 3049 E GENESEE STREET SYRACUSE, NY 13224			5,250.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
KIMBALL UNION ACADEMY PO BOX 188 MERIDEN, NH 03770	02-0222147		100,000.	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
LAKER TRANSPORTATION PROJECT, INC. PO BOX 644 SKANEATELES, NY 13152	51-0420023		22,500.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; CAMPAIGN SUPPORT
LANDMARK THEATRE 362 S SALINA STREET SYRACUSE, NY 13201	22-2148823		5,400.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT
LAURA'S GARDEN 86 FAIRWAY DR PORTLAND, CT 06480	87-4252236		11,400.	0.			GENERAL SUPPORT
LEAD NY (THE EMPIRE ST FOOD AND AGRI LEADERSHIP INSTITUTE) - 275B WARREN HALL - ITHACA, NY 14853	15-0532082		11,549.	0.			GENERAL SUPPORT
LEMOYNE COLLEGE OFFICE OF ADVANCEMENT PO BOX 527 SYRACUSE, NY 13214			123,428.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT; PROGRAM SUPPORT; EVENT SUPPORT;
LIBERTY RESOURCES, INC. 6723 TOWPATH RD EAST SYRACUSE, NY 13057	16-1129675		50,000.	0.			SUPPORT FOR HEALTHCARE
LIME HOLLOW NATURE CENTER, INC. 338 MCLEAN RD CORTLAND, NY 13045	23-7339667		10,450.	0.			GENERAL SUPPORT; ENVIRONMENTAL SUPPORT
LIVERPOOL PUBLIC LIBRARY 310 TULIP ST LIVERPOOL, NY 13088	16-1463853		14,000.	0.			SUPPORT FOR DISABILITIES
LONGHOUSE COUNCIL, BSA 2803 BREWERTON ROAD SYRACUSE, NY 13211	16-0966978		13,550.	0.			GENERAL SUPPORT; EVENT 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
LORETTO HEALTH & REHABILITATION CENTER - 700 E BRIGHTON AVE - SYRACUSE, NY 13205	20-0503099		76,522.	0.			CAPITAL SUPPORT
MADISON COUNTY CHILDREN'S CAMP PO BOX 753 ONEIDA, NY 13421	16-0953500		10,600.	0.			GENERAL SUPPORT; OPERATIONS SUPPORT
MADISON COUNTY RURAL HEALTH COUNCIL - PO BOX 430 - CAZENOVIA, NY 13035	46-2603272		11,500.	0.			HEALTH CARE SUPPORT; STAFF SUPPORT
MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK, INC. - 5005 CAMPUSWOOD DR - EAST SYRACUSE, NY 13057	22-2572086		9,250.	0.			GENERAL SUPPORT
MANLIUS PEBBLE HILL SCHOOL 5300 JAMESVILLE RD SYRACUSE, NY 13214			2,412,750.	0.			GENERAL SUPPORT; EVENT SUPPORT
MANLIUS SENIOR ACTIVITY CENTER ONE ARKIE ALBANESE AVENUE MANLIUS, NY 13104	16-1287340		35,400.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
MASONIC MEDICAL RESEARCH LABORATORY - 2150 BLEECKER ST - UTICA, NY 13501	13-5648611		10,000.	0.			GENERAL SUPPORT
MATILDA JOSLYN GAGE FOUNDATION, INC. - 210 EAST GENESEE STREET - FAYETTEVILLE, NY 13066	16-1581669		5,250.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
MATTHEW HOUSE INC. 43 METCALF DRIVE AUBURN, NY 13021	16-1591811		30,078.	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
MAY MEMORIAL UNITARIAN SOCIETY 3800 E GENESEE ST SYRACUSE, NY 13214			6,400.	0.			GENERAL SUPPORT
MCMAHON/RYAN CHILD ADVOCACY SITE 601 EAST GENESEE ST SYRACUSE, NY 13202	16-1563195		17,250.	0.			GENERAL SUPPORT; EVENT SUPPORT; PROGRAM SUPPORT; STAFF SUPPORT
MEALS ON WHEELS OF SYRACUSE 300 BURT STREET STE 1 SYRACUSE, NY 13202	16-0970999		8,983.	0.			GENERAL SUPPORT
MERCY WORKS, INC. 1221 S SALINA ST SYRACUSE, NY 13202	16-1553234		51,000.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
MIAMI UNIVERSITY PAYMENT CENTER ROOM 123 NELLIE CRAIG WALKER HALL 301 S CAMPUS AVE - MIAMI, O			10,000.	0.			SCHOLARSHIP SUPPORT
MICHIGAN THANKSGIVING PARADE FOUNDATION - 9500 MT. ELLIOTT STUDIO A - DETROIT, MI 48211	38-2460378		18,400.	0.			PROGRAM SUPPORT
MILLBROOK SCHOOL 131 MILLBROOK SCHOOL RD MILLBROOK, NY 12545			17,500.	0.			GENERAL SUPPORT
MOHAWK VALLEY COMMUNITY COLLEGE BUSINESS OFFICE - PAYNE HALL 1101 S UTICA, NY 13501			12,052.	0.			SCHOLARSHIP SUPPORT
MUSEUM OF SCIENCE & TECHNOLOGY FOUNDATION - 500 S FRANKLIN ST - SYRACUSE, NY 13202	22-3158446		152,000.	0.			GENERAL SUPPORT; PROGRAM 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
NATIONAL AUDUBON SOCIETY INC. 225 VARICK ST FL 7 NEW YORK, NY 10014	13-1624102		13,375.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
NATIONAL BLACK LEADERSHIP COMMISSION ON HEALTH - 215 W 125TH ST, 2ND FL - NEW YORK, NY 10027	13-3530740		65,500.	0.			BLACK EQUITY SUPPORT
NATIONAL COUNCIL OF TEACHERS OF ENGLISH - 340 N NEIL ST - CHAMPAIGN, IL 61820	37-0715886		17,200.	0.			GENERAL SUPPORT
NATIONAL NETWORK OF ABORTION FUNDS 9450 SW GEMINI DR PMB 16009 BEAVERTON, OR 97008	04-3236982		5,250.	0.			GENERAL SUPPORT
NATURAL HERITAGE TRUST/ALBANY OFFICE - 625 BROADWAY - ALBANY, NY 12207	16-1019635		51,500.	0.			PROGRAM SUPPORT
NAZARETH COLLEGE OF ROCHESTER 4245 EAST AVENUE ROCHESTER, NY 14618	16-0743088		5,900.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
NEW LIFE TEMPLE OF PRAISE 5013 S SALINA ST SYRACUSE, NY 13205	57-1171068		10,000.	0.			PROGRAM SUPPORT
NIAGARA COUNTY COMMUNITY COLLEGE ATTN: FINANCIAL AID 3111 SAUNDERS SETTLEMENT ROAD - SANBORN, NY 14132			12,060.	0.			SCHOLARSHIP SUPPORT
NIAGARA UNIVERSITY OFFICE OF FINANCIAL AID PO BOX 2010 - NIAGARA UNIVERSITY, NY 14109	16-0755807		6,000.	0.			SCHOLARSHIP SUPPORT

Schedule I (Form 990)

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

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
NILE DAYNE FOUNDATION, INC. PO BOX 857 SYRACUSE, NY 13214	88-0791794		21,000.	0.			BLACK EQUITY SUPPORT
NORTHEAST COMMUNITY CENTER (NECC) 716 HAWLEY AVE SYRACUSE, NY 13203	16-1116632		50,000.	0.			CAPITAL SUPPORT
NORTHEAST HAWLEY DEVELOPMENT ASSOCIATION, INC. - 101 GERTRUDE ST - SYRACUSE, NY 13203	16-1117485		22,000.	0.			PROGRAM SUPPORT
NORTHEASTERN UNIVERSITY STUDENT FINANCIAL SERVICES 354 RICHARDS HALL 360 HUNTINGTON AVE - BOSTON, MA			12,740.	0.			SCHOLARSHIP SUPPORT
NORTHWOOD SCHOOL 92 NORTHWOOD RD LAKE PLACID, NY 12946			100,000.	0.			GENERAL SUPPORT
NYS AGRICULTURAL SOCIETY FOUNDATION, INC. - 1818 LINWOOD RD - LINWOOD, NY 14486	27-1174254		15,000.	0.			GENERAL SUPPORT; STAFF SUPPORT
OCEAN REEF CHAPEL FOUNDATION, INC. 24 DOCKSIDE LN PMB 430 KEY LARGO, FL 33037	65-0486471		8,000.	0.			GENERAL SUPPORT
OCEAN REEF CULTURAL CENTER, INC. 200 ANCHOR DR KEY LARGO, FL 33037	65-0843801		15,000.	0.			GENERAL SUPPORT
OCEAN REEF MEDICAL CENTER FOUNDATION, INC. - 50 BARRACUDA LN - KEY LARGO, FL 33037	65-0443146		25,000.	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
OG'S AGAINST VIOLENCE INC 133 BRADFORD ST SYRACUSE, NY 13207	83-4018297		60,700.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
OHIO STATE UNIVERSITY FOUNDATION PO BOX 710811 COLUMBUS, OH 43271	31-1145986		10,000.	0.			RESEARCH SUPPORT
OLD FORGE VOLUNTEER AMBULANCE CORPS, INC. - 2946 STATE ROUTE 28 - OLD FORGE, NY 13420	20-5680571		5,500.	0.			GENERAL SUPPORT
ON POINT FOR COLLEGE 488 W ONONDAGA ST SYRACUSE, NY 13202			44,100.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
ONEIDA COMMUNITY MANSION HOUSE 170 KENWOOD AVE ONEIDA, NY 13421	22-2825570		15,000.	0.			GENERAL SUPPORT
ONONDAGA COMMUNITY COLLEGE STUDENT ACCOUNTS - GORDON CTR RM 220 4585 WEST SENECA TURNPIKE - SYRACUSE, N			191,205.	0.			SCHOLARSHIP SUPPORT
ONONDAGA COMMUNITY COLLEGE FOUNDATION - 4585 WEST SENECA TURNPIKE - SYRACUSE, NY 13215	22-2318303		42,100.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
ONONDAGA COUNTY/DEPARTMENT OF CHILD & FAMILY SERVICES - 421 MONTGOMERY ST, 7TH FLOOR - SYRACUSE, NY 13202	15-6000461		1,500,000.	0.			SCHOLARSHIP SUPPORT
ONONDAGA HISTORICAL ASSOCIATION 321 MONTGOMERY STREET SYRACUSE, NY 13202	15-0533554		19,070.	0.			GENERAL SUPPORT; SPONSORSHIP 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
OPERATION NORTHERN COMFORT 800 2ND ST LIVERPOOL, NY 13088	46-4485637		11,000.	0.			GENERAL SUPPORT
OPERATION SMILE 3641 FACULTY BLVD. VIRGINIA BEACH, VA 23453	54-1460147		5,100.	0.			GENERAL SUPPORT
OPHELIA'S PLACE PO BOX 621 LIVERPOOL, NY 13088	74-3043020		10,700.	0.			GENERAL SUPPORT; STAFF SUPPORT
OPTOMETRIC CENTER OF NEW YORK 33 WEST 42ND ST NEW YORK, NY 10036	13-1819472		27,900.	0.			SCHOLARSHIP SUPPORT
OSBORNE ASSOCIATION 809 WESTCHESTER AVE BRONX, NY 10455	13-5563028		10,500.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
OSWEGO HEALTH FOUNDATION, INC. 110 WEST SIXTH ST OSWEGO, NY 13126	80-0822020		5,700.	0.			GENERAL SUPPORT
PARK CENTRAL PRESBYTERIAN CHURCH 504 EAST FAYETTE STREET SYRACUSE, NY 13202			9,270.	0.			GENERAL SUPPORT; STAFF SUPPORT
PARTNERS FOR EDUCATION AND BUSINESS - 5788 WIDEWATERS PARKWAY - SYRACUSE, NY 13124	16-1452100		7,500.	0.			GENERAL SUPPORT; STEM SUPPORT
PARTNERS IN LEARNING, INC. 2363 JAMES ST STE 105 SYRACUSE, NY 13206	16-1352060		11,120.	0.			STAFF 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
PEACE, INC. MCCARTHY BUILDING, 2ND FLOOR 217 SOUTH SALINA ST. - SYRACUSE, NY 13202	16-6095039		24,550.	0.			GENERAL SUPPORT; SUPPORT FOR POVERTY; PROGRAM SUPPORT
PENN STATE BEHREND OFFICE OF THE BURSAR METZGAR CENTER FL 2 4851 COLLEGE DRIVE - ERIE, PA 16563			10,000.	0.			SCHOLARSHIP SUPPORT
PENN STATE UNIVERSITY 201 SHIELD BUILDING UNIVERSITY PARK, PA 16802			17,800.	0.			SCHOLARSHIP SUPPORT
PERFORM 4 PURPOSE 8 FOURTH AVE. AUBURN, NY 13021	45-2470208		8,375.	0.			PROGRAM SUPPORT
PGR FOUNDATION, INC. 121 TILDEN DR EAST SYRACUSE, NY 13057	47-2407532		16,000.	0.			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
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		23,280.	0.			GENERAL SUPPORT; SUPPORT FOR HEALTHCARE
PLAYERS PHILANTHROPY FUND 1122 KENILWORTH DR STE 201 TOWSON, MD 21204	27-6601178		7,250.	0.			GENERAL SUPPORT; ENVIRONMENTAL 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
PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116	62-0988294		5,100.	0.			GENERAL SUPPORT
PULASKI ACADEMY & CENTRAL SCHOOLS 2 HINMAN ROAD PULASKI, NY 13142			25,400.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
PURPOSE FARM, INC. 1454 WEST GENESEE RD BALDWINVILLE, NY 13027	46-1446338		30,000.	0.			CAPITAL SUPPORT
READ TO THEM, INC. 2201 W BROAD ST STE 206 RICHMOND, VA 23220	20-0953916		5,565.	0.			PROGRAM SUPPORT
REDHOUSE ARTS CENTER INC PO BOX 603 SYRACUSE, NY 13201	22-2366669		602,150.	0.			GENERAL SUPPORT
REFUGEE & IMMIGRANT SELF-EMPOWERMENT INC. (RISE) - PO BOX 11338 - SYRACUSE, NY 13218	20-2873332		63,662.	0.			STAFF SUPPORT; CAPITAL SUPPORT
RIINA EDUCATION FOR INNOVATION, INC. - 100 BERKELEY DR - SYRACUSE, NY 13210	45-3444884		15,000.	0.			PROGRAM SUPPORT
RIVERS WAY, INC. 1227 VOLUNTEER PKWY BRISTOL, TN 37620	62-1542726		17,500.	0.			GENERAL SUPPORT
ROAD TO EMMAUS MINISTRY OF SYRACUSE, INC. - PO BOX 15224 - SYRACUSE, NY 13215	81-2536179		41,900.	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
ROBERTS WESLEYAN COLLEGE 2301 WESTSIDE DRIVE ROCHESTER, NY 14624			11,400.	0.			SCHOLARSHIP SUPPORT
ROCHESTER INSTITUTE OF TECHNOLOGY 56 LOMB MEMORIAL DRIVE ROCHESTER, NY 14623			102,100.	0.			SCHOLARSHIP SUPPORT
RONALD MCDONALD HOUSE OF CNY 1100 EAST GENESEE STREET SYRACUSE, NY 13210	22-2371193		101,850.	0.			GENERAL SUPPORT; EVENT SUPPORT; CAPITAL SUPPORT
RURAL AND MIGRANT MINISTRY OF OSWEGO COUNTY, INC. - 15 STEWART STREET P.O. BOX 192 - RICHLAND, NY 13144			5,720.	0.			CAPITAL SUPPORT
SALT CITY HARVEST FARM, INC. 449 FYLER RD KIRKVILLE, NY 13082	81-1639071		10,000.	0.			CAPITAL SUPPORT
SALVATION ARMY PO BOX 781 CORTLAND, NY 13045	13-5562351		11,000.	0.			GENERAL SUPPORT
SANDY CREEK CENTRAL HIGH SCHOOL PO BOX 248 SANDY CREEK, NY 13145			22,100.	0.			GENERAL SUPPORT
SARAH'S GUEST HOUSE, INC. 100 ROBERTS AVENUE SYRACUSE, NY 13207	16-1426336		16,336.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT
SCHEPENS EYE RESEARCH INSTITUTE 20 STANIFORD STREET BOSTON, MA 02114	04-2129889		11,050.	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
SCHWEINFURTH MEMORIAL ART CENTER 205 GENESEE STREET AUBURN, NY 13021	16-1097876		17,600.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; SCHOLARSHIP SUPPORT
SCIENCE ACADEMY OF NEW YORK CHARTER SCHOOL - DISTRICT OFFICE 1409 W GENESEE ST - SYRACUSE, NY 13204	04-3739991		10,000.	0.			BLACK EQUITY SUPPORT
SEYMOUR PUBLIC LIBRARY DISTRICT 176 GENESEE STREET AUBURN, NY 13021	16-1460484		11,605.	0.			GENERAL SUPPORT; SUPPORT FOR EDUCATION
SHADES OF INSPIRATION, INC. 2610 S SALINA ST SYRACUSE, NY 13205	46-1855728		10,000.	0.			BLACK EQUITY SUPPORT
SHERBURNE-EARLVILLE CENTRAL SCHOOL DISTRICT - 15 SCHOOL STREET - SHERBURNE, NY 13460			17,200.	0.			SUPPORT FOR EDUCATION
SHRINERS HOSPITAL FOR CHILDREN OFFICE OF DEVELOPMENT 2900 N ROCKY TAMPA, FL 33607	36-2193608		7,450.	0.			GENERAL SUPPORT
SKANEATELES AMBULANCE VOLUNTEER EMERGENCY SERVICE, INC. - 77 FENNEL STREET - SKANEATELES, NY 13152	16-6088614		10,200.	0.			GENERAL SUPPORT
SKANEATELES CENTRAL SCHOOL DISTRICT - 49 E ELIZABETH ST - SKANEATELES, NY 13152			10,000.	0.			PROGRAM SUPPORT
SKANEATELES COMMUNITY CENTER 97 STATE STREET RD SKANEATELES, NY 13152	16-1556745		7,500.	0.			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
SKANEATELES FESTIVAL, INC. 97 EAST GENESEE STREET SKANEATELES, NY 13152	22-2317577		51,685.	0.			GENERAL SUPPORT; STAFF SUPPORT; PROGRAM SUPPORT
SKANEATELES HISTORICAL SOCIETY 28 HANNUM ST SKANEATELES, NY 13152	23-7339639		6,335.	0.			GENERAL SUPPORT
SKANEATELES LAKE ASSOCIATION INC PO BOX 862 SKANEATELES, NY 13152	23-7045486		19,000.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
SKANEATELES LIBRARY ASSOCIATION 49 E GENESEE ST SKANEATELES, NY 13152	15-0533566		11,250.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
SKANEATELES RECREATIONAL CHARITABLE TRUST - 11 FENNELLS ST STE 1 - SKANEATELES, NY 13152	16-1556744		750,000.	0.			CAPITAL SUPPORT
SLIPPERY ROCK UNIVERSITY OF PENNSYLVANIA - PO BOX 6250 - HERMITAGE, PA 16148			8,500.	0.			SCHOLARSHIP SUPPORT
SMITH COLLEGE GIFT ACCOUNTING 76 ELM ST NORTHAMPTON, MA 01063	04-1843040		9,600.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
SOLVAY DOLLARS FOR SCHOLARS C/O PLANNED RESULTS, INC. 400 SPENCER STREET - SYRACUSE, NY 13204	46-4788252		6,750.	0.			SCHOLARSHIP SUPPORT
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743		5,150.	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
SPAFFORD AREA HISTORICAL SOCIETY PO BOX 250 MARIETTA, NY 13110	16-1341026		11,700.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
SPECIAL OLYMPICS NEW YORK CENTRAL REGION - 6315 FLY RD STE 2 - EAST SYRACUSE, NY 13057	23-7061382		6,200.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
SPIRITUAL RENEWAL CENTER 1342 LANCASTER AVENUE SYRACUSE, NY 13210	22-2296810		5,100.	0.			GENERAL SUPPORT
ST. BONAVENTURE UNIVERSITY PO BOX 2519 ST. BONAVENTURE, NY 14778			8,300.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
ST. DAVID'S EPISCOPAL CHURCH P.O. BOX 261 DEWITT, NY 13214			6,790.	0.			GENERAL SUPPORT
ST. JAMES EPISCOPAL CHURCH OF SKANEATELES - 96 EAST GENESEE STREET - SKANEATELES, NY 13152			100,000.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT
ST. JOHN FISHER UNIVERSITY 3690 EAST AVENUE ROCHESTER, NY 14618			20,700.	0.			SCHOLARSHIP SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		10,800.	0.			GENERAL SUPPORT; SUPPORT FOR RESEARCH
ST. MARGARET'S CATHOLIC CHURCH 14 COPELAND AVE HOMER, NY 13077			36,507.	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
ST. MARY MAGDALENE SCHOOL 2940 PARKSIDE RD COLUMBUS, OH 43204			9,000.	0.			PROGRAM SUPPORT
ST. MARY OF THE ASSUMPTION 47 SYRACUSE ST BALDWINVILLE, NY 13027			10,000.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
ST. PAUL'S SYRACUSE 310 MONTGOMERY STREET STE 1 SYRACUSE, NY 13202			17,300.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT
ST. PETER'S EPISCOPAL CHURCH OF WESTON - 320 BOSTON POST RD - WESTON, MA 02493			6,685.	0.			CAPITAL SUPPORT
ST. ROSE OF LIMA CHURCH 411 S MAIN STREET NORTH SYRACUSE, NY 13212			10,700.	0.			GENERAL SUPPORT
ST. ROSE OF LIMA SCHOOL 407 S MAIN ST NORTH SYRACUSE, NY 13212			6,000.	0.			SCHOLARSHIP SUPPORT
STONE QUARRY HILL ART PARK, INC. PO BOX 251 CAZENOVIA, NY 13035	16-1406217		94,075.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
STONEHILL COLLEGE 320 WASHINGTON ST EASTON, MA 02357			10,000.	0.			GENERAL SUPPORT
STRATEGIC RESOURCES MANAGEMENT CORP - 201 W GENESEE ST #180 - FAYETTEVILLE, NY 13066	61-1794812		10,000.	0.			BLACK EQUITY 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
SUFFOLK UNIVERSITY OFFICE OF ADVANCEMENT 8 ASHBURTON P BOSTON, MA 02108			15,250.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
SULLIVAN FREE LIBRARY 101 FALLS BLVD CHITTENANGO, NY 13037	23-7259944		20,000.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
SUNCOAST HUMANE SOCIETY, INC. 6781 SAN CASA DRIVE ENGLEWOOD, FL 34224	23-7174193		22,000.	0.			CAMPAIGN SUPPORT
SUNY ALFRED STATE 10 UPPER COLLEGE DRIVE ALFRED, NY 14802			45,745.	0.			SCHOLARSHIP SUPPORT
SUNY BINGHAMTON STUDENT ACCOUNTS PO BOX 6003 BINGHAMTON, NY 13902			21,468.	0.			SCHOLARSHIP SUPPORT
SUNY BROCKPORT OFFICE OF FINANCIAL AID 350 NEW CAM BROCKPORT, NY 14420			41,847.	0.			SCHOLARSHIP SUPPORT
SUNY CANTON 34 CORNELL DRIVE CANTON, NY 13617			44,788.	0.			SCHOLARSHIP SUPPORT
SUNY COLLEGE AT CORTLAND FOUNDATION, INC. - PO BOX 2000 - CORTLAND, NY 13045			5,500.	0.			BLACK EQUITY SUPPORT; GENERAL SUPPORT
SUNY COLLEGE OF ESF 1 FORESTRY DRIVE 113 BRAY HALL SYRACUSE, NY 13210			38,708.	0.			SCHOLARSHIP SUPPORT

Schedule I (Form 990)

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

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
SUNY CORTLAND STUDENT ACCOUNTS OFFICE PO BOX 2000 MILLER BLDG RM 323 - CORTLAND, NY 13045			38,228.	0.			SCHOLARSHIP SUPPORT
SUNY DELHI ATTN: FINANCIAL AID 141 SANFORD HA DELHI, NY 13753			10,976.	0.			SCHOLARSHIP SUPPORT
SUNY FREDONIA STUDENT ACCOUNTS OFFICE G140 WILLIAMS CENTER - FREDONIA, NY 14063			20,890.	0.			SCHOLARSHIP SUPPORT
SUNY GENESEO OFFICE OF STUDENT ACCOUNTS ERWIN HALL 103 1 COLLEGE CIR - GENESEO, NY 14454			37,600.	0.			SCHOLARSHIP SUPPORT
SUNY MORRISVILLE STUDENT ACCOUNTS OFFICE PO BOX 901 MORRISVILLE, NY 13408			38,840.	0.			SCHOLARSHIP SUPPORT
SUNY NEW PALTZ 400 HAWK DRIVE NEW PALTZ, NY 12561			7,070.	0.			SCHOLARSHIP SUPPORT
SUNY OSWEGO STUDENT ACCTS OFFICE 408 CULKIN HALL 7060 ST. ROUTE 104 - OSWEGO, NY 13126			69,223.	0.			SCHOLARSHIP SUPPORT
SUNY OSWEGO/RESEARCH FOUNDATION OFFICE OF RESEARCH & SPONSORED PROGRAMS 210 SHELDON HALL - OSWEGO, NY 13126	14-1368361		27,474.	0.			PROGRAM SUPPORT
SUNY POLYTECHNIC INSTITUTE BURSAR OFFICE 100 SEYMOUR ROAD UTICA, NY 13502			10,820.	0.			SCHOLARSHIP SUPPORT

Schedule I (Form 990)

CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
SUNY POTSDAM STUDENT ACCOUNTS OFFICE 44 PIERREPONT AVENUE - POTSDAM, NY 13676			20,070.	0.			SCHOLARSHIP SUPPORT
SUNY PURCHASE 735 ANDERSON HILL ROAD PURCHASE, NY 10577			16,967.	0.			SCHOLARSHIP SUPPORT
SUNY RESEARCH FOUNDATION ATTN: CASH RECEIPTS 750 EAST ADAMS STREET CAB ROOM 209 - SYRACUSE, NY 13210	14-1368361		31,200.	0.			SUPPORT FOR RESEARCH
SUNY STONY BROOK 180 ADMINISTRATION BUILDING STONY BROOK, NY 11794			32,280.	0.			SCHOLARSHIP SUPPORT
SUNY UPSTATE MEDICAL UNIV/EMERGENCY MEDICINE, INC. - 750 EAST ADAMS STREET - SYRACUSE, NY 13210			12,400.	0.			SCHOLARSHIP SUPPORT; GENERAL SUPPORT
SUNY UPSTATE MEDICAL UNIVERSITY OFF. OF FIN. AID WEISKOTTEN HALL RM 1213 766 IRVING AV - SYRACUSE, NY 13210			7,367.	0.			SCHOLARSHIP SUPPORT
SYMPHORIA 234 HARRISON ST SYRACUSE, NY 13202	46-1080817		31,388.	0.			GENERAL SUPPORT; SUPPORT FOR EDUCATION
SYRACUSE CENTER FOR PEACE AND SOCIAL JUSTICE, INC - 2013 E. GENESEE ST - SYRACUSE, NY 13210	56-2623904		6,200.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
SYRACUSE GROWS P.O. BOX 364 SYRACUSE, NY 13214	45-1501155		50,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

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

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
SYRACUSE HEBREW DAY SCHOOL 5655 THOMPSON ROAD SYRACUSE, NY 13214	15-6012139		5,362.	0.			GENERAL SUPPORT
SYRACUSE LIONS CLUB PO BOX 2117 LIVERPOOL, NY 13089	23-7282472		30,250.	0.			GENERAL SUPPORT; SUPPORT FOR HEALTHCARE
SYRACUSE RESCUE MISSION ALLIANCE 155 GIFFORD ST SYRACUSE, NY 13202	15-0532073		61,100.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAPITAL SUPPORT
SYRACUSE STAGE 820 E GENESEE ST SYRACUSE, NY 13210	15-0623468		164,268.	0.			GENERAL SUPPORT; EVENT SUPPORT; SUPPORT FOR DISABILITIES
SYRACUSE UNIVERSITY 900 SOUTH CROUSE AVENUE SYRACUSE, NY 13244	15-0532081		7,400.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
SYRACUSE UNIVERSITY/ADVANCEMENT & EXTERNAL AFFAIRS - 640 SKYTOP RD 2ND FL - SYRACUSE, NY 13244			1,734,175.	0.			PROGRAM SUPPORT; GENERAL SUPPORT;
SYRACUSE UNIVERSITY/COLLEGE OF ENGINEERING & COMPUTER SCIENCE - COMPUTER SCIENCE 223 LINK HALL - SYRACUSE, NY 13244			43,700.	0.			GENERAL SUPPORT
SYRACUSE UNIVERSITY/MAXWELL POLICY RESEARCH - 426 EGGERS HALL - SYRACUSE, NY 13244			15,000.	0.			PROGRAM SUPPORT
SYRACUSE UNIVERSITY/OFFICE OF FINANCIAL AID - 200 BOWNE HALL - SYRACUSE, NY 13244			14,600.	0.			SCHOLARSHIP SUPPORT

Schedule I (Form 990)

CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
SYRACUSE UNIVERSITY/OFFICE OF SPONSORED PROGRAMS - 211 LYMAN HALL - SYRACUSE, NY 13244	15-0532081		18,425.	0.			STAFF SUPPORT
SYRACUSE UNIVERSITY/WISE WOMEN'S BUSINESS CENTER - 100 MADISON ST - SYRACUSE, NY 13202			6,050.	0.			SCHOLARSHIP SUPPORT; SUPPORT FOR EDUCATION
TEMPLE EMANU-EL OF SARASOTA 151 MCINTOSH RD SARASOTA, FL 34232			8,750.	0.			GENERAL SUPPORT
TEMPLE SOCIETY OF CONCORD 910 MADISON STREET SYRACUSE, NY 13210			13,650.	0.			GENERAL SUPPORT
THE ARC JEFFERSON - ST. LAWRENCE PO BOX 41 WATERTOWN, NY 13601	46-3257180		10,000.	0.			GENERAL SUPPORT
THE BARROW GALLERY 49 EAST GENESEE STREET SKANEATELES, NY 13152	22-2260222		500,150.	0.			GENERAL SUPPORT; PROJECT SUPPORT
THE BELL TREE, INC. 20 N MAIN ST EARLVILLE, NY 13332	36-4920043		8,000.	0.			PROJECT SUPPORT
THE CONSORTIUM FOR CHILDREN'S SERVICES - 1010 JAMES ST - SYRACUSE, NY 13203	16-1019998		13,298.	0.			GENERAL SUPPORT; SUPPORT FOR A MERGER
THE CORA FOUNDATION C/O ART RAGE GALLERY PO BOX 6865 SYRACUSE, NY 13217	16-1263983		45,295.	0.			GENERAL SUPPORT; SPONSORSHIP 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
THE FIRST BAPTIST CHURCH 22 SYRACUSE STREET BALDWINVILLE, NY 13027			72,288.	0.			GENERAL SUPPORT
THE FIRST TEE OF SYRACUSE 5050 JAMESVILLE RD JAMESVILLE, NY 13078	31-1724122		9,600.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE - 240 EAST ONONDAGA ST - SYRACUSE, NY 13202	45-3364607		41,759.	0.			GENERAL SUPPORT; SUPPORT FOR EDUCATION; PROGRAM SUPPORT
THE FUND FOR AMERICAN STUDIES 1706 NEW HAMPSHIRE AVENUE NW WASHINGTON, DC 20009	13-6223604		20,000.	0.			PROGRAM SUPPORT
THE GOVERNOR'S ACADEMY 1 ELM STREET BYFIELD, MA 01922	04-2103564		8,250.	0.			SCHOLARSHIP SUPPORT
THE GREAT SWAMP CONSERVANCY INC. 8375 N. MAIN STREET CANASTOTA, NY 13032	16-1529688		10,250.	0.			GENERAL SUPPORT; SUPPORT FOR CONSERVATION
THE HAVEN AT SKANDA 4000 MOSLEY ROAD CAZENOVIA, NY 13035	52-1053406		10,500.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
THE KEYS PROGRAM 308 SHERRILL ROAD STE 100 SHERRILL, NY 13461	16-1609790		10,000.	0.			PROGRAM SUPPORT
THE KIA FOUNDATION, INC. 2546 JAMES ST SYRACUSE, NY 13206	83-1860656		15,000.	0.			BLACK EQUITY 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
THE NEWLAND CENTER (THE LEARNING PLACE) - C/O NORTHSIDE LEARNING CENTER 501 PARK ST. - SYRACUSE, NY 13203	86-1061215		7,700.	0.			GENERAL SUPPORT
THE READING LEAGUE 103 WYOMING ST FL 2 SYRACUSE, NY 13204	81-0820021		303,700.	0.			GENERAL SUPPORT; STAFF SUPPORT
THE SALVATION ARMY OF SYRACUSE 677 S SALINA ST, STE 100 SYRACUSE, NY 13202	13-2923701		53,403.	0.			GENERAL SUPPORT; CAPITAL SUPPORT; EVENT SUPPORT
THE SAMARITAN CENTER 215 NORTH STATE STREET SYRACUSE, NY 13203	16-1328786		29,950.	0.			GENERAL SUPPORT; EVENT SUPPORT
THE UPSTATE FOUNDATION 750 EAST ADAMS STREET SYRACUSE, NY 13210	16-1068101		867,424.	0.			GENERAL SUPPORT; SUPPORT FOR HEALTHCARE; SUPPORT FOR RESEARCH; PROGRAM SUPPORT; CAPITAL SUPPORT
THE WOMEN'S ECONOMIC INSTITUTE, INC. - 109 OTISCO ST, SECOND FL - SYRACUSE, NY 13204	82-4825464		60,500.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
THOUSAND ISLANDS PERFORMING ARTS FUND, INC. - PO BOX 123 - CLAYTON, NY 13624	22-2317579		6,000.	0.			GENERAL SUPPORT
TILLIE'S TOUCH 111 PATTON AVENUE EAST SYRACUSE, NY 13057	45-1489903		29,648.	0.			GENERAL SUPPORT; CAPITAL SUPPORT
TOMPKINS CORTLAND COMMUNITY COLLEGE - 170 NORTH STREET PO BOX 139 - DRYDEN, NY 13053			14,000.	0.			SCHOLARSHIP SUPPORT

Schedule I (Form 990)

CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
TOWN OF EATON PO BOX 66 MORRISVILLE, NY 13408			120,000.	0.			SUPPORT FOR RECREATION
UNION COLLEGE 807 UNION STREET SCHENECTADY, NY 12308			47,000.	0.			CAMPAIGN SUPPORT; SCHOLARSHIP SUPPORT
UNITE AMERICA INSTITUTE, INC. 1580 N LINCOLN ST STE 520 DENVER, CO 80203	27-3001286		10,000.	0.			GENERAL SUPPORT
UNITED FRIENDS OF HOMELESS ANIMALS, INC. - 432 CENTERVILLE RD - RICHLAND, NY 13144	22-2167049		5,250.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
UNITED WAY OF CAYUGA COUNTY 2 STATE ST # 2 AUBURN, NY 13021	15-0586252		5,500.	0.			GENERAL SUPPORT; SPONSORSHIP SUPPORT
UNITED WAY OF CNY 980 JAMES ST SYRACUSE, NY 13203	15-0532073		396,307.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT; PROGRAM SUPPORT; SUPPORT FOR LITERACY; STAFFING SUPPORT
UNITED WAY OF INDIAN RIVER COUNTY PO BOX 1960 VERO BEACH, FL 32961	27-4180892		10,000.	0.			GENERAL SUPPORT
UNIVERSITY AT ALBANY STUDENT ACCOUNTS - G - 26 1400 WASHINGTON AVENUE - ALBANY, NY 12222			82,190.	0.			SCHOLARSHIP SUPPORT
UNIVERSITY AT BUFFALO 12 CAPEN HALL BUFFALO, NY 14260			202,882.	0.			SCHOLARSHIP SUPPORT

Schedule I (Form 990)

CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

15-0626910

Page 1

Part II Continuation of Grants and Other Assistance to 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
UNIVERSITY OF NOTRE DAME OFFICE OF GIFT PLANNING 1251 N EDDY SOUTH BEND, IN 46617			11,770.	0.			PROGRAM SUPPORT
UNIVERSITY OF PENNSYLVANIA 601 FRANKLIN BLDG. 3451 WALNUT STRE PHILADELPHIA, PA 19104			8,900.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
UNIVERSITY OF ROCHESTER BURSAR'S OFFICE 330 MELIORA HALL PO BOX 270037 - ROCHESTER, NY 14627			12,500.	0.			SCHOLARSHIP SUPPORT
UPSTATE MEDICAL ALUMNI ASSOCIATION SETNOR ACADEMIC BUILDING, SUITE 1510 750 EAST ADAMS ST - SYRACUSE, NY 13210	16-6038703		50,250.	0.			SCHOLARSHIP SUPPORT
VERA HOUSE, INC. 723 JAMES ST SYRACUSE, NY 13203	51-0201530		70,370.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAPITAL SUPPORT
VOLUNTEER LAWYERS PROJECT OF CNY, INC. - 221 SOUTH WARREN STREET - SYRACUSE, NY 13202	46-1593349		6,750.	0.			GENERAL SUPPORT; STAFF SUPPORT
WCNY TV/24 - PUBLIC BROADCASTING COUNCIL OF CNY, INC. - PO BOX 2400 - SYRACUSE, NY 13220	16-0876277		94,910.	0.			GENERAL SUPPORT; CAMPAIGN SUPPORT; PROGRAM SUPPORT
WELLS COLLEGE 170 MAIN STREET AURORA, NY 13026			9,770.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
WEST LAKE ART CONSERVATION CENTER, INC. - PO BOX 45 - SKANEATELES, NY 13152	87-1120251		5,250.	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
WESTCOTT COMMUNITY CENTER (WCC) 826 EUCLID AVENUE SYRACUSE, NY 13210	16-1499834		74,941.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
WHOLEHEART, INC. 88 HIGH MEADOW LN RICHMOND, VT 05477	46-4300314		25,000.	0.			COVID SUPPORT; SUPPORT FOR HEALTHCARE
WILLIAMS COLLEGE 75 PARK ST WILLIAMSTOWN, MA 01267			7,100.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
WORD OF LIFE CHRISTIAN ACADEMY 12 EAST ONEIDA STREET BALDWINVILLE, NY 13207	16-1189201		25,000.	0.			GENERAL SUPPORT
WORKER JUSTICE CENTER OF NEW YORK 1187 CULVER RD ROCHESTER, NY 14609	16-1155130		10,000.	0.			STAFF SUPPORT
WORLD CENTRAL KITCHEN, INC. 200 MASSACHUSETTS AVE NW STE 700 WASHINGTON, DC 20001	27-3521132		6,000.	0.			GENERAL SUPPORT
WOUNDED WARRIOR PROJECT 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256	20-2370934		7,600.	0.			GENERAL SUPPORT
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521	06-0646973		6,100.	0.			GENERAL SUPPORT; SCHOLARSHIP SUPPORT
YMCA OF CENTRAL NEW YORK 340 MONTGOMERY STREET SYRACUSE, NY 13202	15-0532278		42,700.	0.			GENERAL SUPPORT; PROGRAM SUPPORT; CAMPAIGN 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
YMCA OF THE GREATER TRI-VALLEY - ONEIDA - 701 SENECA STREET - ONEIDA, NY 13241	23-7045379		22,500.	0.			CAPITAL SUPPORT
YOUR NUHORIZONS, INC. 103 TAGLIENTE DR CANASTOTA, NY 13032	82-5210163		9,000.	0.			PROGRAM SUPPORT
YWCA OF CORTLAND 14 CLAYTON AVENUE CORTLAND, NY 13045	15-0536617		7,200.	0.			GENERAL SUPPORT; PROGRAM SUPPORT
YWCA OF SYRACUSE & ONONDAGA COUNTY 401 DOUGLAS STREET SYRACUSE, NY 13203	15-0532277		49,635.	0.			GENERAL SUPPORT; BLACK EQUITY SUPPORT; PROGRAM SUPPORT
ZEN CENTER OF SYRACUSE 266 W. SENECA TURNPIKE SYRACUSE, NY 13207	16-1357302		10,700.	0.			GENERAL SUPPORT
GREATER SYRACUSE PROPERTY DEVELOPMENT CORPORATION - 431 EAST FAYETTE STREET STE 375 - SYRACUSE, NY 13202			75,750.	0.			GENERAL SUPPORT
THE COMMUNITY FOUNDATION FOR THE CENTRAL SAVANNAH RIVER AREA - PO BOX 31358 - AUGUSTA, GA 30909	58-2184345		50,000.	0.			GENERAL SUPPORT
THEODORA DANCE CONSERVATORY, INC. 141 RAILROAD ST STE 113 CANTON, GA 30114	86-2112117		12,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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

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

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

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) 2022

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

15-0626910

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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)	284,650.	25,000.	31,766.	29,465.	1,122.	372,003.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIMBERLY SADOWSKI VP & CFO	(i)	173,810.	0.	11,923.	16,868.	1,122.	203,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANK RIDZI VP OF COMMUNITY INVESTMENT	(i)	137,417.	0.	12,168.	13,448.	1,113.	164,146.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THOMAS GRIFFITH VP OF DEVELOPMENT	(i)	132,409.	0.	12,157.	13,245.	1,108.	158,919.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) AHMEED TURNER VP OF SCHOLARSHIPS AND STUDENT SUCCE	(i)	127,500.	0.	12,093.	10,397.	1,091.	151,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 AND THOMAS GRIFFITH ARE 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 PETER AND THOMAS.

PART I, LINE 4B:

PETER A. DUNN \$16,500

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art		0		
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	169	3,462,381.	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

**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

2022

Open to Public
Inspection

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
 COMMUNITY CHANGE. IT RECEIVES CONTRIBUTIONS FROM DONORS, MANAGES THEM
 TO GROW OVER TIME AND THEN DISTRIBUTES FUNDING TO ADDRESS THE REGION'S
 GREATEST NEEDS. IT ALSO SERVES AS A CIVIC LEADER, CONVENER AND SPONSOR
 OF STRATEGIC INITIATIVES THAT FOSTER A THRIVING AND EQUITABLE REGION
 AND ADDRESS THE MOST CRITICAL ISSUES OF OUR TIME.

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 \$ 1,676,545. INCLUDING GRANTS OF \$ 1,357,151. 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,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

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

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. 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.

Name of the organization **CENTRAL NEW YORK COMMUNITY FOUNDATION,
INC.**

Employer identification number
15-0626910

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -302,641.

FORM 990, PART XII LINE 2C

NO CHANGES IN THE PROCESS FROM THE PRIOR YEAR

**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

2022

**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	128,037.	3,894,686.	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) 2022

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

IRS e-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2022, or fiscal year beginning APR 1, 2022, and ending MAR 31, 2023

2022

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 KIMBERLY SADOWSKI VP & CFO

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 rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

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 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

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

as my signature on the tax year 2022 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 2022 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 ***** THIS IS NOT A FILEABLE COPY ***** Date 10/19/23

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 2022 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 LISA HANN Date 10/19/23

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 (2022)

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

For calendar year 2022 or other tax year beginning **APR 1, 2022**, and ending **MAR 31, 2023**

2022

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	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 431 E. FAYETTE STREET, 100</p> <p>City or town, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13202</p>	<p>D Employer identification number 15-0626910</p> <p>E Group exemption number (see instructions)</p> <p>F <input type="checkbox"/> Check box if an amended return.</p>
<p>C Book value of all assets at end of year 389,455,496.</p>			

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university

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 **KIMBERLY 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	0.
2 Reserved	2	
3 Add lines 1 and 2	3	
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	
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	
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.

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, Part II, column (k)	5		0.
6a	Payments: A 2021 overpayment credited to 2022	6a	6,141.	
b	2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	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 <input type="checkbox"/>	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 2023 estimated tax 6,141. Refunded	11		0.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2022 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
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available 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	\$ 1,449.	
		\$	
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.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: _____ Date: _____ Title: **VP & CFO**

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

Paid Preparer Use Only

Print/Type preparer's name: **LISA HANN** Preparer's signature: **LISA HANN** Date: **10/19/23** Check if self-employed PTIN: **P01715748**

Firm's name: **BONADIO & CO., LLP** Firm's EIN: **16-1131146**

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

**SCHEDULE A
(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).

2022

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 Schedule D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a	1,072.		1,072.
c Capital loss deduction for trusts	4b	100.		100.
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	4c			
6 Rent income (Part IV)	5	-1,332.		-1,332.
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	-160.		-160.
	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)				1
2 Salaries and wages				2
3 Repairs and maintenance				3
4 Bad debts				4
5 Interest (attach statement). See instructions				5
6 Taxes and licenses				6
7 Depreciation (attach Form 4562). See instructions		7		
8 Less depreciation claimed in Part III and elsewhere on return		8a		8b
9 Depletion				9
10 Contributions to deferred compensation plans				10
11 Employee benefit programs				11
12 Excess exempt expenses (Part VIII)				12
13 Excess readership costs (Part IX)				13
14 Other deductions (attach statement)				14
15 Total deductions. Add lines 1 through 14				15 0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				16 -160.
17 Deduction for net operating loss. See instructions				17 0.
18 Unrelated business taxable income. Subtract line 17 from line 16				18 -160.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

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	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8				
---	--	--	--	--

5 Readership costs				
--------------------------	--	--	--	--

6 Circulation income				
----------------------------	--	--	--	--

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
--	--	--	--	--

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
--	--	--	--	--

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13				0.
---	--	--	--	----

Part X Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1

Part XI Supplemental Information (see instructions)

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)		-1,027.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME (LOSS)		-305.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-1,332.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/21	2,354.	905.	1,449.	1,449.
NOL CARRYOVER AVAILABLE THIS YEAR			1,449.	1,449.

**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

2022

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				
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

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				1,072.
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				1,072.

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	1,072.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	1,072.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1
**CENTRAL NEW YORK COMMUNITY FOUNDATION,
 INC.**

**Social security number or
 taxpayer identification no.**
15-0626910

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	TIFF PRIVATE EQUITY PARTNERS 2008, LLC							1,072. C
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								1,072.

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

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

Identifying number

15-0626910

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a	
1b	
1c	

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	TIFF PRIVATE EQUITY PARTNERS 2008, LLC						100.

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3	
4	
5	
6	
7	100.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions **SEE STATEMENT 3**
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8	3,656.
9	0.

Part II Ordinary Gains and Losses (see instructions)

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

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11	()
12	100.
13	
14	
15	
16	
17	100.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a	
18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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

FORM 4797

NONRECAPTURED NET SECTION 1231 LOSSES
FROM PRIOR YEARS

STATEMENT 3

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2017	0.	0.	
2018	0.	0.	
2019	62.	0.	62.
2020	3,594.	0.	3,594.
2021	0.	0.	
TOTAL TO FORM 4797, LINE 8	3,656.		3,656.

**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

2022

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				
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

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				1,072.
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				1,072.

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	1,072.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	1,072.

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

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

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

**Social security number or
taxpayer identification no.**

15-0626910

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	TIFF PRIVATE EQUITY PARTNERS 2008, LLC							1,072.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								1,072.

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

Attach to your tax return.
Go to www.irs.gov/Form4797 for instructions and the latest information.

Name(s) shown on return

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

Identifying number

15-0626910

- 1a** Enter the gross proceeds from sales or exchanges reported to you for 2022 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20
- b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets
- c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets

1a	
1b	
1c	

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

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
	TIFF PRIVATE EQUITY PARTNERS 2008, LLC						100.

- 3** Gain, if any, from Form 4684, line 39
- 4** Section 1231 gain from installment sales from Form 6252, line 26 or 37
- 5** Section 1231 gain or (loss) from like-kind exchanges from Form 8824
- 6** Gain, if any, from line 32, from other than casualty or theft
- 7** Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows

3	
4	
5	
6	
7	100.

Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

- 8** Nonrecaptured net section 1231 losses from prior years. See instructions
- 9** Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions

8	3,656.
9	0.

Part II Ordinary Gains and Losses (see instructions)

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

- 11** Loss, if any, from line 7
- 12** Gain, if any, from line 7 or amount from line 8, if applicable
- 13** Gain, if any, from line 31
- 14** Net gain or (loss) from Form 4684, lines 31 and 38a
- 15** Ordinary gain from installment sales from Form 6252, line 25 or 36
- 16** Ordinary gain or (loss) from like-kind exchanges from Form 8824
- 17** Combine lines 10 through 16

11	()
12	100.
13	
14	
15	
16	
17	100.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.

- a** If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions
- b** Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4

18a	
18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

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

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

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

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

FOR THE YEAR ENDING

March 31, 2023

Prepared For:

Central New York Community Foundation,
Inc.
431 E. Fayette Street 100
Syracuse, NY 13202

Prepared By:

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

To be Signed and Dated By:

Not applicable

Amount of Tax:

Total tax	\$	250
Less: payments and credits	\$	0
Plus: other amount	\$	0
Plus: interest and penalties	\$	0
Balance due	\$	250

Overpayment:

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

Make Check Payable To:

New York State Corporation Tax

Mail Tax Return and Check (if applicable) To:

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

Return Must be Mailed On or Before:

Not applicable

Special Instructions:

Your payment should be made as instructed below on or before February 15, 2024.

Mail a check or money order for \$250, payable to New York State Corporation Tax. Write your FEIN and tax type on the check or money order and mail to:

NYS Corporation Tax

P.O. Box 15181
Albany, NY 12212-5181



CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1 Legal name of corporation

1. CENTRAL NEW YORK COMMUNITY FOUNDATION INC.

Payment enclosed

2. 250.00

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 15-0626910

5 File number (FCC)

5. MM7

6 Period beginning date (mm-dd-yy)

6. 04-01-22

7 Period ending date (mm-dd-yy)

7. 03-31-23

8 Amended (Y=1; N=0)

8. 0

9 Final (Y=1; N=0)

9.

10 NAICS code

10.

11 MTA indicator (None = 0; Y = 1; N = 2; Both = 3)

11.

12 Federal 1120-H filed (Y = 1; N = 0)

12.

13 REIT/RIC indicator (Y=1; N=0)

13.

14 Tax due/MTA surcharge

14. 250.00

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

15.

16 Balance due

16. 250.00

17 Amount of overpayment credited to next period - NYS

17.

18 Refund of overpayment

18.

19 Refund of unused tax credits

19.

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

20.

21 Amount of overpayment credited to next period - MTA

21.

22 Amount of MTA surcharge retaliatory tax credit to be refunded

22.

23 Fixed dollar minimum

23.

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

24. -

25 New York receipts

25.

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

26.

27 Paid preparer's EIN

27. 16-1131146

28 Preparer's NYTPRIN

28.

29 Excl. code

29. 03

541001221019



284951 11-16-22

1019

For office use only

Form CT-186-E filers only

30	Excise tax on telecommunication services - NYS	30.	<input type="text"/>	<input type="text"/>
31	Excise tax on mobile telecommunication services subject to the 2.9% rate	31.	<input type="text"/>	<input type="text"/>
32	Total excise tax on telecommunication services	32.	<input type="text"/>	<input type="text"/>
33	Tax on gross income - NYS	33.	<input type="text"/>	<input type="text"/>
34	MTA surcharge related to telecommunication services	34.	<input type="text"/>	<input type="text"/>
35	MTA surcharge related to telecommunication services subject to the 0.721% tax rate	35.	<input type="text"/>	<input type="text"/>
36	Total MTA surcharge related to telecommunication services	36.	<input type="text"/>	<input type="text"/>
37	MTA surcharge on gross income	37.	<input type="text"/>	<input type="text"/>
38	Balance due - NYS	38.	<input type="text"/>	<input type="text"/>
39	Balance due - MTA	39.	<input type="text"/>	<input type="text"/>
40	Provided telecommunication services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	40.	<input type="text"/>	<input type="text"/>
41	Subject to supervision of the Department of Public Service and provided utility services in the MCTD this year? (None = 0; Y = 1; N = 2; Both = 3)	41.	<input type="text"/>	<input type="text"/>
42	Overpayment credited to next year's tax - NYS	42.	<input type="text"/>	<input type="text"/>
43	Overpayment credited to next year's tax - MTA	43.	<input type="text"/>	<input type="text"/>
44	Refund of overpayment - NYS	44.	<input type="text"/>	<input type="text"/>
45	Refund of overpayment - MTA	45.	<input type="text"/>	<input type="text"/>
46	Refund of unused tax credits - NYS	46.	<input type="text"/>	<input type="text"/>
47	Refund of unused tax credits - MTA	47.	<input type="text"/>	<input type="text"/>
48	Refundable tax credits to be credited to next year's tax - NYS	48.	<input type="text"/>	<input type="text"/>
49	Refundable tax credits to be credited to next year's tax - MTA	49.	<input type="text"/>	<input type="text"/>

541002221019





New York State E-File Authorization for Tax Year 2022

TR-579-CT

For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations

(9/22)

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

Legal name of corporation **CENTRAL NEW YORK COMMUNITY FOUNDATION,**

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

Purpose

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

General instructions

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

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2)I, *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*. Go to our website at www.tax.ny.gov to find this document.

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

Do not use this form for electronically filed Form CT-5, *Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both)*; CT-5.3, *Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge return, or both)*; CT-5.4, *Request for Six-Month Extension to File New York S Corporation Franchise Tax Return*; CT-5.6, *Request for Three-Month Extension to File Form CT-186 (for utility corporation franchise tax return, MTA surcharge return, or both)*; CT-5.9, *Request for Three-Month Extension to File (for certain Article 9 tax returns, MTA surcharge, or both)*; or CT-5.9-E, *Request for Three-Month Extension to File Form CT-186-E (for telecommunications tax return and utility services tax return)*. Instead use Form TR-579.1-CT, *New York State Authorization for Electronic Funds Withdrawal For Tax Year 2022 Corporation Tax Extensions*.

Financial institution information (required if electronic payment is authorized)

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

1	250.
2	021303618
3	0614399757

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

Under penalty of perjury, I declare that I have examined the information on this 2022 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, *Tax Shelter Reportable Transactions*, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2022 New York State electronic corporate return to New York State through the Internal Revenue Service (IRS). I understand that by executing this Form TR-579-CT, I am authorizing the ERO to sign and file this return on behalf of the corporation and agree that the ERO's submission of the corporation's return to the IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying New York State corporation taxes due by electronic funds withdrawal, I authorize the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on this 2022 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two business days prior to the payment date.

Signature of authorized officer of the corporation	Print your name and title KIMBERLY SADOWSKI, VP & CFO	Date 10-19-23
--	---	-------------------------

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2022 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2022 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2022 New York State electronic corporate tax return is identical to that contained in the paper return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2022 New York State electronic corporate tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

ERO's signature LISA HANN	Print name LISA HANN	Date 10-19-23
Paid preparer's signature LISA HANN	Print name LISA HANN	Date 10-19-23



CT-13

Department of Taxation and Finance

Unrelated Business Income Tax Return

Recommended return

Tax Law - Article 13

All filers enter tax period:

beginning 04-01-22 ending 03-31-23

Form fields for Employer identification number (EIN), File number, Business telephone number, Legal name of corporation, Mailing address, City, State, ZIP/Postal code, etc.

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

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

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

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return

Payment section: A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax. Attach your payment here. Detach all check stubs. Payment enclosed 250.

Computation of income and tax

Table with 25 rows for tax computation, including Federal unrelated business taxable income, New York State Article 13 and Article 23 tax, Total subtractions, Taxable income before net operating loss deduction, etc.

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

400001221019



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

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

Schedule A - Unrelated business allocation

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

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

Receipts in the regular course of business from:

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

Composition of prepayments claimed on line 18*

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

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

Amended return information

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

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

Capital loss carryback Federal return filed Form 1139 •

Amended Form 990-T

400002221019



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

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

Authorized person	Printed name of authorized person KIMBERLY SADOWSKI	Signature of authorized person	Official title VP & CFO	
	Email address of authorized person KSADOWSKI@CNYCF.ORG		Telephone number 3154229558	Date 10-19-23

Paid preparer use only (see instr.)	Firm's name (or yours if self-employed) BONADIO & CO., LLP		Firm's EIN 16-1131146	Preparer's PTIN or SSN P01715748
	Signature of individual preparing this return LISA HANN	Address 432 NORTH FRANKLIN STREET		City SYRACUSE, NY 13204
	Email address of individual preparing this return LHANN@BONADIO.COM		Preparer's NYTPRIN or Excl. code 03	Date 10-19-23

See instructions for where to file.

400003221019



**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).

2022

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 Schedule D (Form 1041 or Form 1120)). See instructions	3			
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4a	1,072.		1,072.
c Capital loss deduction for trusts	4b	100.		100.
5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 1	4c			
6 Rent income (Part IV)	5	-1,332.		-1,332.
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	-160.		-160.
	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)				
15 Total deductions. Add lines 1 through 14				0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)				-160.
17 Deduction for net operating loss. See instructions				0.
18 Unrelated business taxable income. Subtract line 17 from line 16				-160.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

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)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			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	
(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	

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)	0.			

a				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)	0.			

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see 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

2022

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				
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

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				1,072.
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				1,072.

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	1,072.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	1,072.

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

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

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

**Social security number or
taxpayer identification no.**

15-0626910

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	TIFF PRIVATE EQUITY PARTNERS 2008, LLC							1,072.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)								1,072.

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

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION		NET INCOME OR (LOSS)
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - ORDINARY BUSINESS INCOME (LOSS)		-1,027.
TIFF PRIVATE EQUITY PARTNERS 2008, LLC - OTHER INCOME (LOSS)		-305.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5		-1,332.

990-T SCH A	POST-2017 NET OPERATING LOSS DEDUCTION			STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
03/31/21	2,354.	905.	1,449.	1,449.
NOL CARRYOVER AVAILABLE THIS YEAR			1,449.	1,449.