Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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

OMB No. 1545-0047

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

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

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

**Part I - Identification**

**Type or Print**

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

Taxpayer identification number (TIN)
15-0626910

Number, street, and room or suite no. If a P.O. box, see instructions.
431 E. FAYETTE STREET, 100

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
SYRACUSE, NY 13202

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 01

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of ELIZABETH HARTMAN
431 EAST FAYETTE STREET, NO. 100 - SYRACUSE, NY 13202

Telephone No. (315) 422-9538 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until FEBRUARY 15, 20 27, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or
☒ tax year beginning APR 1, 20 25, and ending MAR 31, 20 26

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

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

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

EXTENDED TO FEBRUARY 16, 2027

Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**
**Do not enter social security numbers on this form as it may be made public.**
**Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

**2025**

**Open to Public Inspection**

**A For the 2025 calendar year, or tax year beginning** APR 1, 2025 **and ending** MAR 31, 2026

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

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) 431 E. FAYETTE STREET

Room/suite 100

City or town, state or province, country, and ZIP or foreign postal code
SYRACUSE, NY 13202

**F** Name and address of principal officer: MELANIE LITTLEJOHN
SAME AS C ABOVE

**D Employer identification number**
15-0626910

**E** Telephone number
(315) 422-9538

**G** Gross receipts $ 107,807,027.

**H(a)** Is this a group return for subordinates? ☐ Yes ☒ No

**H(b)** Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

**H(c)** Group exemption number

**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**J Website:** WWW.CNYCF.ORG

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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

## Part I Summary

**Activities & Governance**

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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 20 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 20 |
| 5 | Total number of individuals employed in calendar year 2025 (Part V, line 2a) | 5 | 35 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 165 |
| 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**

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 39,709,842. | 39,597,441. |
| 9 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 10,528,895. | 21,776,018. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 457,783. | 706,699. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 50,696,520. | 62,080,158. |

**Expenses**

| | | | |
|---|---|---|---|
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 25,199,053. | 31,881,204. |
| 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) | 3,870,559. | 4,132,747. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| b | Total fundraising expenses (Part IX, column (D), line 25) 1,588,099. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 1,947,017. | 2,250,328. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 31,016,629. | 38,264,279. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 19,679,891. | 23,815,879. |

**Net Assets or Fund Balances**

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 458,328,795. | 531,102,743. |
| 21 | Total liabilities (Part X, line 26) | 31,372,414. | 41,223,532. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 426,956,381. | 489,879,211. |

## Part II Signature Block

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

**Sign Here**

Signature of officer — Date

MELANIE LITTLEJOHN, PRESIDENT & CEO
Type or print name and title

**Paid Preparer Use Only**

| Preparer's name | Preparer's signature | Date | Check if self-employed | PTIN |
|---|---|---|---|---|
| BETTINA LIPPHARDT | BETTINA LIPPHARDT | 10/28/26 | ☐ | P00956232 |

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

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

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No



SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

**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 $ 6,730,925. including grants of $ 6,081,996. ) (Revenue $ 491,475. )
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 $ 16,976,140. including grants of $ 15,999,639. ) (Revenue $ 4,812. )
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 $ 2,068,506. including grants of $ 1,430,698. ) (Revenue $ _____ )
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 $ 8,809,041. including grants of $ 8,368,871. ) (Revenue $ 176. )

4e Total program service expenses 34,584,612.

**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)? *If "Yes," complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | 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? *If "Yes," complete Schedule C, Part II* | 4 | 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? *If "Yes," complete Schedule C, Part III* | 5 | | 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? *If "Yes," complete Schedule D, Part I* | 6 | 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? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | 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? *If "Yes," complete Schedule D, Part IV* | 9 | X | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | 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? *If "Yes," complete Schedule D, Part VI* | 11a | 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? *If "Yes," complete Schedule D, Part VII* | 11b | 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? *If "Yes," complete Schedule D, Part VIII* | 11c | | 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? *If "Yes," complete Schedule D, Part IX* | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X* | 11e | 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)? *If "Yes," complete Schedule D, Part X* | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII* | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional* | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | 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? *If "Yes," complete Schedule F, Parts I and IV* | 14b | 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? *If "Yes," complete Schedule F, Parts II and IV* | 15 | | 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? *If "Yes," complete Schedule F, Parts III and IV* | 16 | | 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? *If "Yes," complete Schedule G, Part I.* See instructions | 17 | | 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? *If "Yes," complete Schedule G, Part II* | 18 | | X |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III* | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H* | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 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? *If "Yes," complete Schedule I, Parts I and II* | 21 | 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? *If "Yes," complete Schedule I, Parts I and III* | 22 | | 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? *If "Yes," complete Schedule J* | 23 | 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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a* | 24a | | X |
| **b** | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| **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? | 24c | | |
| **d** | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| **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? *If "Yes," complete Schedule L, Part I* | 25a | | 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? *If "Yes," complete Schedule L, Part I* | 25b | | 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? *If "Yes," complete Schedule L, Part II* | 26 | | 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? *If "Yes," complete Schedule L, Part III* | 27 | | 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? *If "Yes," complete Schedule L, Part IV* | 28a | | X |
| **b** | A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV* | 28b | | X |
| **c** | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV* | 28c | | X |
| **29** | Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M* | 29 | X | |
| **30** | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M* | 30 | | X |
| **31** | Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I* | 31 | | X |
| **32** | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II* | 32 | | 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? *If "Yes," complete Schedule R, Part I* | 33 | X | |
| **34** | Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1* | 34 | | X |
| **35a** | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | 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)? *If "Yes," complete Schedule R, Part V, line 2* | 35b | | X |
| **36** | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2* | 36 | | 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? *If "Yes," complete Schedule R, Part VI* | 37 | | X |
| **38** | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? **Note:** All Form 990 filers are required to complete Schedule O | 38 | X | |

**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 | 1a | 60 | | |
| **b** | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | 1b | 0 | | |
| **c** | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c 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 | 35 | | |
| **b** | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X | |
| **3a** | Did the organization have unrelated business gross income of $1,000 or more during the year? | 3a | | X | |
| **b** | If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O* | 3b | | X | |
| **4a** | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | | 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? | 5a | | | X |
| **b** | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| **c** | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | | |
| **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? | 6a | | | X |
| **b** | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | | |
| **7** | **Organizations that may receive deductible contributions under section 170(c).** | | | | |
| **a** | Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | | X |
| **b** | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | | |
| **c** | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| **d** | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | 0 | | |
| **e** | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | | X |
| **f** | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| **g** | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | |
| **h** | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | |
| **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? | 8 | | | |
| **9** | **Sponsoring organizations maintaining donor advised funds.** | | | | |
| **a** | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| **b** | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | | |
| **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? *If "No," provide an explanation on Schedule O* | 14b | | | |
| **15** | Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see 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 ..... X

## 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 | 1a | 20 | | |
| | 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. | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | 1b | 20 | | |
| 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? | 2 | | | 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? | 3 | | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | | X |
| 6 | Did the organization have members or stockholders? | 6 | | | 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? | 7a | | | 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? | 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? | 8a | | X | |
| b | Each committee with authority to act on behalf of the governing body? | 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* | 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? | 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? | 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* | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 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* | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | 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 | 15a | X | |
| b | Other officers or key employees of the organization | 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? | 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.

X Own website X Another's website X 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

ELIZABETH HARTMAN - (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) BETHAIDA GONZALEZ<br>CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (2) SUSAN FURTNEY<br>VICE CHAIR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (3) JOSEPH LAZZARO<br>TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (4) MARTIN A. SCHWAB<br>COMPLIANCE OFFICER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) LISA D. ALFORD<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) JAIME ALICEA<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) CATHERINE A. BERTINI<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) REBECCA BRONFEIN RAPHAEL<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) WILLIAM H. BROWER<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) MARTIN T. DURKIN, JR.<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) STEPHEN D. FOURNIER<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) LISA S. GERMAIN<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) MARK S. HALL<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) DR. WARREN HILTON<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (15) LEYLA Z. MORGILLO<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (16) DUANE B. OWENS<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (17) KEVIN E. SCHWAB<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (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) KATHLEEN L. WIESE<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (19) ANGELA B. LEE<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (20) H. DOUGLAS PINCKNEY<br>MEMBER | 1.00 | X | | | | | | 0. | 0. | 0. |
| (21) MELANIE LITTLEJOHN<br>PRESIDENT & CEO | 40.00 | | | X | | | | 388,533. | 0. | 34,213. |
| (22) KIMBERLY SADOWSKI<br>VP & CFO | 40.00 | | | X | | | | 222,833. | 0. | 21,471. |
| (23) KATRINA CROCKER<br>VP OF COMMUNICATIONS | 40.00 | | | | | X | | 150,268. | 0. | 26,076. |
| (24) THOMAS GRIFFITH<br>VP OF DEVELOPMENT | 40.00 | | | X | | | | 188,327. | 0. | 18,537. |
| (25) FRANK RIDZI<br>VP OF COMMUNITY INVESTMENT | 40.00 | | | | | X | | 170,113. | 0. | 16,567. |
| (26) AHMEED TURNER<br>VP OF SCHOLARSHIPS | 40.00 | | | | | X | | 154,493. | 0. | 15,138. |
| **1b Subtotal** | | | | | | | | 1,274,567. | 0. | 132,002. |
| **c Total from continuation sheets to Part VII, Section A** | | | | | | | | 259,275. | 0. | 36,883. |
| **d Total (add lines 1b and 1c)** | | | | | | | | 1,533,842. | 0. | 168,885. |

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 12

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

**Section B. Independent Contractors**

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

**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 (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) ELIZABETH HARTMAN<br>SENIOR DIRECTOR OF FINANCE | 40.00 | | | | | X | | 129,784. | 0. | 13,060. |
| (28) MONICA MERANTE<br>SENIOR DIRECTOR OF PHILANT | 40.00 | | | | | X | | 129,491. | 0. | 23,823. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | | | | | | | | 259,275. | | 36,883. |

**Part VIII Statement of Revenue**

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
|---|---|---|---|---|---|---|---|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 39,597,441. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | $ 7,120,212. | | | | |
| | h **Total.** Add lines 1a-1f | | | 39,597,441. | | | |
| Program Service Revenue | | | **Business Code** | | | | |
| | 2a | | | | | | |
| | 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) | | | 4,539,043. | | | 4539043. |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | | | (i) Real | (ii) Personal | | | |
| | 6a Gross rents | 6a | | | | | |
| | b Less: rental expenses | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | | | (i) Securities | (ii) Other | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | 62,963,844. | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 45,726,869. | | | | |
| | c Gain or (loss) | 7c | 17,236,975. | | | | |
| | d Net gain or (loss) | | | 17,236,975. | | | 17236975. |
| | 8a 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 | | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | |
| | b Less: direct expenses | 9b | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10a 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 | | | **Business Code** | | | | |
| | 11a MISCELLANEOUS | | 900099 | 496,463. | 496,463. | | |
| | b ADMIN MANAGEMENT FEE (EXPENSE) | | 561000 | 210,236. | | | 210,236. |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e **Total.** Add lines 11a-11d | | | 706,699. | | | |
| | 12 **Total revenue.** See instructions | | | 62,080,158. | 496,463. | 0. | 21986254. |

## 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 | 31,881,204. | 31,881,204. | | |
| 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 | 823,110. | 248,088. | 332,873. | 242,149. |
| 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 | 2,583,933. | 1,150,454. | 951,255. | 482,224. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 247,869. | 107,143. | 94,355. | 46,371. |
| 9 Other employee benefits | 243,680. | 115,384. | 89,308. | 38,988. |
| 10 Payroll taxes | 234,155. | 99,195. | 85,350. | 49,610. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| 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.) | 565,508. | 327,983. | 181,928. | 55,597. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 64,583. | 28,747. | 18,111. | 17,725. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 234,173. | 127,246. | 63,083. | 43,844. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 96,793. | 38,979. | 40,748. | 17,066. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 330,415. | 179,811. | 87,997. | 62,607. |
| 23 Insurance | 48,953. | 22,455. | 16,715. | 9,783. |
| 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 | 458,354. | | | 458,354. |
| b EQUIPMENT RENTAL AND MA | 231,408. | 104,259. | 78,749. | 48,400. |
| c MISCELLANEOUS | 220,141. | 153,664. | 51,096. | 15,381. |
| d | | | | |
| e All other expenses | | | | |
| 25 **Total functional expenses.** Add lines 1 through 24e | 38,264,279. | 34,584,612. | 2,091,568. | 1,588,099. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720) | | | | |

**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 | | | 1 | |
| | 2 | Savings and temporary cash investments | | 6,426,964. | 2 | 9,187,177. |
| | 3 | Pledges and grants receivable, net | | 160,393. | 3 | 139,510. |
| | 4 | Accounts receivable, net | | 7,533,104. | 4 | 5,480,011. |
| | 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 | | 145,420. | 9 | 144,080. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 7,873,977. | | | |
| | b | Less: accumulated depreciation | 10b 4,461,297. | 3,664,283. | 10c | 3,412,680. |
| | 11 | Investments - publicly traded securities | | 300,156,652. | 11 | 358,486,077. |
| | 12 | Investments - other securities. See Part IV, line 11 | | 129,880,607. | 12 | 144,319,837. |
| | 13 | Investments - program-related. See Part IV, line 11 | | 4,345,439. | 13 | 2,540,714. |
| | 14 | Intangible assets | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 6,015,933. | 15 | 7,392,657. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 33) | | 458,328,795. | 16 | 531,102,743. |
| Liabilities | 17 | Accounts payable and accrued expenses | | 214,296. | 17 | 359,180. |
| | 18 | Grants payable | | 2,326,962. | 18 | 6,247,522. |
| | 19 | Deferred revenue | | 285,556. | 19 | 762,430. |
| | 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 | | | 23 | |
| | 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 | | 28,545,600. | 25 | 33,854,400. |
| | 26 | **Total liabilities.** Add lines 17 through 25 | | 31,372,414. | 26 | 41,223,532. |
| Net Assets or Fund Balances | | **Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.** | | | | |
| | 27 | Net assets without donor restrictions | | 337,926,896. | 27 | 393,918,204. |
| | 28 | Net assets with donor restrictions | | 89,029,485. | 28 | 95,961,007. |
| | | **Organizations that do not follow FASB ASC 958, check here** ☐ **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 | | 426,956,381. | 32 | 489,879,211. |
| | 33 | Total liabilities and net assets/fund balances | | 458,328,795. | 33 | 531,102,743. |

## Part XI Reconciliation of Net Assets

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 62,080,158. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 38,264,279. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 23,815,879. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 426,956,381. |
| 5 | Net unrealized gains (losses) on investments | 5 | 39,688,436. |
| 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 | -581,485. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 489,879,211. |

## Part XII Financial Statements and Reporting

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

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis | | | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | 3a | | 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 | 3b | | |

**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

**2025**

**Open to Public Inspection**

| **Name of the organization** | **Employer identification number** |
|---|---|
| CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. | 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? Yes | (iv) No | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **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) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 34296809. | 29283609. | 24727042. | 39709842. | 39597441. | 167614743 |
| 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 | 34296809. | 29283609. | 24727042. | 39709842. | 39597441. | 167614743 |
| 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. | | | | | | 167614743 |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 34296809. | 29283609. | 24727042. | 39709842. | 39597441. | 167614743 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 14388137. | 1041629. | 10674252. | 10528895. | 21776018. | 58408931. |
| 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.) | 354,190. | 374,761. | 570,207. | 457,783. | 706,699. | 2463640. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 228487314 |

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** ☐

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) 14 73.36 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 75.96 %

16a **33 1/3% support test - 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% -facts-and-circumstances test - 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10% -facts-and-circumstances test - 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (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) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) 2025 | (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 2025 (line 8, column (f), divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2024 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2024** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2025.** 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 - 2024.** 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? *If "No," describe in* **Part VI** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.* | 1 | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).* | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.* | 3a | | |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.* | 3b | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.* | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.* | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.* | 4b | | |
| c | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.* | 4c | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer 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).* | 5a | | |
| b | **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | 5b | | |
| c | **Substitutions only.** Was the substitution the result of an event beyond the organization's control? | 5c | | |
| 6 | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.** | 6 | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? *If "Yes," complete Part I of Schedule L (Form 990).* | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).* | 8 | | |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.** | 9a | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.** | 9b | | |
| c | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.** | 9c | | |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.* | 10a | | |
| b | Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)* | 10b | | |

**Part IV Supporting Organizations** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| **11** | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| **a** | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | **11a** | | |
| **b** | A family member of a person described on line 11a above? | **11b** | | |
| **c** | A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in* **Part VI.** | **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? *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.* | **1** | | |
| **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? *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.* | **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)? *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).* | **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? | **1** | | |
| **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? *If "No," explain in* **Part VI** *how the organization maintained a close and continuous working relationship with the supported organization(s).* | **2** | | |
| **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? *If "Yes," describe in* **Part VI** *the role the organization's supported organizations played in this regard.* | **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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

| | | | Yes | No |
|---|---|---|---|---|
| **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 its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.* | **2a** | | |
| **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? *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.* | **2b** | | |
| **3** | Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.** | | | |
| **a** | Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.** | **3a** | | |
| **b** | Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* | **3b** | | |
| **c** | Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.** | **3c** | | |

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

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

| **Section A - Adjusted Net Income** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| **1** Net short-term capital gain | **1** | | |
| **2** Recoveries of prior-year distributions | **2** | | |
| **3** Other gross income (see instructions) | **3** | | |
| **4** Add lines 1 through 3. | **4** | | |
| **5** Depreciation and depletion | **5** | | |
| **6** Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | **6** | | |
| **7** Other expenses (see instructions) | **7** | | |
| **8** **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4) | **8** | | |

| **Section B - Minimum Asset Amount** | | (A) Prior Year | (B) Current Year (optional) |
|---|---|---|---|
| **1** Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| **a** Average monthly value of securities | **1a** | | |
| **b** Average monthly cash balances | **1b** | | |
| **c** Fair market value of other non-exempt-use assets | **1c** | | |
| **d** **Total** (add lines 1a, 1b, and 1c) | **1d** | | |
| **e** **Discount** claimed for blockage or other factors (*explain in detail in* **Part VI**): | | | |
| **2** Acquisition indebtedness applicable to non-exempt-use assets | **2** | | |
| **3** Subtract line 2 from line 1d. | **3** | | |
| **4** Cash deemed held for exempt use. Enter 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

| **Section D - Distributions** | | **Current Year** |
|---|---|---|
| **1** Amounts paid to supported organizations to accomplish exempt purposes | **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 - *provide details in* **Part VI**) | **5** | |
| **6** **Total annual distributions.** Add lines 1 through 5. | **6** | |
| **7** Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions. | **7** | |
| **8** Distributable amount for 2025 from Section C, line 6 | **8** | |
| **9** Line 7 amount divided by line 8 amount | **9** | |

| **Section E - Distribution Allocations** (see instructions) | **(i) Excess Distributions** | **(ii) Underdistributions Pre-2025** | **(iii) Distributable Amount for 2025** |
|---|---|---|---|
| **1** Distributable amount for 2025 from Section C, line 6 | | | |
| **2** Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions. | | | |
| **3** Excess distributions carryover, if any, to 2025 | | | |
| **a** From 2020 | | | |
| **b** From 2021 | | | |
| **c** From 2022 | | | |
| **d** From 2023 | | | |
| **e** From 2024 | | | |
| **f** **Total** of lines 3a through 3e | | | |
| **g** Applied to under distributions of prior years | | | |
| **h** Applied to 2025 distributable amount | | | |
| **i** Carryover from 2020 not applied (see instructions) | | | |
| **j** Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| **4** Distributions for 2025 from Section D, line 6: $ | | | |
| **a** Applied to underdistributions of prior years | | | |
| **b** Applied to 2025 distributable amount | | | |
| **c** Remainder. Subtract lines 4a and 4b from line 4. | | | |
| **5** Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions. | | | |
| **6** Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions. | | | |
| **7** **Excess distributions carryover to 2026.** Add lines 3j and 4c. | | | |
| **8** Breakdown of line 7: | | | |
| **a** Excess from 2021 | | | |
| **b** Excess from 2022 | | | |
| **c** Excess from 2023 | | | |
| **d** Excess from 2024 | | | |
| **e** Excess from 2025 | | | |

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE C**
**(Form 990)**

Department of the Treasury
Internal Revenue Service

# Political Campaign and Lobbying Activities

**For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**

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

OMB No. 1545-0047

**2025**

**Open to Public Inspection**

**If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 | Employer identification number (EIN) |
|---|---|
| CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. | 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 EINs 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-. |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**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. | | |
| 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- | | |

| IF the amount on line 1e, column (a) or (b), is: | THEN 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. |

**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

**4-Year Averaging Period Under Section 501(h)**

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|---|---|---|---|---|
| Calendar year (or fiscal year beginning in) | (a) 2022 | (b) 2023 | (c) 2024 | (d) 2025 | (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) Yes | (a) No | (b) 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 not be 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)
(Rev. December 2024)
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

**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 | 381 | 24 |
| 2 | Aggregate value of contributions to (during year) | 16,341,205. | 2,236,505. |
| 3 | Aggregate value of grants from (during year) | 16,444,546. | 969,926. |
| 4 | Aggregate value at end of year | 195,538,390. | 11,893,877. |

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? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

## Part II Conservation Easements.

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

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

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Preservation of a historically important land area
- [ ] Protection of natural habitat
- [ ] Preservation of a certified historic structure
- [ ] Preservation of open space

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

| | | Held at the End of the Tax Year |
|---|---|---|
| a | Total number of conservation easements 2a | |
| b | Total acreage restricted by conservation easements 2b | |
| c | Number of conservation easements on a certified historic structure included on line 2a 2c | |
| d | Number of conservation easements included on line 2c 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? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

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

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 $ _____

(ii) Assets included in Form 990, Part X $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

b Assets included in Form 990, Part X $ _____

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | 9,196,991. |
| d Additions during the year | 1d | 1,176,280. |
| e Distributions during the year | 1e | 2,866,039. |
| f Ending balance | 1f | 7,507,232. |

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|---|---|---|---|---|
| 1a Beginning of year balance | 79,488,481. | 78,466,399. | 74,774,815. | 83,810,607. | 82,176,266. |
| b Contributions | 5,612,931. | 667,683. | 842,990. | 601,877. | 1,679,861. |
| c Net investment earnings, gains, and losses | 13,365,957. | 5,664,032. | 8,313,186. | -4,298,155. | 4,381,381. |
| d Grants or scholarships | 1,652,874. | 3,126,235. | 3,444,408. | 3,563,141. | 3,199,567. |
| e Other expenditures for facilities and programs | 2,145,116. | 2,183,398. | 2,020,184. | 1,776,373. | 1,227,334. |
| f Administrative expenses | | | | | |
| g End of year balance | 94,669,379. | 79,488,481. | 78,466,399. | 74,774,815. | 83,810,607. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment 86.9030 %
b Permanent endowment 8.1740 %
c Term endowment 4.9230 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

| | | Yes | No |
|---|---|---|---|
| (i) Unrelated organizations? | 3a(i) | | X |
| (ii) Related organizations? | 3a(ii) | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | | |

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | 253,775. | | 253,775. |
| b Buildings | | 6,276,649. | 3,219,385. | 3,057,264. |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | 1,343,553. | 1,241,912. | 101,641. |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))* | | | | 3,412,680. |

**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 | 101,678,807. | END-OF-YEAR MARKET VALUE |
| (C) LIMITED PARTNERSHIPS | 42,641,030. | END-OF-YEAR MARKET VALUE |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 144,319,837. | |

**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, line 13, col. (B)) | | |

**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, line 15, col. (B))* | |

**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 TRUSTS/CHARITABLE REMAINDER | |
| (3) UNITRUSTS | -1,975,974. |
| (4) CHARITABLE GIFT ANNUITIES | 259,400. |
| (5) ENDOWMENTS HELD FOR OTHER NOT-FOR-PROFIT ORGANIZATIONS | 35,518,599. |
| (6) DEFERRED COMPENSATION | 52,375. |
| (7) | |
| (8) | |
| (9) | |
| Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))* | 33,854,400. |

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 | 101,187,109. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains (losses) on investments | 2a | 39,688,436. | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | -581,485. | | |
| e | Add lines 2a through 2d | | | 2e | 39,106,951. |
| 3 | Subtract line 2e from line 1 | | | 3 | 62,080,158. |
| 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 | 62,080,158. |

**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 | 38,264,279. |
| 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 | 38,264,279. |
| 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 | 38,264,279. |

**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 13 CHARITABLE REMAINDER TRUSTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT -581,485.

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.

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.

**Part XIII Supplemental Information** *(continued)*

**SCHEDULE F (Form 990)**
(Rev. December 2024)
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

**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 | 0 | 0 | INVESTMENTS HELD IN CAYMAN ISLANDS | INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO | 45,460,973. |
| LONDON, ENGLAND | 0 | 0 | INVESTMENTS HELD IN LONDON, ENGLAND | INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO | 8,558,738. |
| GUERNSEY, ENGLISH CHANNEL | 0 | 0 | INVESTMENTS HELD IN GUERNSEY, ENGLISH CHANNEL | INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO | 1,734,750. |
| MAURITIUS | 0 | 0 | INVESTMENTS HELD IN MAURITIUS | INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO | 19,491,764. |
| SINGAPORE | 0 | 0 | INVESTMENTS HELD IN SINGAPORE | INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO | 21,567,307. |
| HONG KONG | 0 | 0 | INVESTMENTS HELD IN HONG KONG | INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO | 10,177,829. |
| | | | | | |
| | | | | | |
| **3 a** Subtotal ..... | 0 | 0 | | | 106,991,361. |
| **b** Total from continuation sheets to Part I ..... | 0 | 0 | | | 0. |
| **c Totals** (add lines 3a and 3b) ..... | 0 | 0 | | | 106,991,361. |

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule F (Form 990) (Rev. 12-2024)**

SEE PART V FOR COLUMN (E) DESCRIPTIONS

LHA 532071 04-01-25

**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 III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

| **(a)** Type of grant or assistance | **(b)** Region | **(c)** Number of recipients | **(d)** Amount of cash grant | **(e)** Manner of cash disbursement | **(f)** Amount of noncash assistance | **(g)** Description of noncash assistance | **(h)** Method of valuation (book, FMV, appraisal, other) |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**Part IV Foreign Forms**

| | | | |
|---|---|---|---|
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the 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 the 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 the 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 the 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 the 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: 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: 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: MAURITIUS
(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
(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: HONG KONG
(E) SPECIFIC TYPES OF SERVICES IN REGION: INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO PROVIDE TO NOT-FOR-PROFIT ORGANIZATIONS IN NEW YORK STATE.

**SCHEDULE I (Form 990)**
(Rev. December 2024)
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 instructions and the latest information.**

OMB No. 1545-0047

**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? ..... [X] 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<br>2610 S SALINA ST STE 27<br>SYRACUSE, NY 13205 | 26-2847372 | | 25,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| 13THIRTY CANCER CONNECT<br>1000 ELMWOOD AVE<br>ROCHESTER, NY 14620 | 47-4493013 | | 7,500. | 0. | | | PROGRAM/PROJECT SUPPORT |
| 1ST AMENDMENT-1ST VOTE, INC.<br>144 GENESEE ST STE102 #157<br>AUBURN, NY 13021 | 83-3241105 | | 14,933. | 0. | | | PROGRAM/PROJECT SUPPORT; STUDENT SUPPORT |
| 727 INSTRUMENTAL<br>1027 COURT ST<br>SYRACUSE, NY 13208 | 93-3671792 | | 15,250. | 0. | | | GENERAL SUPPORT |
| A TINY HOME FOR GOOD, INC.<br>1222 SOUTH AVE<br>SYRACUSE, NY 13207 | 47-1629588 | | 153,000. | 0. | | | PROGRAM/PROJECT SUPPORT; CAPITAL SUPPORT; GENERAL SUPPORT |
| ABC CAYUGA<br>100 NORTH ST STE 2<br>AUBURN, NY 13021 | 81-1255927 | | 5,788. | 0. | | | CAPITAL 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 .....

**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 |
|---|---|---|---|---|---|---|---|
| ACCESSCNY<br>1603 COURT ST<br>SYRACUSE, NY 13208 | 15-0532247 | | 23,366. | 0. | | | GENERAL SUPPORT |
| ACR HEALTH<br>627 W GENESEE ST<br>SYRACUSE, NY 13204 | 16-1359060 | | 25,100. | 0. | | | PROGRAM/PROJECT SUPPORT |
| ADAPT CNY, INC.<br>351 SOUTH WARREN ST STE 200<br>SYRACUSE, NY 13202 | 20-4069501 | | 6,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| ADVANCE STUDENT RESOURCE SYSTEMS, INC. - 801 WOODS RD - SOLVAY, NY 13209 | 83-0684860 | | 10,200. | 0. | | | PROGRAM/PROJECT SUPPORT |
| ADVOCATES, INC.<br>300 S MANLIUS ST<br>FAYETTEVILLE, NY 13066 | 16-1453716 | | 14,981. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT |
| AI SUSTAINABLE DEVELOPMENT GROUP<br>20 BEACH RD<br>MASSAPEQUA, NY 11758 | 87-3958368 | | 25,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| ALGEBRA SOCIETY, INC.<br>209 W 29TH ST STE 335<br>NEW YORK, NY 10001 | 82-3378242 | | 45,000. | 0. | | | GENERAL SUPPORT |
| ALL DAY EVERY DAY<br>144 E WARRINGTON RD<br>SYRACUSE, NY 13205 | 26-2549666 | | 5,500. | 0. | | | GENERAL SUPPORT |
| ALL FAITHS FOOD BANK<br>8171 BLAIKIE CT<br>SARASOTA, FL 34240 | 65-0115814 | | 9,500. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| ALL SAINTS CHURCH<br>1342 LANCASTER AVE<br>SYRACUSE, NY 13210 | 53-0196617 | | 12,700. | 0. | | | PROGRAM/PROJECT SUPPORT |
| ALS ASSOCIATION/UPSTATE NEW YORK CHAPTER - 1300 WILSON BLVD STE 600 - ARLINGTON, VA 22209 | 13-3271855 | | 21,556. | 0. | | | GENERAL SUPPORT |
| ALZHEIMER'S ASSOCIATION CENTRAL NEW YORK CHAPTER - 5015 CAMPUSWOOD DR STE 102 - EAST SYRACUSE, NY 13057 | 13-3039601 | | 19,550. | 0. | | | GENERAL SUPPORT; EVENT SUPPORT |
| AMERICAN CIVIL LIBERTIES UNION FOUNDATION - ATTN: GIFT PROCESSING 125 BROAD ST FL 18 - NEW YORK, NY 10004 | 13-6213516 | | 7,600. | 0. | | | GENERAL SUPPORT |
| AMERICAN HEART ASSOCIATION/GREATER SYRACUSE & NORTH COUNTRY - ATTN: SYRACUSE 4217 PARK PLACE COURT - GLEN ALLEN, VA 23060 | 13-5613797 | | 19,975. | 0. | | | GENERAL SUPPORT; EVENT SUPPORT |
| AMERICAN POMEROY HISTORIC GENEALOGICAL ASSOCIATION, INC. - 492 E BRIGHTON AVE - SYRACUSE, NY 13210 | 81-0873322 | | 200,000. | 0. | | | GENERAL SUPPORT |
| AMERICAN RED CROSS/CENTRAL AND NORTHERN NY CHAPTER - 7359 OSWEGO RD - LIVERPOOL, NY 13090 | 53-0196605 | | 28,863. | 0. | | | GENERAL SUPPORT |
| ANTI-DEFAMATION LEAGUE FOUNDATION<br>605 THIRD AVE<br>NEW YORK, NY 10158 | 13-2887439 | | 8,050. | 0. | | | GENERAL SUPPORT |
| AOPA FOUNDATION<br>421 AVIATION WAY<br>FREDERICK, MD 21701 | 20-8817225 | | 31,000. | 0. | | | PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| ASBURY UNITED METHODIST CHURCH<br>205 S MAIN ST<br>HARRISONBURG, VA 22801 | | | 62,842. | 0. | | | GENERAL SUPPORT |
| ASSOCIATED JEWISH COMMUNITY FEDERATION OF BALTIMORE, INC. - ATTN: DONOR CENTER 5700 PARK HEIGHTS AVE - BALTIMORE, MD 21215 | 52-0607957 | | 5,250. | 0. | | | PROGRAM/PROJECT SUPPORT |
| ATTITUDINAL HEALING CONNECTION<br>3111 WEST ST<br>OAKLAND, CA 94608 | 94-3178158 | | 14,500. | 0. | | | GENERAL SUPPORT |
| AUBURN PUBLIC THEATER<br>8 EXCHANGE ST<br>AUBURN, NY 13021 | 20-3577149 | | 28,650. | 0. | | | GENERAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT |
| AUBURN RESCUE MISSION<br>51 MERRIMAN ST EXT<br>AUBURN, NY 13021 | 15-0532146 | | 20,130. | 0. | | | GENERAL SUPPORT |
| AURORA OF CNY<br>1065 JAMES ST STE 100<br>SYRACUSE, NY 13203 | 15-0543651 | | 94,800. | 0. | | | PROGRAM/PROJECT SUPPORT;<br>GENERAL SUPPORT |
| BALDWINSVILLE VOLUNTEER CENTER, INC. - 8220 LOOP RD STE 101 -<br>BALDWINSVILLE, NY 13027 | 16-1550362 | | 10,000. | 0. | | | GENERAL SUPPORT |
| BALTIMORE WOODS NATURE CENTER<br>PO BOX 133<br>MARCELLUS, NY 13108 | 16-0973044 | | 44,062. | 0. | | | GENERAL SUPPORT |
| BEACON COLLEGE<br>OFFICE OF INSTITUTIONAL ADVANCEMENT 105 E MAIN ST -<br>LEESBURG, FL 34748 | 59-2961536 | | 20,000. | 0. | | | PROGRAM/PROJECT SUPPORT;<br>GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| BELIEVERS' CHAPEL<br>7912 THOMPSON RD<br>CICERO, NY 13039 | 16-1191973 | | 49,000. | 0. | | | CAMPAIGN SUPPORT; PROGRAM/PROJECT SUPPORT |
| BIG MOOSE COMMUNITY CHAPEL<br>PO BOX 209<br>EAGLE BAY, NY 13331 | | | 9,000. | 0. | | | GENERAL SUPPORT |
| BINGHAMTON UNIVERSITY<br>STUDENT ACCOUNTS PO BOX 6003<br>BINGHAMTON, NY 13902 | | | 28,457. | 0. | | | STUDENT SUPPORT |
| BISHOP LUDDEN-GRIMES JR./SR. HIGH SCHOOL - 815 FAY RD - SYRACUSE, NY 13219 | 15-0628305 | | 149,500. | 0. | | | STUDENT SUPPORT; CAPITAL SUPPORT; GENERAL SUPPORT |
| BLACK ARTIST COLLECTIVE CNY, INC.<br>7122 THORNTREE HILL DR<br>FAYETTEVILLE, NY 13066 | 88-1808631 | | 16,400. | 0. | | | PROGRAM/PROJECT SUPPORT |
| BLUEPRINT 15, INC.<br>819 S SALINA ST<br>SYRACUSE, NY 13202 | 83-3283784 | | 42,000. | 0. | | | PROGRAM/PROJECT SUPPORT; EVENT SUPPORT |
| BOSTON UNIVERSITY<br>STUDENT ACCOUNTING SERVICES 881 COMMONWEALTH AVE - BOSTON, MA 02215 | | | 15,000. | 0. | | | STUDENT SUPPORT |
| BOYS & GIRLS CLUBS OF SYRACUSE<br>PO BOX 606<br>SYRACUSE, NY 13209 | 15-0532240 | | 242,117. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT |
| BRADY FAITH CENTER<br>404 SOUTH AVE<br>SYRACUSE, NY 13204 | 16-1596722 | | 68,087. | 0. | | | GENERAL SUPPORT; SPONSORSHIP SUPPORT; PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| BREAKTHROUGH T1D/WESTERN AND CENTRAL NEW YORK CHAPTER - PO BOX 6836 - HAGERSTOWN, MD 21741 | 23-1907729 | | 6,000. | 0. | | | EVENT SUPPORT; SPONSORSHIP SUPPORT |
| BRIDGES PO BOX 389 ONEIDA, NY 13421 | 16-1286318 | | 30,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| BROWARD HOUSE, INC. 1726 SE 3RD AVE FORT LAUDERDALE, FL 33316 | 59-2913416 | | 19,824. | 0. | | | GENERAL SUPPORT |
| BROWN UNIVERSITY OFFICE OF FINANCIAL AID BOX 1827 PROVIDENCE, RI 02912 | 05-0258809 | | 5,525. | 0. | | | STUDENT SUPPORT |
| BUFFALO BEND ANIMAL SANCTUARY 2080 WILLOWDALE RD SKANEATELES, NY 13152 | 33-3284885 | | 40,000. | 0. | | | GENERAL SUPPORT |
| BUILDING MEN PROGRAM, INC. 103 MANN DR SYRACUSE, NY 13209 | 47-3788818 | | 21,500. | 0. | | | GENERAL SUPPORT; STAFF SUPPORT |
| BUILDING THE BRIDGE FOUNDATION, INC. - 4934 BENTBROOK DR - MANLIUS, NY 13104 | 83-4221667 | | 7,500. | 0. | | | PROGRAM/PROJECT SUPPORT |
| BUTLER HOSPITAL 200 BUTLER DR PROVIDENCE, RI 02906 | 05-0258812 | | 10,000. | 0. | | | HEALTHCARE SUPPORT |
| CAMP GOOD DAYS & SPECIAL TIMES, INC. - PO BOX 665 - MENDON, NY 14506 | 22-2329654 | | 20,000. | 0. | | | EVENT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| CANASTOTA ALUMNI ASSOCIATION<br>131 LAMB AVE<br>CANASTOTA, NY 13032 | 20-1066294 | | 5,400. | 0. | | | GENERAL SUPPORT |
| CANISIUS HIGH SCHOOL<br>1180 DELAWARE AVE<br>BUFFALO, NY 14209 | 16-0743943 | | 6,000. | 0. | | | STUDENT SUPPORT |
| CANTON WOODS SENIOR CENTER<br>76 CANTON ST<br>BALDWINSVILLE, NY 13027 | 11-2493644 | | 47,900. | 0. | | | CAPITAL SUPPORT |
| CAPITAL DISTRICT YMCA<br>465 NEW KARNER RD FL 2<br>ALBANY, NY 12205 | 14-1726531 | | 235,000. | 0. | | | PROGRAM/PROJECT SUPPORT; CAMPAIGN SUPPORT |
| CATHOLIC CHARITIES OF ONONDAGA COUNTY - 1654 W ONONDAGA ST -<br>SYRACUSE, NY 13204 | 15-0532085 | | 44,700. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| CAYUGA COMMUNITY HEALTH NETWORK<br>2119 W GENESEE ST RD<br>AUBURN, NY 13021 | 16-1552889 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| CAYUGA COUNTY COMMUNITY COLLEGE FOUNDATION - 197 FRANKLIN ST -<br>AUBURN, NY 13021 | 22-2413804 | | 7,000. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| CAYUGA MUSEUM OF HISTORY AND ART<br>203 GENESEE ST<br>AUBURN, NY 13021 | 15-0533567 | | 7,125. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| CAZARTS<br>PO BOX 203<br>CAZENOVIA, NY 13035 | 84-2105097 | | 16,952. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| CAZCARES<br>101 NELSON ST<br>CAZENOVIA, NY 13035 | 16-1185489 | | 20,831. | 0. | | | GENERAL SUPPORT |
| CAZENOVIA CENTRAL SCHOOL DISTRICT<br>31 EMORY AVE<br>CAZENOVIA, NY 13035 | | | 6,000. | 0. | | | GENERAL SUPPORT |
| CAZENOVIA PRESERVATION FOUNDATION<br>PO BOX 627<br>CAZENOVIA, NY 13035 | 16-6101151 | | 168,200. | 0. | | | CAPITAL SUPPORT; EVENT SUPPORT; GENERAL SUPPORT |
| CAZENOVIA PUBLIC LIBRARY SOCIETY, INC. - 100 ALBANY ST - CAZENOVIA, NY 13035 | 15-0532080 | | 12,450. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; LITERACY SUPPORT |
| CENTER FOR COMMUNITY ALTERNATIVES<br>115 E JEFFERSON ST STE 200<br>SYRACUSE, NY 13202 | 16-1395992 | | 16,610. | 0. | | | CAPITAL SUPPORT |
| CENTER FOR DAIRY EXCELLENCE FOUNDATION OF PENNSYLVANIA - 2301 N CAMERON ST - HARRISBURG, PA 17110 | 27-1943466 | | 6,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| CENTERSTATE CEO<br>115 W FAYETTE ST<br>SYRACUSE, NY 13202 | 27-2620882 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| CENTRAL CURRENT<br>PO BOX 1258<br>SYRACUSE, NY 13201 | 86-1656116 | | 161,800. | 0. | | | GENERAL SUPPORT |
| CENTRAL NEW YORK JAZZ ARTS FOUNDATION - 441 E WASHINGTON ST - SYRACUSE, NY 13202 | 16-1546134 | | 11,250. | 0. | | | EVENT SUPPORT; PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| CENTRAL NEW YORK SPCA<br>5878 E MOLLOY RD<br>SYRACUSE, NY 13211 | 15-0532072 | | 33,446. | 0. | | | GENERAL SUPPORT |
| CFLEADS<br>PO BOX 509<br>ACCORD, MA 02018 | 43-1645180 | | 10,000. | 0. | | | CAMPAIGN SUPPORT |
| CHADWICK RESIDENCE, INC.<br>335 VALLEY DR<br>SYRACUSE, NY 13207 | 22-2805597 | | 40,580. | 0. | | | GENERAL SUPPORT; CAMPAIGN SUPPORT; PROGRAM/PROJECT SUPPORT |
| CHARLES H. BASSETT YOUTH FOUNDATION - 34 12 LAKE ST -<br>OWEGO, NY 13827 | 16-1467372 | | 6,320. | 0. | | | GENERAL SUPPORT |
| CHARLES N. GORDON WILDLIFE REHABILITATION CENTER, INC. - 6135 VOSBURG RD - EARLVILLE, NY 13332 | 83-2797618 | | 21,452. | 0. | | | CAPITAL SUPPORT |
| CHEF ANN FOUNDATION<br>1495 CANYON BLVD STE MAIN<br>BOULDER, CO 80302 | 26-2496810 | | 20,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| CHRISTIAN BROTHERS ACADEMY<br>6245 RANDALL RD<br>SYRACUSE, NY 13214 | 15-0566330 | | 85,450. | 0. | | | STUDENT SUPPORT; GENERAL SUPPORT |
| CLARKSON UNIVERSITY<br>STUDENT ACHIEVEMENT SERVICES PO BOX<br>POTSDAM, NY 13699 | | | 13,250. | 0. | | | STUDENT SUPPORT |
| CLEAR PATH FOR VETERANS, INC.<br>1223 SALT SPRINGS RD<br>CHITTENANGO, NY 13037 | 27-5206513 | | 69,500. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; EVENT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| CNY ARTS, INC.<br>335 MONTGOMERY ST<br>SYRACUSE, NY 13202 | 15-0625350 | | 60,150. | 0. | | | PROGRAM/PROJECT SUPPORT |
| CNY CHINESE SCHOOL<br>PO BOX 83<br>MANLIUS, NY 13104 | 16-1565666 | | 7,500. | 0. | | | PROGRAM/PROJECT SUPPORT |
| COLGATE UNIVERSITY<br>OFFICE OF STUDENT ACCOUNTS 13 OAK D<br>HAMILTON, NY 13346 | 15-0532078 | | 14,700. | 0. | | | STUDENT SUPPORT |
| COLUMBIA UNIVERSITY<br>STUDENT ACCOUNT PAYMENTS PO BOX 138<br>NEW YORK, NY 10008 | 13-5598093 | | 6,800. | 0. | | | STUDENT SUPPORT |
| COLUMBIAN PRESBYTERIAN CHURCH<br>PO BOX 270<br>LAFAYETTE, NY 13084 | | | 8,000. | 0. | | | GENERAL SUPPORT |
| COMMUNITY ACTION PARTNERSHIP FOR<br>MADISON COUNTY - PO BOX 249 -<br>MORRISVILLE, NY 13408 | 16-1289461 | | 59,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| COMMUNITY FOLK ART CENTER, INC.<br>805 E GENESEE ST<br>SYRACUSE, NY 13210 | 74-3051509 | | 45,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| COMMUNITY FOUNDATION FOR THE<br>CENTRAL SAVANNAH RIVER AREA - PO<br>BOX 31358 - AUGUSTA, GA 30903 | 58-2184345 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| COMMUNITY FOUNDATION OF HERKIMER &<br>ONEIDA COUNTIES - 2608 GENESEE ST<br>- UTICA, NY 13502 | 15-6016932 | | 16,000. | 0. | | | GENERAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| COOPERATIVE FOR ASSISTANCE & RELIEF EVERYWHERE, INC. - GIFT CENTER PO BOX 1870 - MERRIFIELD, VA 22116 | 13-1685039 | | 63,042. | 0. | | | GENERAL SUPPORT |
| CORNELL COOPERATIVE EXTENSION OF CORTLAND COUNTY - 60 CENTRAL AVE RM 140 - CORTLAND, NY 13045 | 16-6072877 | | 7,500. | 0. | | | PROGRAM/PROJECT SUPPORT; CAMPAIGN SUPPORT |
| CORNELL UNIVERSITY/DIVISION OF ALUMNI AFFAIRS & DEVELOPMENT - 130 E SENECA ST #400 - ITHACA, NY 14850 | 15-0532082 | | 8,204. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT, STUDENT SUPPORT |
| CORNELL UNIVERSITY/OFFICE OF FINANCIAL AID - 203 DAY HALL - ITHACA, NY 14850 | | | 7,500. | 0. | | | STUDENT SUPPORT |
| CORTLAND AREA COMMUNITIES THAT CARE COALITION - 45 CRANDALL ST - CORTLAND, NY 13045 | 34-2064367 | | 25,000. | 0. | | | PROGRAM/PROJECT SUPPORT; LITERACY SUPPORT |
| CORTLAND COMMUNITY FOUNDATION PO BOX 466 CORTLAND, NY 13045 | 16-1561037 | | 19,800. | 0. | | | GENERAL SUPPORT |
| CROUSE HEALTH FOUNDATION 736 IRVING AVE SYRACUSE, NY 13210 | 16-1035427 | | 61,400. | 0. | | | GENERAL SUPPORT; SPONSORSHIP SUPPORT; EVENT SUPPORT |
| DANA-FARBER CANCER INSTITUTE, INC. GIFT PROCESSING PO BOX 849168 BOSTON, MA 02284 | 04-2263040 | | 20,250. | 0. | | | PROGRAM/PROJECT SUPPORT |
| DARTMOUTH COLLEGE ADMISSIONS & FINANCIAL AID 6016 MCN HANOVER, NH 03755 | | | 12,500. | 0. | | | STUDENT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| DAVID'S REFUGE<br>1035 7TH NORTH ST, SUITE E<br>LIVERPOOL, NY 13088 | 45-3686680 | | 64,500. | 0. | | | GENERAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT |
| DAVIS-PUTTER SCHOLARSHIP FUND<br>PO BOX 7307<br>NEW YORK, NY 10116 | 56-6044491 | | 11,230. | 0. | | | GENERAL SUPPORT |
| DEWITT COMMUNITY CHURCH<br>3600 ERIE BLVD E<br>SYRACUSE, NY 13214 | 15-0532100 | | 12,716. | 0. | | | GENERAL SUPPORT |
| DOCTORS WITHOUT BORDERS USA<br>40 RECTOR ST FL 16<br>NEW YORK, NY 10006 | 13-3433452 | | 23,576. | 0. | | | GENERAL SUPPORT |
| DUCKS UNLIMITED, INC.<br>1 WATERFOWL WAY<br>MEMPHIS, TN 38120 | 13-5643799 | | 101,200. | 0. | | | PROGRAM/PROJECT SUPPORT |
| DUNBAR ASSOCIATION, INC.<br>1453 S STATE ST<br>SYRACUSE, NY 13205 | 15-0533563 | | 62,250. | 0. | | | GENERAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT |
| EAGLE WINGS ACADEMY<br>C/O FAITH HERITAGE SCHOOL 3740 MIDL<br>SYRACUSE, NY 13205 | 26-3237636 | | 15,057. | 0. | | | GENERAL SUPPORT |
| EARLVILLE FREE LIBRARY<br>PO BOX 120<br>EARLVILLE, NY 13332 | 15-0618864 | | 41,233. | 0. | | | GENERAL SUPPORT |
| EARLY CHILDHOOD ALLIANCE<br>484 S SALINA ST STE 202<br>SYRACUSE, NY 13202 | 92-1852021 | | 190,021. | 0. | | | GENERAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| EASTERN HILLS BIBLE CHURCH<br>8277 CAZENOVIA RD<br>MANLIUS, NY 13104 | 16-0955284 | | 14,000. | 0. | | | GENERAL SUPPORT |
| ED23 FOUNDATION<br>4596 NIXON PARK DR STE 3<br>SYRACUSE, NY 13215 | 93-3067885 | | 275,000. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| ELMCREST CHILDREN'S CENTER, INC.<br>960 SALT SPRINGS RD<br>SYRACUSE, NY 13224 | 15-0539090 | | 73,750. | 0. | | | GENERAL SUPPORT; STAFF SUPPORT; LITERACY SUPPORT |
| ELMIRA COLLEGE<br>BURSAR OFFICE 1 PARK PL<br>ELMIRA, NY 14901 | 16-0743996 | | 8,500. | 0. | | | STUDENT SUPPORT |
| EMPOWER PARKINSON, INC.<br>7543 SAULSBURY RD<br>TULLY, NY 13159 | 83-2789189 | | 15,000. | 0. | | | CAPITAL SUPPORT; CAMPAIGN SUPPORT |
| ERIN'S ANGELS<br>219 COUNTY ROUTE 57 STE 4<br>PHOENIX, NY 13135 | 84-2534650 | | 12,500. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| ESF COLLEGE FOUNDATION<br>PO BOX 6486<br>SYRACUSE, NY 13217 | 15-6023443 | | 52,322. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| EVANGEL COMMUNITY CHURCH<br>500 MCDONNELL ST<br>CHITTENANGO, NY 13037 | 16-1190024 | | 6,200. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| EVERSON MUSEUM OF ART<br>401 HARRISON ST<br>SYRACUSE, NY 13202 | 15-0616499 | | 408,023. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| EXALT<br>17 BATTERY PL STE 307<br>NEW YORK, NY 10004 | 20-5540955 | | 50,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| FAMILIES FOR LEAD FREEDOM NOW<br>416 CANNON ST<br>SYRACUSE, NY 13205 | 88-2971755 | | 23,500. | 0. | | | PROGRAM/PROJECT SUPPORT; CAPITAL SUPPORT |
| FARMER VETERAN COALITION<br>PO BOX 660675 PMB 94776<br>DALLAS, TX 75266 | 46-2362098 | | 8,000. | 0. | | | GENERAL SUPPORT |
| FAYETTEVILLE MANLIUS COMMUNITY OUTREACH - PO BOX 626 - MANLIUS, NY 13104 | 30-0518916 | | 56,965. | 0. | | | GENERAL SUPPORT |
| FAYETTEVILLE SENIOR CENTER<br>584 E GENESEE ST<br>FAYETTEVILLE, NY 13066 | 16-1143963 | | 9,600. | 0. | | | GENERAL SUPPORT |
| FIGHT FOR HEARTS<br>103 CLAIRE RD<br>SYRACUSE, NY 13214 | 46-4012014 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| FINGER LAKES INCUBATOR & COMMERCIAL KITCHEN - PO BOX 1803 - AUBURN, NY 13021 | 88-3007231 | | 10,000. | 0. | | | CAPITAL SUPPORT |
| FINGER LAKES LAND TRUST<br>202 E COURT ST<br>ITHACA, NY 14850 | 22-2983688 | | 790,900. | 0. | | | GENERAL SUPPORT; CAMPAIGN SUPPORT |
| FINGER LAKES SPCA OF CNY<br>41 YORK ST<br>AUBURN, NY 13021 | 15-0532256 | | 7,367. | 0. | | | GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| FIRED UP FOR YOUTH, INC.<br>484 S SALINA ST<br>SYRACUSE, NY 13202 | 93-2452861 | | 12,500. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| FIRST BAPTIST CHURCH OF CAMILLUS<br>23 MAIN ST<br>CAMILLUS, NY 13031 | | | 75,000. | 0. | | | CAPITAL SUPPORT |
| FIRST PRESBYTERIAN CHURCH OF AUBURN - 112 SOUTH ST - AUBURN, NY 13021 | 15-0532091 | | 100,000. | 0. | | | CAPITAL SUPPORT |
| FIRST PRESBYTERIAN CHURCH OF SKANEATELES - 97 E GENESEE ST - SKANEATELES, NY 13152 | | | 101,500. | 0. | | | GENERAL SUPPORT |
| FIVER CHILDREN'S FOUNDATION<br>519 8TH AVE FL 24<br>NEW YORK, NY 10018 | 13-3993633 | | 50,000. | 0. | | | STAFF SUPPORT; EQUITY SUPPORT; PROGRAM/PROJECT SUPPORT |
| FOCUS GREATER SYRACUSE<br>300 S STATE ST STE 520<br>SYRACUSE, NY 13202 | 16-1606023 | | 11,484. | 0. | | | GENERAL SUPPORT; EVENT SUPPORT |
| FOOD BANK OF CENTRAL NEW YORK<br>7066 INTERSTATE ISLAND RD<br>SYRACUSE, NY 13209 | 22-2816988 | | 167,291. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| FORDHAM UNIVERSITY<br>ROSE HILL CAMPUS 441 E FORDHAM RD<br>BRONX, NY 10458 | 13-1740451 | | 10,000. | 0. | | | STUDENT SUPPORT |
| FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE - 240 E ONONDAGA ST - SYRACUSE, NY 13202 | 45-3364607 | | 35,800. | 0. | | | CAMPAIGN SUPPORT; PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| FRANCIS HOUSE<br>108 MICHAELS AVE<br>SYRACUSE, NY 13208 | 16-1585910 | | 82,339. | 0. | | | GENERAL SUPPORT; CAMPAIGN SUPPORT |
| FRANCISCAN CHURCH OF THE ASSUMPTION - 812 N SALINA ST - SYRACUSE, NY 13208 | | | 56,100. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| FRANK H. HISCOCK LEGAL AID SOCIETY<br>351 S WARREN ST STE 300<br>SYRACUSE, NY 13202 | 15-0527253 | | 10,800. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| FRANKLIN STAGE COMPANY<br>PO BOX 821 25 INSTITUTE ST<br>FRANKLIN, NY 13775 | 16-1512454 | | 10,000. | 0. | | | GENERAL SUPPORT |
| FRIENDS HOME IN KENNETT<br>147 W STATE ST<br>KENNETT SQUARE, PA 19348 | 23-0604260 | | 10,000. | 0. | | | GENERAL SUPPORT |
| FRIENDS OF HISTORIC ONONDAGA LAKE<br>132 TERRACE WAY<br>CAMILLUS, NY 13031 | 22-2479712 | | 5,600. | 0. | | | GENERAL SUPPORT |
| FRIENDS OF ISRAEL DEFENSE FORCES<br>PO BOX 4224<br>NEW YORK, NY 10163 | 13-3156445 | | 30,000. | 0. | | | GENERAL SUPPORT |
| FRIENDS OF SOZO KIDS<br>333 COLONY BLVD STE 164<br>THE VILLAGES, FL 32162 | 85-0552306 | | 6,000. | 0. | | | GENERAL SUPPORT |
| FRIENDS OF THE ROSAMOND GIFFORD ZOO AT BURNET PARK - ONE CONSERVATION PLACE - SYRACUSE, NY 13204 | 23-7083532 | | 55,861. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; LITERACY SUPPORT; CAPITAL SUPPORT |

**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 WILDLIFE<br>2004 VALLEY DR<br>SYRACUSE, NY 13207 | 47-1502713 | | 6,750. | 0. | | | PROGRAM/PROJECT SUPPORT |
| FROST VALLEY YMCA<br>2000 FROST VALLEY RD<br>CLARYVILLE, NY 12725 | 22-1625176 | | 20,000. | 0. | | | GENERAL SUPPORT |
| FUTURE FARMERS OF AMERICA<br>6060 FFA DR<br>INDIANAPOLIS, IN 46278 | 54-0524844 | | 7,500. | 0. | | | PROGRAM/PROJECT SUPPORT |
| GATEWAY-LONGVIEW FOUNDATION<br>6350 MAIN ST<br>WILLIAMSVILLE, NY 14221 | 16-1559402 | | 12,379. | 0. | | | GENERAL SUPPORT |
| GAY & LESBIAN COMMUNITY CENTER OF GREATER FORT LAUDERDALE - 2040 N DIXIE HWY - WILTON MANORS, FL 33305 | 65-0431045 | | 24,780. | 0. | | | GENERAL SUPPORT |
| GENOA FIRE DEPARTMENT<br>10015 STATE RT 90 PO BOX 82<br>GENOA, NY 13071 | 80-0659043 | | 10,000. | 0. | | | CAPITAL SUPPORT |
| GOGEBIC COMMUNITY COLLEGE FOUNDATION - E4946 JACKSON RD - IRONWOOD, MI 49938 | 38-2193133 | | 10,000. | 0. | | | STUDENT SUPPORT |
| GOLISANO INSTITUTE FOR BUSINESS & ENTREPRENEURSHIP - 150 SAWGRASS DR - ROCHESTER, NY 14620 | 88-3327187 | | 10,000. | 0. | | | STUDENT SUPPORT |
| GOOD LIFE YOUTH FOUNDATION<br>101 WYOMING ST<br>SYRACUSE, NY 13204 | 26-1123420 | | 55,400. | 0. | | | GENERAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| GORDON-CONWELL THEOLOGICAL SEMINARY - DEPARTMENT OF ADVANCEMENT 130 ESSEX ST - SOUTH HAMILTON, MA 01982 | 04-2463847 | | 53,865. | 0. | | | GENERAL SUPPORT |
| GRACE COMMUNITY CHURCH 7248 HIGHBRIDGE RD FAYETTEVILLE, NY 13066 | | | 81,500. | 0. | | | GENERAL SUPPORT |
| GRACE EPISCOPAL CHURCH - SYRACUSE 819 MADISON ST SYRACUSE, NY 13210 | | | 10,675. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| GREEN GATE PROJECT 140 FOXBORO RD SYRACUSE, NY 13224 | 85-2017353 | | 47,500. | 0. | | | PROGRAM/PROJECT SUPPORT |
| GULF COAST COMMUNITY FOUNDATION 601 TAMIAMI TRAIL S VENICE, FL 34285 | 59-1052433 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| HABITAT FOR HUMANITY INTERNATIONAL 322 W LAMAR ST AMERICUS, GA 31709 | 91-1914868 | | 8,000. | 0. | | | GENERAL SUPPORT |
| HABITAT FOR HUMANITY/SYRACUSE 514 W GENESEE ST SYRACUSE, NY 13204 | 22-2516352 | | 132,535. | 0. | | | GENERAL SUPPORT |
| HAL WELSH EAST AREA FAMILY YMCA 200 TOWNE DR FAYETTEVILLE, NY 13066 | 15-0532278 | | 54,540. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| HAMILTON COLLEGE OFFICE OF FINANCIAL AID 198 COLLEGE HILL RD - CLINTON, NY 13323 | 15-0532200 | | 8,700. | 0. | | | STUDENT SUPPORT; GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| HAMILTON SENIOR CITIZENS, INC.<br>PO BOX 582<br>HAMILTON, NY 13346 | 22-2543845 | | 6,000. | 0. | | | STAFF SUPPORT;<br>PROGRAM/PROJECT SUPPORT |
| HARTWICK COLLEGE/DIVISION OF INSTITUTIONAL ADVANCEMENT - PO BOX 4020 - ONEONTA, NY 13820 | 15-0533561 | | 12,379. | 0. | | | GENERAL SUPPORT |
| HEIFER PROJECT INTERNATIONAL<br>ATTN: DONOR SERVICES PO BOX 8058<br>LITTLE ROCK, AR 72203 | 35-1019477 | | 17,453. | 0. | | | GENERAL SUPPORT |
| HELIO HEALTH<br>518 JAMES ST STE 200<br>SYRACUSE, NY 13203 | 15-0532288 | | 10,790. | 0. | | | PROGRAM/PROJECT SUPPORT;<br>GENERAL SUPPORT |
| HELPING HOUNDS DOG RESCUE<br>7268 CASWELL AVE<br>SYRACUSE, NY 13212 | 26-4132608 | | 43,470. | 0. | | | PROGRAM/PROJECT SUPPORT;<br>GENERAL SUPPORT |
| HERKIMER COUNTY COMMUNITY COLLEGE<br>100 RESERVOIR RD<br>HERKIMER, NY 13350 | | | 6,558. | 0. | | | STUDENT SUPPORT |
| HILLSIDE CHILDREN'S CENTER<br>1183 MONROE AVE<br>ROCHESTER, NY 14620 | 16-0743039 | | 50,000. | 0. | | | CAPITAL SUPPORT |
| HOBART & WILLIAM SMITH COLLEGES STUDENT ACCOUNTS 300 PULTENEY ST<br>GENEVA, NY 14456 | 16-0743040 | | 9,550. | 0. | | | STUDENT SUPPORT |
| HOBART & WILLIAM SMITH COLLEGES/OFFICE OF ADVANCEMENT - OFFICE OF ADVANCEMENT 300 PULTENEY ST - GENEVA, NY 14456 | 16-0743040 | | 11,200. | 0. | | | PROGRAM/PROJECT SUPPORT;<br>GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| HOLY CROSS CHURCH<br>4112 E GENESEE ST<br>SYRACUSE, NY 13214 | | | 11,200. | 0. | | | GENERAL SUPPORT |
| HOLY CROSS SCHOOL<br>4200 E GENESEE ST<br>DEWITT, NY 13214 | | | 16,500. | 0. | | | PROGRAM/PROJECT SUPPORT; SPONSORSHIP SUPPORT |
| HOME HEADQUARTERS, INC.<br>625 ERIE BLVD W STE 100<br>SYRACUSE, NY 13204 | 22-2982267 | | 287,935. | 0. | | | PROGRAM/PROJECT SUPPORT; SPONSORSHIP SUPPORT |
| HOPE FOR BEREAVED<br>4500 ONONDAGA BLVD<br>SYRACUSE, NY 13219 | 16-1370553 | | 49,646. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; CAMPAIGN SUPPORT |
| HOPEPRINT, INC<br>PO BOX 11664<br>SYRACUSE, NY 13218 | 37-1621379 | | 58,910. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT; EVENT SUPPORT |
| HOSPICE FOUNDATION OF CNY & OF THE FINGER LAKES - 990 7TH NORTH ST - LIVERPOOL, NY 13088 | 16-1047041 | | 64,907. | 0. | | | GENERAL SUPPORT; EVENT SUPPORT |
| HOUSE OF PSALMS 23<br>224 HARRISON ST STE 318<br>SYRACUSE, NY 13202 | 92-0868917 | | 8,230. | 0. | | | GENERAL SUPPORT; STAFF SUPPORT; PROGRAM/PROJECT SUPPORT |
| HOUSE OF THE GOOD SHEPHERD<br>1550 CHAMPLIN AVE<br>UTICA, NY 13502 | 15-0532199 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| HOUSING & HOMELESS COALITION OF SYRACUSE AND ONONDAGA COUNTY - 580 S SALINA ST - SYRACUSE, NY 13202 | 99-5105768 | | 50,000. | 0. | | | PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| HOUSING VISIONS UNLIMITED, INC.<br>1201 E FAYETTE ST STE 26<br>SYRACUSE, NY 13210 | 16-1375637 | | 31,738. | 0. | | | GENERAL SUPPORT; CAPITAL SUPPORT |
| HUMANE SOCIETY OF BROWARD COUNTY<br>2070 GRIFFIN RD<br>FORT LAUDERDALE, FL 33312 | 59-6002321 | | 24,780. | 0. | | | GENERAL SUPPORT |
| IMAGE INITIATIVE<br>4465 E GENESEE ST #175<br>SYRACUSE, NY 13214 | 61-1494484 | | 5,500. | 0. | | | EVENT SUPPORT |
| IMMACULATE CONCEPTION CHURCH<br>400 SALT SPRINGS ST<br>FAYETTEVILLE, NY 13066 | 15-0532313 | | 24,000. | 0. | | | GENERAL SUPPORT |
| IN MY FATHER'S KITCHEN<br>PO BOX 11328<br>SYRACUSE, NY 13218 | 45-2777205 | | 18,200. | 0. | | | GENERAL SUPPORT |
| INDIA COMMUNITY RELIGIOUS & CULTURAL CENTER - 1990 MEADOWBROOK DR - SYRACUSE, NY 13224 | 16-1228503 | | 17,200. | 0. | | | CAPITAL SUPPORT |
| INLET VOLUNTEER EMERGENCY SERVICES, INC. - PO BOX 300 - INLET, NY 13360 | 16-1549797 | | 6,800. | 0. | | | GENERAL SUPPORT |
| INTERFAITH WORKS OF CENTRAL NEW YORK - 1010 JAMES ST - SYRACUSE, NY 13203 | 16-1064233 | | 108,345. | 0. | | | GENERAL SUPPORT; CAPITAL SUPPORT; EVENT SUPPORT; PROGRAM/PROJECT SUPPORT |
| INTERNATIONAL BOXING HALL OF FAME<br>1 HALL OF FAME DR<br>CANASTOTA, NY 13032 | 16-1229381 | | 10,000. | 0. | | | GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| INTERNATIONAL CANCER ADVOCACY NETWORK - 27 WEST MORTEN AVE - PHOENIX, AZ 85021 | 86-0818253 | | 21,500. | 0. | | | GENERAL SUPPORT; CAMPAIGN SUPPORT; PROGRAM/PROJECT SUPPORT |
| ITHACA COLLEGE ATTN: FINANCIAL AID OFFICE 953 DANB ITHACA, NY 14850 | 15-0532204 | | 8,150. | 0. | | | STUDENT SUPPORT |
| ITHACA COLLEGE/DIVISION OF ADVANCEMENT - ATTN: GIFT PROCESSING 953 DANBY RD - ITHACA, NY 14850 | 15-0532204 | | 5,500. | 0. | | | PROGRAM/PROJECT SUPPORT, STUDENT SUPPORT |
| JAMESVILLE DEWITT ECUMENICAL FOOD PANTRY - PO BOX 683 - JAMESVILLE, NY 13078 | 45-4965482 | | 10,040. | 0. | | | GENERAL SUPPORT |
| JEWISH FEDERATION OF CENTRAL NEW YORK - 5655 THOMPSON RD - DEWITT, NY 13214 | 15-0543614 | | 24,508. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| JOSEPH'S HOUSE FOR WOMEN, INC. 802 COURT ST SYRACUSE, NY 13208 | 46-2485173 | | 639,750. | 0. | | | GENERAL SUPPORT; STAFF SUPPORT; PROGRAM/PROJECT SUPPORT |
| JOURNEYS OF SOLUTION, INC 5343 SUNFLOWER DR CANANDAIGUA, NY 14424 | 26-2399434 | | 15,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| JOWONIO SCHOOL 3049 E GENESEE ST SYRACUSE, NY 13224 | 16-0981162 | | 63,068. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| JUBILEE HOMES OF SYRACUSE, INC. 119 SOUTH AVE SYRACUSE, NY 13204 | 16-1330593 | | 25,000. | 0. | | | STAFF SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| JUSTICE INNOVATION, INC.<br>120 E WASHINGTON ST STE 731<br>SYRACUSE, NY 13202 | 85-2810883 | | 80,000. | 0. | | | PROGRAM/PROJECT SUPPORT; EQUITY SUPPORT |
| KANSAS STATE UNIVERSITY<br>104 FAIRCHILD HALL<br>MANHATTAN, KS 66506 | 48-0771751 | | 8,000. | 0. | | | STUDENT SUPPORT |
| KENNETT AREA COMMUNITY SERVICE<br>PO BOX 1025<br>KENNETT SQUARE, PA 19348 | 23-2215441 | | 10,000. | 0. | | | GENERAL SUPPORT |
| KEUKA COLLEGE<br>141 CENTRAL AVE<br>KEUKA PARK, NY 14478 | | | 6,300. | 0. | | | STUDENT SUPPORT |
| KOOL KIDZ FOUNDATION, INC.<br>1816 MIDLAND AVE<br>SYRACUSE, NY 13205 | 99-1488658 | | 28,648. | 0. | | | PROGRAM/PROJECT SUPPORT; LITERACY SUPPORT |
| LAKER TRANSPORTATION PROJECT, INC.<br>PO BOX 644<br>SKANEATELES, NY 13152 | 51-0420023 | | 16,350. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT |
| LANDMARK THEATRE<br>362 S SALINA ST<br>SYRACUSE, NY 13202 | 22-2148823 | | 30,500. | 0. | | | CAMPAIGN SUPPORT; GENERAL SUPPORT |
| LE MOYNE COLLEGE<br>ATTN: BURSAR'S OFFICE 1419 SALT SPR<br>SYRACUSE, NY 13214 | 15-0545841 | | 47,210. | 0. | | | STUDENT SUPPORT; PROGRAM/PROJECT SUPPORT |
| LE MOYNE COLLEGE/OFFICE OF ADVANCEMENT - OFFICE OF ADVANCEMENT PO BOX 527 - SYRACUSE, NY 13214 | 15-0545841 | | 161,083. | 0. | | | STUDENT SUPPORT; PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| LEADERSHIP GREATER SYRACUSE<br>5703 ENTERPRISE PKWY STE C<br>EAST SYRACUSE, NY 13057 | 16-1455481 | | 6,523. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT |
| LEADNY<br>CORNELL UNIVERSITY 275B WARREN HALL<br>ITHACA, NY 14853 | 15-0532082 | | 36,870. | 0. | | | GENERAL SUPPORT |
| LEUKEMIA & LYMPHOMA SOCIETY, INC./NORTHEAST TERRITORY - PO BOX 22470 - NEW YORK, NY 10087 | 13-5644916 | | 5,100. | 0. | | | GENERAL SUPPORT |
| LIFE ACHIEVERS 308 INC<br>8510 MCNAMARA DR<br>CLAY, NY 13041 | 99-1167414 | | 13,500. | 0. | | | PROGRAM/PROJECT SUPPORT |
| LIGHT WORK VISUAL STUDIES INC<br>316 WAVERLY AVE<br>SYRACUSE, NY 13244 | 23-7385641 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| LIME HOLLOW NATURE CENTER<br>338 MCLEAN RD<br>CORTLAND, NY 13045 | 23-7339667 | | 75,000. | 0. | | | STAFF SUPPORT |
| LIMELEDGE BOTANICAL GARDEN AND ARBORETUM - 27 FENNEL ST STE B BOX 301 - SKANEATELES, NY 13152 | 93-2136653 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| LIMEN RECOVERY AND WELLNESS<br>PO BOX 1306<br>WILMINGTON, DE 19899 | 23-7029073 | | 10,000. | 0. | | | GENERAL SUPPORT |
| LINCOLN UNIVERSITY<br>1570 OLD BALTIMORE PKE<br>LINCOLN UNIVERSITY, PA 19352 | | | 7,500. | 0. | | | STUDENT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| LITERACY CNY, INC.<br>PO BOX 446<br>SYRACUSE, NY 13201 | 16-1002098 | | 20,750. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; LITERACY SUPPORT |
| LIVERPOOL PUBLIC LIBRARY<br>310 TULIP ST.<br>LIVERPOOL, NY 13088 | 16-1463853 | | 20,725. | 0. | | | PROGRAM/PROJECT SUPPORT |
| LONGHOUSE COUNCIL, BSA<br>6712 BROOKLAWN PKWY STE 108<br>SYRACUSE, NY 13211 | 16-0966978 | | 12,900. | 0. | | | GENERAL SUPPORT; EVENT SUPPORT |
| LORETTO FOUNDATION<br>700 EAST BRIGHTON AVE<br>SYRACUSE, NY 13205 | 22-2339225 | | 10,200. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| LORETTO MANAGEMENT CORPORATION<br>700 E BRIGHTON AVE<br>SYRACUSE, NY 13205 | 22-2873640 | | 39,100. | 0. | | | PROGRAM/PROJECT SUPPORT; STAFF SUPPORT |
| LOWELL UNITED METHODIST CHURCH<br>5840 LOWELL RD<br>ROME, NY 13440 | | | 12,379. | 0. | | | GENERAL SUPPORT |
| LYSANDER YOUTH HOCKEY<br>2725 WEST ENTRY RD<br>BALDWINSVILLE, NY 13027 | 22-3867307 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| MADISON COUNTY OFFICE FOR THE AGING, INC. - 138 DOMINIC BRUNO BLVD - CANASTOTA, NY 13032 | 16-1434765 | | 11,500. | 0. | | | PROGRAM/PROJECT SUPPORT |
| MADISON COUNTY PUBLIC HEALTH<br>PO BOX 605<br>WAMPSVILLE, NY 13163 | | | 40,966. | 0. | | | STAFF SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| MADISON COUNTY RURAL HEALTH COUNCIL - 2662 US RTE 20 UNIT 1 PO BOX 430 - CAZENOVIA, NY 13035 | 46-2603272 | | 57,500. | 0. | | | PROGRAM/PROJECT SUPPORT; STAFF SUPPORT |
| MAGICAL MUSICAL SQUAD C/O GRACE CHURCH 819 MADISON ST SYRACUSE, NY 13210 | 93-4277486 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| MAHARISHI GLOBAL ADMINISTRATION THROUGH NATURAL LAW - PO BOX 420440 - WASHINGTON, DC 20042 | 95-2485909 | | 50,000. | 0. | | | CAPITAL SUPPORT |
| MAKE-A-WISH FOUNDATION OF CENTRAL NEW YORK - 5005 CAMPUSWOOD DR - EAST SYRACUSE, NY 13057 | 22-2572086 | | 33,153. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| MANHATTANVILLE UNIVERSITY ADVANCEMENT OFFICE 2900 PURCHASE ST PURCHASE, NY 10577 | 13-1740469 | | 6,000. | 0. | | | STUDENT SUPPORT |
| MANLIUS PEBBLE HILL SCHOOL 5300 JAMESVILLE RD SYRACUSE, NY 13214 | 16-0973557 | | 1,709,200. | 0. | | | GENERAL SUPPORT; CAMPAIGN SUPPORT, STUDENT SUPPORT |
| MANLIUS UNITED METHODIST CHURCH PO BOX 177 MANLIUS, NY 13104 | | | 62,842. | 0. | | | GENERAL SUPPORT |
| MARCELLUS CENTRAL SCHOOL DISTRICT 2 REED PKWY MARCELLUS, NY 13108 | | | 6,000. | 0. | | | GENERAL SUPPORT; STUDENT SUPPORT |
| MARCELLUS CSD/MARCELLUS HIGH SCHOOL - 1 MUSTANG HILL - MARCELLUS, NY 13108 | | | 7,900. | 0. | | | GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| MARY NELSON YOUTH DAY FOUNDATION<br>2849 S SALINA ST<br>SYRACUSE, NY 13205 | 25-1916320 | | 22,200. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT |
| MARY, QUEEN OF PEACE PARISH<br>81 S 13TH ST<br>PITTSBURGH, PA 15203 | | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| MATTHEW HOUSE<br>43 METCALF DR<br>AUBURN, NY 13021 | 16-1591811 | | 18,489. | 0. | | | GENERAL SUPPORT |
| MAY MEMORIAL UNITARIAN UNIVERSALIST SOCIETY - 3800 E GENESEE ST - SYRACUSE, NY 13214 | | | 28,990. | 0. | | | GENERAL SUPPORT |
| MCMAHON RYAN CHILD ADVOCACY SITE<br>601 E GENESEE ST<br>SYRACUSE, NY 13202 | 16-1563195 | | 43,350. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT; EVENT SUPPORT |
| MEALS ON WHEELS OF SYRACUSE<br>300 BURT ST STE 1<br>SYRACUSE, NY 13202 | 16-0970999 | | 16,917. | 0. | | | GENERAL SUPPORT; EVENT SUPPORT |
| MERRY-GO-ROUND PLAYHOUSE<br>282 NORTH ST STE G<br>AUBURN, NY 13021 | 15-0625507 | | 30,600. | 0. | | | PROGRAM/PROJECT SUPPORT; STAFF SUPPORT |
| MICHIGAN THANKSGIVING PARADE FOUNDATION - 9500 MT. ELLIOTT STUDIO A - DETROIT, MI 48211 | 38-2460378 | | 19,000. | 0. | | | EVENT SUPPORT |
| MIDDLE TENNESSEE STATE UNIVERSITY<br>1301 EAST MAIN ST<br>MURFREESBORO, TN 37132 | 62-6005794 | | 8,900. | 0. | | | STUDENT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| MID-YORK SENIOR HOMES<br>310 MADISON LN<br>HAMILTON, NY 13346 | 16-1079834 | | 32,200. | 0. | | | CAPITAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT |
| MILLBROOK SCHOOL<br>131 MILLBROOK SCHOOL RD<br>MILLBROOK, NY 12545 | 14-1413770 | | 17,000. | 0. | | | GENERAL SUPPORT |
| MINISTRIES OF VICTORY TEMPLE<br>817 E WILLOW ST<br>SYRACUSE, NY 13203 | 76-0836354 | | 8,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| MINORITY MINDZ, INC.<br>620 MYRTLE AVE #178<br>BROOKLYN, NY 11205 | 88-2534735 | | 8,700. | 0. | | | PROGRAM/PROJECT SUPPORT |
| MISSION MAYHEM WILDLIFE<br>REHABILITATION - 1261 WILLIAMS RD<br>- HUBBARDSVILLE, NY 13355 | 85-1002141 | | 8,337. | 0. | | | CAPITAL SUPPORT |
| MOHAWK VALLEY COMMUNITY COLLEGE<br>BUSINESS OFFICE 1101 SHERMAN DR<br>UTICA, NY 13501 | | | 5,608. | 0. | | | STUDENT SUPPORT |
| MONTESSORI SCHOOL OF SYRACUSE<br>155 WALDORF PKWY<br>SYRACUSE, NY 13224 | 16-1477262 | | 105,100. | 0. | | | GENERAL SUPPORT, STUDENT<br>SUPPORT |
| MOZAIC<br>1521 CLARK STREET RD<br>AUBURN, NY 13021 | 16-1124314 | | 10,000. | 0. | | | GENERAL SUPPORT |
| MUSEUM OF SCIENCE & TECHNOLOGY<br>500 S FRANKLIN ST<br>SYRACUSE, NY 13202 | 22-3158446 | | 179,845. | 0. | | | GENREAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT;<br>SPONSORSHIP SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| MYRIAD USA<br>551 5TH AVE STE 2400<br>NEW YORK, NY 10176 | 58-2277856 | | 82,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| NASCENTIA HEALTH CHARITABLE FOUNDATION - 1050 W GENESEE ST - SYRACUSE, NY 13204 | 16-1483069 | | 6,100. | 0. | | | GENERAL SUPPORT; CAMPAIGN SUPPORT |
| NATIONAL COUNCIL OF TEACHERS OF ENGLISH - PO BOX 14054 - ST. LOUIS, MO 63178 | 37-0715886 | | 17,900. | 0. | | | GENERAL SUPPORT |
| NATIONAL MATH FOUNDATION<br>PO BOX 4226<br>ITHACA, NY 14852 | 46-1116885 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| NATIONAL PARKS CONSERVATION ASSOCIATION - 777 6TH ST NW STE 700 - WASHINGTON, DC 20001 | 53-0225165 | | 5,897. | 0. | | | GENERAL SUPPORT |
| NATIONAL TRUST FOR HISTORIC PRESERVATION - 600 14TH ST NW STE 500 - WASHINGTON, DC 20005 | 53-0210807 | | 6,250. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| NATIONAL WOMEN'S HISTORY MUSEUM<br>PO BOX 71181<br>CHARLOTTE, NC 28272 | 54-1801426 | | 5,600. | 0. | | | GENERAL SUPPORT |
| NATURAL HERITAGE TRUST/ALBANY OFFICE - 625 BROADWAY - ALBANY, NY 12207 | 16-1019635 | | 11,000. | 0. | | | PROGRAM/PROJECT SUPPORT; CAPITAL SUPPORT; GENERAL SUPPORT |
| NAZARETH UNIVERSITY<br>FINANCIAL AID OFFICE 4245 EAST AVE<br>ROCHESTER, NY 14618 | 16-0743088 | | 20,025. | 0. | | | STUDENT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| NEIGHBORHOOD INNOVATIONS, INC. 516 BURT ST SYRACUSE, NY 13202 | 27-3672698 | | 7,500. | 0. | | | GENERAL SUPPORT |
| NEW YORK ANIMAL AGRICULTURE COALITION - PO BOX 179 - PENN YAN, NY 14527 | 46-5077587 | | 28,400. | 0. | | | PROGRAM/PROJECT SUPPORT |
| NEW YORK FFA LEADERSHIP TRAINING FOUNDATION, INC. - 9340 LONG POND RD - CROGHAN, NY 13327 | 15-6012484 | | 11,300. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| NEW YORK STATE AGRICULTURAL SOCIETY FOUNDATION - 1818 LINWOOD RD - LINWOOD, NY 14486 | 27-1174254 | | 34,000. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| NEWLAND CENTER C/O NORTHSIDE LRNG CTR 501 PARK ST SYRACUSE, NY 13203 | 86-1061215 | | 7,500. | 0. | | | PROGRAM/PROJECT SUPPORT; LITERACY SUPPORT |
| NIAGARA UNIVERSITY OFFICE OF FINANCIAL AID PO BOX 2010 - NIAGARA UNIVERSITY, NY 14109 | 16-0755807 | | 12,500. | 0. | | | STUDENT SUPPORT |
| NORTH SIDE LEARNING CENTER OF SYRACUSE - 501 PARK ST - SYRACUSE, NY 13203 | 27-1357086 | | 60,200. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; LITERACY SUPPORT |
| NORTHEAST COOPERATIVE COUNCIL C/O NICOLE TOMMELL, EXEC SEC/TREAS, 1942 HICKORY HILL RD - FONDA, NY 12068 | 16-6039213 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| NORTHERN NEW YORK COMMUNITY FOUNDATION - 131 WASHINGTON ST - WATERTOWN, NY 13601 | 15-6020989 | | 28,000. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; STUDENT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| NUTRITION EDUCATION FOR ALL<br>7 ONONDAGA ST<br>SKANEATELES, NY 13152 | 92-2489188 | | 6,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| OLD FORGE VOLUNTEER AMBULANCE CORPS, INC. - 2946 STATE ROUTE 28 - OLD FORGE, NY 13420 | 20-5680571 | | 6,750. | 0. | | | GENERAL SUPPORT |
| ON POINT FOR COLLEGE<br>224 HARRISON ST STE 603<br>SYRACUSE, NY 13202 | 16-1569356 | | 155,825. | 0. | | | GENERAL SUPPORT; EVENT SUPPORT; EQUITY SUPPORT; CAMPAIGN SUPPORT |
| ONEIDA COMMUNITY MANSION HOUSE<br>170 KENWOOD AVE<br>ONEIDA, NY 13421 | 22-2825570 | | 31,929. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| ONEIDA HEALTH FOUNDATION<br>321 GENESEE ST<br>ONEIDA, NY 13421 | 23-7072767 | | 20,000. | 0. | | | STAFF SUPPORT; GENERAL SUPPORT |
| ONONDAGA COMMUNITY COLLEGE STUDENT ACCOUNTS - GORDON CENTER 4585 W SENECA TPKE RM 220 - SYRACUSE, NY 13 | | | 246,306. | 0. | | | STUDENT SUPPORT |
| ONONDAGA COMMUNITY COLLEGE FOUNDATION, INC. - 4585 W SENECA TPKE - SYRACUSE, NY 13215 | 22-2318303 | | 54,534. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; EVENT SUPPORT |
| ONONDAGA COUNTY PUBLIC LIBRARY CENTRAL LIBRARY & ADMINISTRATIVE OFFICES 447 S SALINA ST - SYRACUSE, NY 1320 | 16-1442268 | | 8,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| ONONDAGA COUNTY/DEPARTMENT OF CHILD & FAMILY SERVICES - 421 MONTGOMERY ST FL 7 - SYRACUSE, NY 13202 | | | 1,500,000. | 0. | | | PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| ONONDAGA HISTORICAL ASSOCIATION<br>321 MONTGOMERY ST<br>SYRACUSE, NY 13202 | 15-0533554 | | 39,880. | 0. | | | GENERAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT;<br>SPONSORSHIP SUPPORT |
| OSWEGO COUNTY CITI/BOCES<br>179 COUNTY ROUTE 64<br>MEXICO, NY 13114 | | | 9,180. | 0. | | | PROGRAM/PROJECT SUPPORT;<br>SPONSORSHIP SUPPORT;<br>CAPITAL SUPPORT |
| OSWEGO HEALTH FOUNDATION<br>110 W 6TH ST<br>OSWEGO, NY 13126 | 80-0822020 | | 10,027. | 0. | | | GENERAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT;<br>EVENT SUPPORT |
| OUR LADY OF THE SNOW<br>299 CLARK ST<br>AUBURN, NY 13021 | | | 50,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| OWASCO WATERSHED LAKE ASSOCIATION, INC. - PO BOX 1 - AUBURN, NY 13021 | 22-2921543 | | 6,200. | 0. | | | GENERAL SUPPORT |
| PAIGE'S BUTTERFLY RUN<br>50 PRESIDENTIAL PLZ STE LL3<br>SYRACUSE, NY 13202 | 52-2154937 | | 21,500. | 0. | | | GENERAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT |
| PARK CENTRAL PRESBYTERIAN CHURCH<br>504 E FAYETTE ST<br>SYRACUSE, NY 13202 | | | 16,260. | 0. | | | GENERAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT |
| PARKS & TRAILS NEW YORK<br>1 STEUBEN PL<br>ALBANY, NY 12207 | 14-1753475 | | 5,500. | 0. | | | GENERAL SUPPORT |
| PEACE ACTION FUND OF NEW YORK STATE, INC. - CHURCH STREET STATION PO BOX 3357 - NEW YORK, NY 10008 | 01-0885806 | | 8,275. | 0. | | | EVENT SUPPORT |

**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.<br>217 S SALINA ST FL 2<br>SYRACUSE, NY 13202 | 16-6095039 | | 8,145. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| PENN STATE UNIVERSITY<br>BURSAR OFF. 103 SHIELDS BLDG 664<br>CURTIN RD - UNIVERSITY PARK, PA<br>16802 | | | 20,600. | 0. | | | STUDENT SUPPORT |
| PEOPLE IN ACTION FOR CULTURAL ENRICHMENT - 110 ROYCROFT RD -<br>SYRACUSE, NY 13214 | 37-1659452 | | 8,540. | 0. | | | GENERAL SUPPORT |
| PGR FOUNDATION, INC.<br>C/O DEBRA MCCLENDON-BODDIE 121<br>TILDEN DR - EAST SYRACUSE, NY<br>13057 | 47-2407532 | | 6,600. | 0. | | | PROGRAM/PROJECT SUPPORT; EVENT SUPPORT |
| PLANNED PARENTHOOD FEDERATION OF AMERICA - PO BOX 97166 -<br>WASHINGTON, DC 20090 | 13-1644147 | | 8,550. | 0. | | | GENERAL SUPPORT |
| PLANNED PARENTHOOD OF CENTRAL AND WESTERN NEW YORK - 114 UNIVERSITY AVE - ROCHESTER, NY 14605 | 16-0746860 | | 16,677. | 0. | | | GENERAL SUPPORT |
| POINT BLUE CONSERVATION SCIENCE<br>3820 CYPRESS DR STE 11<br>PETALUMA, CA 94954 | 94-1594250 | | 102,800. | 0. | | | GENERAL SUPPORT |
| PRESERVE THE BLACK CHILD<br>515 CORTLAND AVE<br>SYRACUSE, NY 13205 | 87-3280521 | | 5,500. | 0. | | | EVENT SUPPORT; PROGRAM/PROJECT SUPPORT |
| PRIDE COMMUNITY CENTER OF CNY INC<br>PO BOX 6608<br>SYRACUSE, NY 13217 | 16-1492433 | | 18,000. | 0. | | | PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| PROJECT HOPE FOR THE CHILDREN, INC. - 6983 CHASE RD - FABIUS, NY 13063 | 46-5762403 | | 7,000. | 0. | | | GENERAL SUPPORT |
| PROVIDENCE COLLEGE/OFFICE OF INSTITUTIONAL ADVANCEMENT - 1 CUNNINGHAM SQ - PROVIDENCE, RI 02918 | 05-0258932 | | 30,000. | 0. | | | GENERAL SUPPORT |
| PROVIDING OTHERS WITH EMPOWERED RESOURCES - 504 E FAYETTE ST - SYRACUSE, NY 13202 | 88-3682068 | | 20,000. | 0. | | | PROGRAM/PROJECT SUPPORT; EQUITY SUPPORT |
| PULASKI ACADEMY & CENTRAL SCHOOLS DISTRICT OFFICE 2 HINMAN RD PULASKI, NY 13142 | | | 27,050. | 0. | | | GENERAL SUPPORT; STUDENT SUPPORT |
| REACH CNY, INC. 1010 JAMES ST SYRACUSE, NY 13203 | 16-1498021 | | 11,094. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| REDHOUSE ARTS CENTER PO BOX 603 SYRACUSE, NY 13201 | 22-2366669 | | 731,400. | 0. | | | GENERAL SUPPORT; CAPITAL SUPPORT; SPONSORSHIP SUPPORT |
| REFUGEE & IMMIGRANT SELF-EMPOWERMENT - PO BOX 11338 - SYRACUSE, NY 13218 | 20-2873332 | | 8,200. | 0. | | | PROGRAM/PROJECT SUPPORT |
| REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK, INC. - 965 ALBANY-SHAKER RD - LATHAM, NY 12110 | 22-2470885 | | 6,000. | 0. | | | GENERAL SUPPORT |
| RENSSELAER POLYTECHNIC INSTITUTE 110 8TH ST TROY, NY 12180 | | | 19,500. | 0. | | | STUDENT SUPPORT; GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| RESCUE ME RANCH FOUNDATION, INC.<br>7322 PARCELL RD<br>AUBURN, NY 13021 | 87-2052361 | | 58,000. | 0. | | | GENERAL SUPPORT |
| RISE ABOVE POVERTY, INC.<br>600 W GENESEE ST<br>SYRACUSE, NY 13204 | 82-5169763 | | 9,770. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| RIVER HOSPITAL<br>4 FULLER ST<br>ALEXANDRIA BAY, NY 13607 | 81-0600548 | | 14,000. | 0. | | | SPONSORSHIP SUPPORT; GENERAL SUPPORT |
| RIVERS WAY, INC.<br>1227 VOLUNTEER PKWY STE 520<br>BRISTOL, TN 37620 | 62-1542726 | | 34,500. | 0. | | | GENERAL SUPPORT |
| ROAD TO EMMAUS MINISTRY<br>PO BOX 15224<br>SYRACUSE, NY 13215 | 81-2536179 | | 112,750. | 0. | | | GENERAL SUPPORT, PROGRAM/PROJECT SUPPORT; SPONSORSHIP SUPPORT |
| ROCHESTER INSTITUTE OF TECHNOLOGY<br>56 LOMB MEMORIAL DR<br>ROCHESTER, NY 14623 | | | 70,000. | 0. | | | STUDENT SUPPORT |
| RONALD MCDONALD HOUSE CHARITIES OF MAINE - 250 BRACKETT ST -<br>PORTLAND, ME 04102 | 01-0448263 | | 6,000. | 0. | | | GENERAL SUPPORT |
| RONALD MCDONALD HOUSE OF CNY<br>1100 E GENESEE ST<br>SYRACUSE, NY 13210 | 22-2371193 | | 83,925. | 0. | | | GENERAL SUPPORT; EVENT SUPPORT; PROGRAM/PROJECT SUPPORT |
| ROSA MYSTICA HOUSE OF PRAYER<br>484 ANGEL HILL RD<br>EDMESTON, NY 13335 | | | 28,000. | 0. | | | GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| ROTARY FOUNDATION OF ROTARY INTERNATIONAL - 14280 COLLECTIONS CENTER DR - CHICAGO, IL 60693 | 36-3245072 | | 82,047. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| RURAL AND MIGRANT MINISTRY OF OSWEGO COUNTY, INC. - 15 STEWART ST - RICHLAND, NY 13144 | 16-1572700 | | 7,200. | 0. | | | PROGRAM/PROJECT SUPPORT |
| SAINTS MARY & MARTHA PARISH 299 CLARK ST AUBURN, NY 13021 | | | 350,000. | 0. | | | GENERAL SUPPORT; CAPITAL SUPPORT |
| SALVATION ARMY OF CORTLAND PO BOX 781 CORTLAND, NY 13045 | 13-5562351 | | 22,000. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| SALVATION ARMY OF SYRACUSE 677 S SALINA ST STE 100 SYRACUSE, NY 13202 | 13-5562351 | | 116,137. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; SPONSORSHIP SUPPORT |
| SAMARITAN CENTER, INC. 215 N STATE ST SYRACUSE, NY 13203 | 16-1328786 | | 61,965. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; EVENT SUPPORT |
| SAMUEL & LYDIA CLARK FOUNDATION 213 CANNON ST SYRACUSE, NY 13205 | 16-1506096 | | 38,164. | 0. | | | CAPITAL SUPPORT |
| SANDY CREEK CENTRAL HIGH SCHOOL PO BOX 248 SANDY CREEK, NY 13145 | | | 19,250. | 0. | | | GENERAL SUPPORT |
| SARAH'S GUEST HOUSE, INC. 100 ROBERTS AVE SYRACUSE, NY 13207 | 16-1426336 | | 19,986. | 0. | | | CAMPAIGN SUPPORT; GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| SCHEPENS EYE RESEARCH INSTITUTE<br>20 STANIFORD ST<br>BOSTON, MA 02114 | 04-2129889 | | 11,975. | 0. | | | GENERAL SUPPORT |
| SCHWEINFURTH ART CENTER<br>205 GENESEE ST<br>AUBURN, NY 13021 | 16-1097876 | | 6,600. | 0. | | | GENERAL SUPPORT |
| SEED SYRACUSE, INC.<br>484 S SALINA ST STE 201<br>SYRACUSE, NY 13202 | 88-3376759 | | 50,000. | 0. | | | CAPITAL SUPPORT |
| SENOREH, INC.<br>41 MISTY PINE RD<br>FAIRPORT, NY 14450 | 33-2653874 | | 7,500. | 0. | | | PROGRAM/PROJECT SUPPORT |
| SEWARD HOUSE MUSEUM<br>33 SOUTH ST<br>AUBURN, NY 13021 | 26-2321872 | | 13,100. | 0. | | | PROGRAM/PROJECT SUPPORT; CAPITAL SUPPORT; GENERAL SUPPORT; STAFF SUPPORT |
| SEYMOUR PUBLIC LIBRARY DISTRICT<br>176 GENESEE ST<br>AUBURN, NY 13021 | 16-1460484 | | 9,630. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| SHERBURNE-EARLVILLE CENTRAL SCHOOL DISTRICT - 15 SCHOOL ST -<br>SHERBURNE, NY 13460 | | | 21,500. | 0. | | | GENERAL SUPPORT |
| SHRINERS HOSPITAL FOR CHILDREN<br>OFF. OF DEV. 2900 N ROCKY POINT DR<br>TAMPA, FL 33607 | 36-2193608 | | 12,250. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| SIENA UNIVERSITY<br>515 LOUDON RD<br>LOUDONVILLE, NY 12211 | 14-1338498 | | 44,104. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| SINGING SOULUTIONS<br>111 CIRCLE RD<br>SYRACUSE, NY 13210 | 99-3994089 | | 39,800. | 0. | | | GENERAL SUPPORT |
| SISTERS OF ST. FRANCIS OF THE NEUMANN COMMUNITIES - 225 GREENFIELD PKWY STE 208 - LIVERPOOL, NY 13088 | 20-4292535 | | 15,200. | 0. | | | GENERAL SUPPORT |
| SKANEATELES AMBULANCE VOLUNTEER EMERGENCY SERVICE, INC. - 77 FENNELL ST - SKANEATELES, NY 13152 | 16-6088614 | | 5,550. | 0. | | | GENERAL SUPPORT |
| SKANEATELES FESTIVAL<br>97 EAST GENESEE ST<br>SKANEATELES, NY 13152 | 22-2317577 | | 40,712. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| SKANEATELES HISTORICAL SOCIETY<br>28 HANNUM ST<br>SKANEATELES, NY 13152 | 23-7339639 | | 11,785. | 0. | | | GENERAL SUPPORT |
| SKANEATELES LAKE ASSOCIATION<br>PO BOX 862<br>SKANEATELES, NY 13152 | 23-7045486 | | 7,700. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| SKANEATELES LIBRARY ASSOCIATION<br>49 E GENESEE ST<br>SKANEATELES, NY 13152 | 15-0533566 | | 58,250. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; CAPITAL SUPPORT |
| SKANEATELES RECREATIONAL CHARITABLE TRUST - C/O 50 STATE, LLC 11 FENNELL ST STE 1 - SKANEATELES, NY 13152 | 16-1556744 | | 8,400. | 0. | | | GENERAL SUPPORT |
| SKIDMORE COLLEGE<br>815 N BROADWAY<br>SARATOGA SPRINGS, NY 12866 | 14-1338562 | | 5,200. | 0. | | | STUDENT SUPPORT; CAMPAIGN SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| SLEEP IN HEAVENLY PEACE, INC.<br>669 W QUINN RD BLDG 2<br>POCATELLO, ID 83328 | 46-4346568 | | 11,000. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| SMITHFIELD COMMUNITY ASSOCIATION<br>PO BOX 6<br>PETERBORO, NY 13134 | 16-1422788 | | 54,800. | 0. | | | CAPITAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| SOLVAY DOLLARS FOR SCHOLARS<br>C/O PLANNED RESULTS, 400 SPENCER ST<br>SYRACUSE, NY 13204 | 04-2296967 | | 5,500. | 0. | | | STUDENT SUPPORT |
| SOUTH SIDE COMMUNITY GROWTH FOUNDATION - PO BOX 12107 -<br>SYRACUSE, NY 13218 | 93-4398055 | | 456,975. | 0. | | | GENERAL SUPPORT |
| SOUTHERN CAYUGA CENTRAL SCHOOL DISTRICT - 2384 STATE RTE 34B -<br>AURORA, NY 13026 | 16-0875766 | | 5,500. | 0. | | | PROGRAM/PROJECT SUPPORT; EVENT SUPPORT |
| SPAFFORD AREA HISTORICAL SOCIETY<br>PO BOX 250<br>MARIETTA, NY 13110 | 16-1341026 | | 5,950. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| SPANISH ACTION LEAGUE OF ONONDAGA COUNTY, INC. - 700 OSWEGO ST -<br>SYRACUSE, NY 13204 | 16-1023352 | | 10,333. | 0. | | | PROGRAM/PROJECT SUPPORT; EQUITY SUPPORT |
| SPECIAL OLYMPICS NEW YORK CENTRAL REGION - 6315 FLY RD STE 2 - EAST<br>SYRACUSE, NY 13057 | 23-7061382 | | 6,400. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| SPIRITUAL RENEWAL CENTER<br>1342 LANCASTER AVE<br>SYRACUSE, NY 13210 | 22-2296810 | | 15,800. | 0. | | | GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| SPRING LAKE RANCH, INC.<br>1169 SPRING LAKE RD<br>CUTTINGSVILLE, VT 05738 | 03-0200366 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| ST. ANNE MOTHER OF MARY CATHOLIC CHURCH - 5863 SCENIC AVE -<br>MEXICO, NY 13114 | 15-0563552 | | 10,500. | 0. | | | PROGRAM/PROJECT SUPPORT |
| ST. BONAVENTURE UNIVERSITY<br>OFFICE OF FINANCIAL AID PO BOX 2449<br>ST BONAVENTURE, NY 14778 | 16-0743150 | | 11,500. | 0. | | | STUDENT SUPPORT |
| ST. DAVID'S EPISCOPAL CHURCH<br>PO BOX 261<br>SYRACUSE, NY 13214 | | | 7,140. | 0. | | | GENERAL SUPPORT |
| ST. JAMES CHURCH OF CAZENOVIA<br>6 GREEN ST<br>CAZENOVIA, NY 13035 | | | 107,300. | 0. | | | GENERAL SUPPORT;<br>PROGRAM/PROJECT SUPPORT |
| ST. JAMES EPISCOPAL CHURCH OF SKANEATELES - 96 E GENESEE ST -<br>SKANEATELES, NY 13152 | | | 15,000. | 0. | | | GENERAL SUPPORT |
| ST. JOHN FISHER UNIVERSITY<br>3690 EAST AVE<br>ROCHESTER, NY 14618 | 16-0746864 | | 19,150. | 0. | | | STUDENT SUPPORT |
| ST. JOSEPH'S COLLEGE OF NURSING<br>206 PROSPECT AVE<br>SYRACUSE, NY 13203 | 20-2497520 | | 5,333. | 0. | | | STUDENT SUPPORT; GENERAL SUPPORT |
| ST. JOSEPH'S HOSPITAL HEALTH CENTER - 973 JAMES ST STE 250 -<br>SYRACUSE, NY 13203 | 15-0532254 | | 38,044. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT |

**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. JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION - 973 JAMES ST STE 250 - SYRACUSE, NY 13203 | 22-2149775 | | 6,000. | 0. | | | STUDENT SUPPORT; PROGRAM/PROJECT SUPPORT |
| ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105 | 62-0646012 | | 36,882. | 0. | | | GENERAL SUPPORT |
| ST. MARK'S LUTHERAN CHURCH PO BOX 381 BALDWINSVILLE, NY 13027 | 16-1202100 | | 8,800. | 0. | | | PROGRAM/PROJECT SUPPORT |
| ST. MARY OF THE ASSUMPTION 47 SYRACUSE ST BALDWINSVILLE, NY 13027 | | | 15,108. | 0. | | | CAMPAIGN SUPPORT; CAPITAL SUPPORT |
| ST. MARY'S CHURCH OF AUBURN 299 CLARK ST AUBURN, NY 13021 | | | 250,000. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT |
| ST. PATRICK'S SCHOOL 354 ELIZABETH ST ONEIDA, NY 13421 | 36-4461135 | | 25,000. | 0. | | | CAPITAL SUPPORT |
| ST. ROSE OF LIMA CHURCH 407 S MAIN ST NORTH SYRACUSE, NY 13212 | | | 14,000. | 0. | | | GENERAL SUPPORT; STUDENT SUPPORT |
| ST. THOMAS MORE FOUNDATION 110 WALNUT PL SYRACUSE, NY 13210 | 15-0532237 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| STEM FROM DANCE 169 MADISON AVE STE 11956 NEW YORK, NY 10016 | 46-1793936 | | 50,000. | 0. | | | PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BLVD - STATEN ISLAND, NY 10306 | 02-0554654 | | 14,500. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| STONE QUARRY HILL ART PARK, INC. PO BOX 251 CAZENOVIA, NY 13035 | 16-1406217 | | 105,100. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| SULLIVAN FREE LIBRARY 101 FALLS BLVD CHITTENANGO, NY 13037 | 23-7259944 | | 20,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| SUNSHINE HORSES 3721 VERPLANK RD CLAY, NY 13041 | 43-2046806 | | 21,390. | 0. | | | PROGRAM/PROJECT SUPPORT; CAMPAIGN SUPPORT; GENERAL SUPPORT |
| SUNY ALFRED STATE 10 UPPER COLLEGE DR ALFRED, NY 14802 | | | 6,000. | 0. | | | STUDENT SUPPORT |
| SUNY BROCKPORT OFFICE OF STUDENT ACCOUNTS & ACCOUNTING 350 NEW CAMPUS DR - BROCKPORT, NY 14 | | | 25,762. | 0. | | | STUDENT SUPPORT |
| SUNY BROOME COMMUNITY COLLEGE PO BOX 1017 BINGHAMTON, NY 13902 | | | 6,000. | 0. | | | STUDENT SUPPORT |
| SUNY BUFFALO STATE UNIVERSITY FINANCIAL AID OFFICE, MOOT HALL 230 1300 ELMWOOD AVE - BUFFALO, NY 14222 | | | 40,332. | 0. | | | STUDENT SUPPORT |
| SUNY CANTON 34 CORNELL DR CANTON, NY 13617 | | | 6,188. | 0. | | | STUDENT SUPPORT |

**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 COLLEGE OF ESF<br>FINANCIAL AID OFFICE - BRAY HALL 1<br>FORESTRY DR RM 113 - SYRACUSE, NY<br>13210 | 15-6023443 | | 21,542. | 0. | | | STUDENT SUPPORT |
| SUNY COLLEGE OF OPTOMETRY<br>FOUNDATION - 33 WEST 42ND ST -<br>NEW YORK, NY 10036 | 13-1819472 | | 29,100. | 0. | | | GENERAL SUPPORT |
| SUNY CORTLAND<br>PO BOX 2000<br>CORTLAND, NY 13045 | | | 11,424. | 0. | | | STUDENT SUPPORT |
| SUNY FREDONIA<br>STUDENT ACCOUNTS OFFICE G140<br>WILLIAMS CENTER - FREDONIA, NY<br>14063 | | | 6,190. | 0. | | | STUDENT SUPPORT |
| SUNY GENESEO<br>STUDENT ACCOUNTS OFF. - ERWIN HALL<br>1 COLLEGE CIR RM 103 - GENESEO, NY<br>14454 | | | 39,018. | 0. | | | STUDENT SUPPORT |
| SUNY MORRISVILLE<br>STUDENT ACCOUNTS OFFICE PO BOX 901<br>MORRISVILLE, NY 13408 | | | 11,361. | 0. | | | STUDENT SUPPORT |
| SUNY NEW PALTZ<br>400 HAWK DR<br>NEW PALTZ, NY 12561 | | | 9,494. | 0. | | | STUDENT SUPPORT |
| SUNY ONEONTA<br>STUDENT ACCOUNTS OFFICE 240 NETZER<br>ADMINISTRATION BLDG - ONEONTA, NY<br>13820 | | | 7,642. | 0. | | | STUDENT SUPPORT |
| SUNY OSWEGO<br>STUDENT ACCOUNTS 408 CULKIN HALL<br>7060 STATE ROUTE 104 - OSWEGO, NY<br>13126 | | | 57,747. | 0. | | | STUDENT SUPPORT |

**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 POLYTECHNIC INSTITUTE<br>BURSAR OFFICE 100 SEYMOUR RD<br>UTICA, NY 13502 | | | 5,407. | 0. | | | STUDENT SUPPORT |
| SUNY POTSDAM<br>STUDENT ACCOUNTS OFFICE 44 PIERREPO<br>POTSDAM, NY 13676 | | | 12,328. | 0. | | | STUDENT SUPPORT |
| SUNY STONY BROOK<br>STONY BROOK UNION STE 208<br>STONY BROOK, NY 11794 | | | 7,080. | 0. | | | STUDENT SUPPORT |
| SUNY UPSTATE MEDICAL<br>UNIV/EMERGENCY MEDICINE - 750 EAST<br>ADAMS ST - SYRACUSE, NY 13210 | 16-1502502 | | 13,000. | 0. | | | GENERAL SUPPORT |
| SWARTHMORE COLLEGE<br>500 COLLEGE AVE STE 2<br>SWARTHMORE, PA 19081 | | | 10,000. | 0. | | | STUDENT SUPPORT |
| SYRACUSE CENTER FOR PEACE AND<br>SOCIAL JUSTICE - 2013 E GENESEE ST<br>- SYRACUSE, NY 13210 | 56-2623904 | | 15,315. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT |
| SYRACUSE CITY BALLET<br>PO BOX 12198<br>SYRACUSE, NY 13218 | 16-1530816 | | 30,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| SYRACUSE CITY SCHOOL DISTRICT<br>725 HARRISON ST<br>SYRACUSE, NY 13210 | 15-6010157 | | 236,047. | 0. | | | CAPITAL SUPPORT; SPONSORSHIP SUPPORT; GENERAL SUPPORT, STUDENT SUPPORT |
| SYRACUSE CITY VOLLEYBALL CLUB<br>205 DEWITT RD<br>SYRACUSE, NY 13214 | 93-4839641 | | 19,993. | 0. | | | PROGRAM/PROJECT SUPPORT |

**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 FILM CENTER, INC.<br>804 WESTMORELAND AVE<br>SYRACUSE, NY 13210 | 82-2563192 | | 40,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| SYRACUSE HOST LIONS CLUB<br>PO BOX 2117<br>LIVERPOOL, NY 13089 | 23-7282472 | | 33,200. | 0. | | | GENERAL SUPPORT; CAPITAL SUPPORT |
| SYRACUSE INNER CITY ROTARY CLUB<br>PO BOX 328<br>SYRACUSE, NY 13205 | 33-1027677 | | 13,900. | 0. | | | EVENT SUPPORT; GENERAL SUPPORT |
| SYRACUSE MODEL NEIGHBORHOOD FACILITY - 401-425 SOUTH AVE -<br>SYRACUSE, NY 13204 | 23-7376077 | | 40,250. | 0. | | | PROGRAM/PROJECT SUPPORT; CAPITAL SUPPORT |
| SYRACUSE NORTHEAST COMMUNITY CENTER - 716 HAWLEY AVE -<br>SYRACUSE, NY 13203 | 16-1116632 | | 40,000. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| SYRACUSE ORCHESTRA<br>PO BOX 1161<br>SYRACUSE, NY 13201 | 46-1080817 | | 99,050. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; CAMPAIGN SUPPORT |
| SYRACUSE PARKS CONSERVANCY<br>PO BOX 11384<br>SYRACUSE, NY 13218 | 27-1737900 | | 10,060. | 0. | | | PROGRAM/PROJECT SUPPORT |
| SYRACUSE RESCUE MISSION ALLIANCE<br>155 GIFFORD ST<br>SYRACUSE, NY 13202 | 15-0532146 | | 188,584. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT |
| SYRACUSE STAGE<br>820 E GENESEE ST<br>SYRACUSE, NY 13210 | 15-0623468 | | 194,129. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT; CAPITAL SUPPORT |

**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 STEM NSBE INC.<br>220 MILBURN DR<br>SYRACUSE, NY 13207 | 93-4780490 | | 36,500. | 0. | | | PROGRAM/PROJECT SUPPORT |
| SYRACUSE UNIVERSITY<br>FINANCIAL AID OFF. 200 BOWNE HALL<br>SYRACUSE, NY 13244 | 15-0532081 | | 22,860. | 0. | | | STUDENT SUPPORT |
| SYRACUSE UNIVERSITY - WAER-FM<br>795 OSTROM AVE<br>SYRACUSE, NY 13210 | 15-0532081 | | 8,100. | 0. | | | GENERAL SUPPORT |
| SYRACUSE UNIVERSITY/ADVANCEMENT & EXTERNAL AFFAIRS - 640 SKYTOP RD FL 2 - SYRACUSE, NY 13244 | 15-0532081 | | 135,308. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT; STUDENT SUPPORT |
| SYRACUSE UNIVERSITY/COLLEGE OF ENGINEERING & COMPUTER SCIENCE - 223 LINK HALL - SYRACUSE, NY 13244 | 15-0532081 | | 46,100. | 0. | | | GENERAL SUPPORT |
| SYRACUSE UNIVERSITY/MAXWELL POLICY RESEARCH - 426 EGGERS HALL - SYRACUSE, NY 13244 | 15-0532081 | | 15,700. | 0. | | | GENERAL SUPPORT |
| SYRACUSE UNIVERSITY/OFFICE OF SPONSORED ACCOUNTING - 211 LYMAN HALL - SYRACUSE, NY 13244 | 15-0532081 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| SYRACUSE-ONONDAGA FOOD SYSTEMS ALLIANCE - 324 UNIVERSITY AVE - SYRACUSE, NY 13210 | 99-3531633 | | 51,750. | 0. | | | PROGRAM/PROJECT SUPPORT |
| TEMPLE SOCIETY OF CONCORD<br>450 KIMBER RD<br>SYRACUSE, NY 13224 | 15-0545840 | | 10,606. | 0. | | | GENERAL SUPPORT |

**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 ARC JEFFERSON - ST. LAWRENCE FOUNDATION - PO BOX 41 - WATERTOWN, NY 13601 | 46-3257180 | | 15,000. | 0. | | | EVENT SUPPORT; GENERAL SUPPORT |
| THE BARROW GALLERY 49 E GENESEE ST SKANEATELES, NY 13152 | 22-2260222 | | 11,150. | 0. | | | GENERAL SUPPORT |
| THE CORA FOUNDATION PO BOX 6865 SYRACUSE, NY 13217 | 16-1263983 | | 32,570. | 0. | | | GENERAL SUPPORT |
| THE DESENS HOUSE, INC. 340 W 1ST ST OSWEGO, NY 13126 | 84-3163618 | | 8,500. | 0. | | | PROGRAM/PROJECT SUPPORT |
| THE FIRST BAPTIST CHURCH OF BALDWINSVILLE - 22 SYRACUSE ST - BALDWINSVILLE, NY 13027 | | | 49,904. | 0. | | | GENERAL SUPPORT |
| THE FIRST TEE OF SYRACUSE 5050 JAMESVILLE RD JAMESVILLE, NY 13078 | 26-0504848 | | 84,500. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| THE FUND FOR AMERICAN STUDIES 1706 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009 | 13-6223604 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| THE READING LEAGUE 103 WYOMING ST FL 2 SYRACUSE, NY 13204 | 81-0820021 | | 219,800. | 0. | | | GENERAL SUPPORT |
| TILLIE'S TOUCH 111 PATTON AVE EAST SYRACUSE, NY 13057 | 45-1489903 | | 41,929. | 0. | | | CAPITAL SUPPORT; PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| TOMPKINS CHARITABLE GIFT FUND<br>PO BOX 6639<br>ITHACA, NY 14851 | 16-1575921 | | 2,130,029. | 0. | | | GENERAL SUPPORT |
| TOWN OF LYSANDER/PARKS & RECREATION - 8220 LOOP RD - BALDWINSVILLE, NY 13027 | | | 7,481. | 0. | | | PROGRAM/PROJECT SUPPORT |
| TRUSTEES OF DARTMOUTH COLLEGE<br>GIFT RECORDING OFFICE 6066<br>DEVELOPMENT OFFICE - HANOVER, NH 03755 | 02-0222111 | | 6,000. | 0. | | | GENERAL SUPPORT |
| TUG HILL TOMORROW LAND TRUST<br>120 WASHINGTON ST STE 510<br>WATERTOWN, NY 13601 | 22-3115498 | | 38,150. | 0. | | | PROGRAM/PROJECT SUPPORT |
| TULLY HILL FOUNDATION<br>PO BOX 1116<br>TULLY, NY 13159 | 22-3206976 | | 13,600. | 0. | | | GENERAL SUPPORT; PROGRAM/PROJECT SUPPORT; EVENT SUPPORT |
| UNION COLLEGE<br>OFFICE OF COLLEGE RELATIONS - ABBE HALL 807 UNION ST - SCHENECTADY, NY 12308 | 14-1338580 | | 13,000. | 0. | | | STUDENT SUPPORT |
| UNITE AMERICA INSTITUTE, INC.<br>1600 LINCOLN ST STE 1550<br>DENVER, CO 80264 | 27-3001286 | | 10,000. | 0. | | | GENERAL SUPPORT |
| UNITED METHODIST COMMITTEE ON RELIEF - GPO PO BOX 9068 - NEW YORK, NY 10087 | 13-5562279 | | 12,379. | 0. | | | GENERAL SUPPORT |
| UNITED WAY OF CENTRAL NEW YORK<br>980 JAMES ST<br>SYRACUSE, NY 13203 | 15-0532073 | | 485,189. | 0. | | | GENERAL SUPPORT; CAMPAIGN SUPPORT; STAFF SUPPORT; PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| UNITED WAY OF INDIAN RIVER COUNTY<br>PO BOX 1960<br>VERO BEACH, FL 32961 | 59-1087090 | | 10,000. | 0. | | | GENERAL SUPPORT |
| UNITY HOUSE OF CAYUGA COUNTY<br>217 GENESEE ST STE 14<br>AUBURN, NY 13021 | 16-1081372 | | 100,650. | 0. | | | PROGRAM/PROJECT SUPPORT;<br>GENERAL SUPPORT |
| UNIVERSITY AT ALBANY<br>SFS, CAMPUS CTR G26 1400 WASH. AVE<br>ALBANY, NY 12222 | | | 50,678. | 0. | | | STUDENT SUPPORT |
| UNIVERSITY AT BUFFALO<br>STUDENT ACCOUNTS OFF. 1 CAPEN HALL<br>BUFFALO, NY 14260 | | | 104,835. | 0. | | | STUDENT SUPPORT |
| UNIVERSITY OF CONNECTICUT<br>233 GLENBROOK RD UNIT 4100<br>STORRS, CT 06269 | | | 10,000. | 0. | | | STUDENT SUPPORT |
| UNIVERSITY OF DAYTON<br>OFFICE OF ANNUAL GIVING 300 COLLEGE<br>DAYTON, OH 45469 | 31-0536715 | | 80,797. | 0. | | | GENERAL SUPPORT |
| UNIVERSITY OF MICHIGAN<br>GIFT AND RECORDS 3003 S STATE ST ST<br>ANN ARBOR, MI 48109 | 38-6006309 | | 5,500. | 0. | | | STUDENT SUPPORT;<br>PROGRAM/PROJECT SUPPORT |
| UNIVERSITY OF NOTRE DAME<br>OFFICE OF FINANCIAL AID 128<br>MCKENNA HALL - NOTRE DAME, IN<br>46556 | 35-0868188 | | 8,000. | 0. | | | STUDENT SUPPORT |
| UNIVERSITY OF NOTRE<br>DAME/DEPARTMENT OF DEVELOPMENT -<br>1100 GRACE HALL - NOTRE DAME, IN<br>46556 | 35-0868188 | | 10,590. | 0. | | | PROGRAM/PROJECT SUPPORT;<br>GENERAL SUPPORT |

**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 ROCHESTER BURSAR'S OFFICE 330 MELIORA HALL PO BOX 270037 - ROCHESTER, NY 14627 | 16-0743209 | | 8,400. | 0. | | | STUDENT SUPPORT |
| UPSTATE FOUNDATION 750 E ADAMS ST SYRACUSE, NY 13210 | 16-1068101 | | 5,244,338. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| UPSTATE MEDICAL ALUMNI FOUNDATION 750 E ADAMS ST SETNOR STE 1510 SYRACUSE, NY 13210 | 16-6038703 | | 14,000. | 0. | | | STUDENT SUPPORT |
| UTICA UNIVERSITY 1600 BURRSTONE RD UTICA, NY 13502 | 16-1476258 | | 502,000. | 0. | | | STUDENT SUPPORT; PROGRAM/PROJECT SUPPORT |
| VASSAR COLLEGE STUDENT FINANCIAL SERVICES 124 RAYMOND AVE BOX 8 - POUGHKEEPSIE, NY 12604 | | | 12,300. | 0. | | | STUDENT SUPPORT |
| VERA HOUSE FOUNDATION 723 JAMES ST SYRACUSE, NY 13203 | 22-3132223 | | 26,000. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT |
| VERA HOUSE, INC. 723 JAMES ST SYRACUSE, NY 13203 | 51-0201530 | | 27,568. | 0. | | | GENERAL SUPPORT |
| VERNON VERONA SHERRILL CENTRAL SCHOOL DISTRICT - 5275 STATE ROUTE 31 - VERONA, NY 13478 | 15-6002528 | | 6,273. | 0. | | | PROGRAM/PROJECT SUPPORT |
| VILLAGE OF CAMILLUS 37 MAIN ST CAMILLUS, NY 13031 | 15-6001275 | | 28,700. | 0. | | | PROGRAM/PROJECT SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| VILLAGES PHILHARMONIC<br>PO BOX 590<br>OXFORD, FL 34484 | 20-0307063 | | 5,100. | 0. | | | GENERAL SUPPORT |
| VINEYARD CONNECTS<br>312 LAKESIDE RD<br>SYRACUSE, NY 13209 | 20-4116670 | | 7,500. | 0. | | | STAFF SUPPORT |
| VOICES OF COMMUNITY ACTIVISTS & LEADERS - 300 DOUGLASS ST -<br>BROOKLYN, NY 11217 | 13-4094385 | | 10,000. | 0. | | | PROGRAM/PROJECT SUPPORT; EVENT SUPPORT |
| VOLUNTEER LAWYERS PROJECT OF CNY<br>221 S WARREN ST STE 200<br>SYRACUSE, NY 13202 | 46-1593349 | | 7,000. | 0. | | | GENERAL SUPPORT |
| WANDERERS' REST HUMANE ASSOCIATION<br>PO BOX 535<br>CANASTOTA, NY 13032 | 16-1191312 | | 10,300. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| WCNY PUBLIC BROADCASTING COUNCIL OF CNY, INC. - 415 W FAYETTE ST -<br>SYRACUSE, NY 13204 | 16-0876277 | | 130,200. | 0. | | | GENERAL SUPPORT; CAMPAIGN SUPPORT |
| WEST GENESEE CENTRAL SCHOOL DISTRICT - 300 SANDERSON DR -<br>CAMILLUS, NY 13031 | | | 5,400. | 0. | | | GENERAL SUPPORT |
| WEST LAKE ART CONSERVATION CENTER<br>6642 E LAKE RD<br>OWASCO, NY 13021 | 87-1120251 | | 52,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| WESTCOTT COMMUNITY CENTER<br>826 EUCLID AVE<br>SYRACUSE, NY 13210 | 16-1499834 | | 52,500. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| WILLIAM MARSH RICE UNIVERSITY<br>RICE ATHL DEV MS-548 PO BOX 1892<br>HOUSTON, TX 77251 | 74-1109620 | | 25,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| WISDOM THINKERS NETWORK<br>1736 STATE ROUTE 5<br>ELBRIDGE, NY 13060 | 22-2420597 | | 6,000. | 0. | | | GENERAL SUPPORT |
| WORK TO RIDE<br>CHAMOUNIX EQUESTRIAN CENTER 98<br>CHAMOUNIX DR - PHILADELPHIA, PA<br>19131 | 23-2717148 | | 10,000. | 0. | | | GENERAL SUPPORT |
| WORLD CENTRAL KITCHEN, INC.<br>PO BOX 96538<br>WASHINGTON, DC 20090 | 27-3521132 | | 6,000. | 0. | | | PROGRAM/PROJECT SUPPORT;<br>GENERAL SUPPORT |
| WORLD VISION<br>PO BOX 9716<br>FEDERAL WAY, WA 98063 | 95-1922279 | | 80,997. | 0. | | | GENERAL SUPPORT |
| WOUNDED WARRIOR PROJECT<br>PO BOX 758516<br>TOPEKA, KS 66675 | 20-2370934 | | 9,700. | 0. | | | GENERAL SUPPORT |
| WRVO PUBLIC MEDIA<br>7060 STATE ROUTE 104<br>OSWEGO, NY 13126 | 15-0543477 | | 9,600. | 0. | | | GENERAL SUPPORT |
| YALE UNIVERSITY<br>STUDENT ACCOUNTS PO BOX 208232<br>NEW HAVEN, CT 06520 | | | 9,400. | 0. | | | STUDENT SUPPORT |
| YMCA OF CENTRAL NEW YORK<br>340 MONTGOMERY ST<br>SYRACUSE, NY 13202 | 15-0532278 | | 25,012. | 0. | | | GENERAL SUPPORT; CAMPAIGN<br>SUPPORT |

**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 |
|---|---|---|---|---|---|---|---|
| YOU CAN'T FAIL, INC.<br>27 THORNTON AVE<br>AUBURN, NY 13021 | 47-4610055 | | 15,000. | 0. | | | PROGRAM/PROJECT SUPPORT |
| YOUNG LIFE<br>PO BOX 5186<br>BOONE, IA 50950 | 84-0385934 | | 23,500. | 0. | | | PROGRAM/PROJECT SUPPORT; GENERAL SUPPORT |
| YOUR NUHORIZONS<br>103 TAGLIENTE DR<br>CANASTOTA, NY 13032 | 82-5210163 | | 20,000. | 0. | | | CAPITAL SUPPORT; GENERAL SUPPORT |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**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)**

(Rev. December 2024)

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

**Open to Public Inspection**

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

**Employer identification number:** 15-0626910

## Part I Questions Regarding Compensation

| | | | Yes | No |
|---|---|---|---|---|
| **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. | | | |
| | ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use | | |
| | ☐ Travel for companions | ☐ Payments for business use of personal residence | | |
| | ☐ Tax indemnification and gross-up payments | ☒ Health or social club dues or initiation fees | | |
| | ☐ Discretionary spending account | ☐ 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 | **1b** | | X |
| **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? | **2** | X | |
| **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. | | | |
| | ☐ Compensation committee | ☐ Written employment contract | | |
| | ☒ Independent compensation consultant | ☒ Compensation survey or study | | |
| | ☒ Form 990 of other organizations | ☒ 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? | **4a** | | X |
| **b** | Participate in or receive payment from a supplemental nonqualified retirement plan? | **4b** | | X |
| **c** | Participate in or receive payment from an equity-based compensation arrangement? | **4c** | | X |
| | 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? | **5a** | | X |
| **b** | Any related organization? | **5b** | | X |
| | 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? | **6a** | | X |
| **b** | Any related organization? | **6b** | | X |
| | 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 | **7** | | X |
| **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 | **8** | | X |
| **9** | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | **9** | | |

**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) MELANIE LITTLEJOHN | (i) | 338,241. | 20,000. | 30,292. | 32,940. | 1,273. | 422,746. | 0. |
| PRESIDENT & CEO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) KIMBERLY SADOWSKI | (i) | 206,637. | 9,920. | 6,276. | 20,198. | 1,273. | 244,304. | 0. |
| VP & CFO | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) KATRINA CROCKER | (i) | 150,088. | 0. | 180. | 13,973. | 12,103. | 176,344. | 0. |
| VP OF COMMUNICATIONS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) THOMAS GRIFFITH | (i) | 175,351. | 6,700. | 6,276. | 17,264. | 1,273. | 206,864. | 0. |
| VP OF DEVELOPMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) FRANK RIDZI | (i) | 163,933. | 0. | 6,180. | 15,294. | 1,273. | 186,680. | 0. |
| VP OF COMMUNITY INVESTMENT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) AHMEED TURNER | (i) | 148,375. | 0. | 6,118. | 13,867. | 1,271. | 169,631. | 0. |
| VP OF SCHOLARSHIPS | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) MONICA MERANTE | (i) | 125,399. | 4,000. | 92. | 11,756. | 12,067. | 153,314. | 0. |
| SENIOR DIRECTOR OF PHILANT | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

**Part III** **Supplemental Information**

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

PART I, LINE 1A:
MELANIE LITTLEJOHN 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 MELANIE AND THOMAS.

**SCHEDULE M (Form 990)**

Department of the Treasury
Internal Revenue Service

# Noncash Contributions

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

OMB No. 1545-0047

**2025**

**Open to Public Inspection**

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 | | | | |
| 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 | 173 | 7,120,212. | 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 Acknowledgment ..... 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? | 30a | | 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? | 31 | X | |
| 32a | Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | 32a | | 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. | | | |

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

**SCHEDULE O (Form 990)**
(Rev. December 2024)
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 instructions and the latest information.**

OMB No. 1545-0047

**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 $ 8,809,041. INCLUDING GRANTS OF $ 8,368,871. REVENUE $ 176.

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

FORM 990, PART VI, SECTION B, LINE 12C:
PURSUANT TO THE CONFLICT OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS (I.E. BOARD MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP AND EMPLOYEES). COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE. 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:

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

Employer identification number 15-0626910

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -581,485.

FORM 990, PART XII, LINE 2C
THE FOUNDATION HAS NOT CHANGED ITS OVERSIGHT OR SELECTION PROCESS DURING THE YEAR.

SCHEDULE R (Form 990)
(Rev. January 2025)
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

**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<br>431 E. FAYETTE ST.<br>SYRACUSE, NY 13202 | HOLDS THE REAL PROPERTY AT 431 E. FAYETTE STREET | NEW YORK | 322,804. | 3,310,790. | CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. |
| CNY INNOVATION AND GROWTH INITIATIVE - 33-1629499, 431 E. FAYETTE ST., SYRACUSE, NY 13202 | MANAGE GRANTS TO STRATEGIC PARTNERS FOR THE PURPOSE OF WORKFORCE DEVELOPMENT | NEW YORK | 139,861. | 459,689. | 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 | (g) No |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

**Schedule R (Form 990) (Rev. 1-2025)**

LHA 532161 04-01-25

**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? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

**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 | (i) No |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

**Part V** **Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners sec. 501(c)(3) orgs.? Yes | (e) No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? Yes | (h) No | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? Yes | (j) No | (k) Percentage ownership |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

**Part VII Supplemental Information**

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

# CARRYOVER DATA TO 2026

| Name | Employer Identification Number |
|---|---|
| CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. | 15-0626910 |

**Based on the information provided with this return, the following are possible carryover amounts to next year.**

| | |
|---|---|
| SECTION 1231 LOSS - INVESTMENT ACTIVITY | 3,680. |
| FEDERAL POST-2017 NET OPERATING LOSS - INVESTMENT ACTIVITY | 12,669. |

Name: CENTRAL NEW YORK COMMUNITY FOUNDATIO FEIN: 15-0626910

Type and Entity: INVESTMENT ACTIVITY POST-2017 NOL F

**DETAIL CARRYOVER SCHEDULE**

Section 382 Annual Limitation | Section 382 Carryover

| | Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for 03/31/22 | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 2020 | 2,354. | 905. | 905. | | | | | | | | |
| B | 2022 | 160. | | | | | | | | | | |
| C | 2024 | 11,060. | | | | | | | | | | |
| D | | | | | | | | | | | | |
| E | | | | | | | | | | | | |
| F | | | | | | | | | | | | |
| G | | | | | | | | | | | | |
| H | | | | | | | | | | | | |
| I | | | | | | | | | | | | |
| J | | | | | | | | | | | | |
| K | | | | | | | | | | | | |
| L | | | | | | | | | | | | |
| M | | | | | | | | | | | | |
| N | | | | | | | | | | | | |
| O | | | | | | | | | | | | |
| P | | | | | | | | | | | | |
| Q | | | | | | | | | | | | |
| R | | | | | | | | | | | | |
| S | | | | | | | | | | | | |
| T | | | | | | | | | | | | |
| U | | | | | | | | | | | | |
| V | | | | | | | | | | | | |
| W | | | | | | | | | | | | |

| | Detail Type | ESBC | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | | | | | | | | | | | | | |
| B | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | |
| H | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | |
| O | | | | | | | | | | | | | |
| P | | | | | | | | | | | | | |
| Q | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | |
| T | | | | | | | | | | | | | |
| U | | | | | | | | | | | | | |
| V | | | | | | | | | | | | | |
| W | | | | | | | | | | | | | |

Name: CENTRAL NEW YORK COMMUNITY FOUNDATIO FEIN: 15-0626910

Type and Entity: PRE-2018 NOL FED

## DETAIL CARRYOVER SCHEDULE

Section 382 Annual Limitation | Section 382 Carryover

| | Year Originated | Original Carryover Amount | Total Amount Used | Amount Used for 03/31/15 | Amount Used for 03/31/18 | Amount Used for 03/31/19 | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 2012 | 5,318. | 5,318. | 1,604. | 124. | 3,590. | | | | | | |
| B | 2013 | 236. | 236. | | | 236. | | | | | | |
| C | 2015 | 49. | 49. | | | 49. | | | | | | |
| D | 2016 | 1,796. | 1,796. | | | 1,796. | | | | | | |
| E | | | | | | | | | | | | |
| F | | | | | | | | | | | | |
| G | | | | | | | | | | | | |
| H | | | | | | | | | | | | |
| I | | | | | | | | | | | | |
| J | | | | | | | | | | | | |
| K | | | | | | | | | | | | |
| L | | | | | | | | | | | | |
| M | | | | | | | | | | | | |
| N | | | | | | | | | | | | |
| O | | | | | | | | | | | | |
| P | | | | | | | | | | | | |
| Q | | | | | | | | | | | | |
| R | | | | | | | | | | | | |
| S | | | | | | | | | | | | |
| T | | | | | | | | | | | | |
| U | | | | | | | | | | | | |
| V | | | | | | | | | | | | |
| W | | | | | | | | | | | | |

| | Detail Type | ESBC | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for | Amount Used for |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | | | | | | | | | | | | | |
| B | | | | | | | | | | | | | |
| C | | | | | | | | | | | | | |
| D | | | | | | | | | | | | | |
| E | | | | | | | | | | | | | |
| F | | | | | | | | | | | | | |
| G | | | | | | | | | | | | | |
| H | | | | | | | | | | | | | |
| I | | | | | | | | | | | | | |
| J | | | | | | | | | | | | | |
| K | | | | | | | | | | | | | |
| L | | | | | | | | | | | | | |
| M | | | | | | | | | | | | | |
| N | | | | | | | | | | | | | |
| O | | | | | | | | | | | | | |
| P | | | | | | | | | | | | | |
| Q | | | | | | | | | | | | | |
| R | | | | | | | | | | | | | |
| S | | | | | | | | | | | | | |
| T | | | | | | | | | | | | | |
| U | | | | | | | | | | | | | |
| V | | | | | | | | | | | | | |
| W | | | | | | | | | | | | | |

***** THIS IS NOT A FILEABLE COPY *****

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning APR 1, 2025, and ending MAR 31, 20 26

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

**Go to www.irs.gov/Form8879TE for the latest information.**

OMB No. 1545-0047

**2025**

Department of the Treasury
Internal Revenue Service

Name of filer: CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

EIN or SSN: 15-0626910

Name and title of officer or person subject to tax: MELANIE LITTLEJOHN
PRESIDENT & CEO

## Part I Type of Return and Return Information

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

| | | | | | |
|---|---|---|---|---|---|
| 1a | **Form 990** check here | ☐ | **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) | 1b | |
| 2a | **Form 990-EZ** check here | ☐ | **b Total revenue,** if any (Form 990-EZ, line 9) | 2b | |
| 3a | **Form 1120-POL** check here | ☐ | **b Total tax** (Form 1120-POL, line 22) | 3b | |
| 4a | **Form 990-PF** check here | ☐ | **b Tax based on investment income** (Form 990-PF, Part V, line 5) | 4b | |
| 5a | **Form 8868** check here | ☐ | **b Balance due** (Form 8868, line 3c) | 5b | |
| 6a | **Form 990-T** check here | ☒ | **b Total tax** (Form 990-T, Part III, line 4) | 6b | 0. |
| 7a | **Form 4720** check here | ☐ | **b Total tax** (Form 4720, Part III, line 1) | 7b | |
| 8a | **Form 5227** check here | ☐ | **b FMV of assets at end of tax year** (Form 5227, Item D) | 8b | |
| 9a | **Form 5330** check here | ☐ | **b Tax due** (Form 5330, Part II, line 19) | 9b | |
| 10a | **Form 8038-CP** check here | ☐ | **b Amount of credit payment requested** (Form 8038-CP, Part III, line 22) | 10b | |

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2025 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** the reason for any delay in processing the return or refund, and **(c)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize BONADIO & CO., LLP to enter my PIN 92574

**ERO firm name**

**Enter five numbers, but do not enter all zeros**

as my signature on the tax year 2025 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 2025 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 08/31/26

## 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. 16821613204

**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2025 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature: BETTINA LIPPHARDT Date 10/28/26

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8879-TE** (2025) Created 5/1/25

LHA 502521 12-18-25

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

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

OMB No. 1545-0047

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

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

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

**Part I - Identification**

**Type or Print**

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

Taxpayer identification number (TIN)
15-0626910

Number, street, and room or suite no. If a P.O. box, see instructions.
431 E. FAYETTE STREET, 100

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
SYRACUSE, NY 13202

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... 07

| Application Is For | Return Code | Application Is For | Return Code |
|---|---|---|---|
| Form 990 or Form 990-EZ | 01 | Form 4720 (other than individual) | 09 |
| Form 4720 (individual) | 03 | Form 5227 | 10 |
| Form 990-PF | 04 | Form 6069 | 11 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 8870 | 12 |
| Form 990-T (trust other than above) | 06 | Form 5330 (individual) | 13 |
| Form 990-T (corporation) | 07 | Form 5330 (other than individual) | 14 |
| Form 1041-A | 08 | Form 990-T (governmental entities) | 15 |

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of ELIZABETH HARTMAN
431 EAST FAYETTE STREET, NO. 100 - SYRACUSE, NY 13202

Telephone No. (315) 422-9538 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box ..... ☐
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐. If it is for part of the group, check this box ... ☐ and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until FEBRUARY 15, 20 27, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

☐ calendar year 20 _____ or
☒ tax year beginning APR 1, 20 25, and ending MAR 31, 20 26

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

| | | | | |
|---|---|---|---|---|
| **3a** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | **3a** | $ | 0. |
| **b** | If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | **3b** | $ | 6,141. |
| **c** | **Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | **3c** | $ | 0. |

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev. 1-2025)

LHA 523841 04-01-25

EXTENDED TO FEBRUARY 16, 2027

Form **990-T**

# Exempt Organization Business Income Tax Return

**(and proxy tax under section 6033(e))**

For calendar year 2025 or other tax year beginning APR 1, 2025 , and ending MAR 31, 2026 .

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

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

OMB No. 1545-0047

**2025**

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

Department of the Treasury
Internal Revenue Service

**A** ☐ Check box if address changed.

**B** Exempt under section
☒ 501(c)(3)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

Name of organization ( ☐ Check box if name changed and see instructions.)
CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

**D** Employer identification number
15-0626910

Number and street. If a P.O. box, see instructions.
431 E. FAYETTE STREET

Room or suite no.
100

**E** Group exemption number (see instructions)

City or town
SYRACUSE

State or province
NY

Country

ZIP or foreign postal code
13202

**C** Book value of all assets at end of year 531,102,743.

**F** ☐ Check box if an amended return.

**G** Check organization type ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ State college/university ☐ 6417(d)(1)(A) Applicable entity

**H** Check if filing only to claim ☐ Credit from Form 8941 ☐ Refund shown on Form 2439 ☐ Elective payment amount from Form 3800

**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 ELIZABETH HARTMAN 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 for future use | 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: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) | 2 | |
| 3 | **Proxy tax.** See instructions | 3 | |
| 4a | Amount from Form 4255, Part I , line 3, column (q) | 4a | |
| b | Other tax amounts. See instructions | 4b | |
| 5 | Alternative minimum tax | 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. |

## 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. |
| 3a | Amount from Form 4255, Part I, line 3, column (r) (see instructions) | 3a | | | |
| b | Amount due from Form 8611 | 3b | | | |
| c | Amount due from Form 8697 | 3c | | | |
| d | Amount due from Form 8866 | 3d | | | |
| e | Other amounts due (see instructions) | 3e | | | |
| f | Total amounts due. Add lines 3a through 3e | | | 3f | 0. |
| 4 | **Total tax.** Add lines 2 and 3f (see instructions). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here | | | 4 | 0. |

**Part III Tax and Payments** *(continued)*

| | | | | | |
|---|---|---|---|---|---|
| 5 a | Current net 965 tax liability paid from Form 965-A, Part II, column (k) | | | 5a | 0. |
| b | First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15 | | | 5b | |
| 6 a | Payments: Preceding year's overpayment credited to the current year | 6a | 6,141. | | |
| b | Current year's estimated tax payments. Check if section 643(g) election applies ☐ | 6b | | | |
| c | Tax deposited with Form 8868 | 6c | | | |
| d | Foreign organizations: Tax paid or withheld at source (see instructions) | 6d | | | |
| e | Backup withholding (see instructions) | 6e | | | |
| f | Credit for small employer health insurance premiums (attach Form 8941) | 6f | | | |
| g | Elective payment election amount from Form 3800 | 6g | | | |
| h | Payment from Form 2439 | 6h | | | |
| i | Credit from Form 4136 | 6i | | | |
| j | Other (see instructions) | 6j | | | |
| k | Section 1062 applicable net tax liability. Enter amount from 1062, line 14 | 6k | | | |
| 7 | **Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k | | | 7 | 6,141. |
| 8 | Estimated tax penalty (see instructions). Check if Form 2220 is attached ☐ | | | 8 | |
| 9 | **Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed | | | 9 | |
| 10 | **Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid | | | 10 | 6,141. |
| 11 | Enter the amount of line 10 you want: **Credited to 2026 estimated tax** 6,141. **Refunded** For Refunded amount, also complete and attach Form 8050. See instructions. | | | 11 | 0. |

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

| | | Yes | No |
|---|---|---|---|
| 1 | At any time during the 2025 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 | | X |
| 2 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? 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 | $ 12,669. |
| | $ |
| | $ |
| | $ |

| | | | |
|---|---|---|---|
| 6 a | Reserved for future use | | |
| b | Reserved for future use | | |

**Part V Supplemental Information**

Provide any additional information. See instructions.

**Sign Here**

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

Signature of officer | Date | PRESIDENT & CEO Title

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

**Paid Preparer Use Only**

| Enter preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| BETTINA LIPPHARDT | BETTINA LIPPHARDT | 10/28/26 | | P00956232 |

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

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

**SCHEDULE A (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).**

OMB No. 1545-0047

**2025**

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

**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 | 0. |
| 17 Deduction for net operating loss. See instructions | | | 17 | 0. |
| 18 **Unrelated business taxable income.** Subtract line 17 from line 16 | | | 18 | |

**For Paperwork Reduction Act Notice, see instructions.** **Schedule A (Form 990-T) 2025**

## 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? | ☐ Yes ☐ 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 2a and 2b (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: 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 | | | | |
| a | Add columns A through D. Enter here and on Part I, line 11, column (A) | | | | 0. |
| 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 -0- 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 -0- | | | | |
| 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 -0- 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)

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 1

| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|---|---|---|---|---|
| 03/31/21 | 2,354. | 905. | 1,449. | 1,449. |
| 03/31/23 | 160. | 0. | 160. | 160. |
| 03/31/25 | 11,060. | 0. | 11,060. | 11,060. |
| NOL CARRYOVER AVAILABLE THIS YEAR | | | 12,669. | 12,669. |

Form **4626**
Department of the Treasury
Internal Revenue Service

# Alternative Minimum Tax-Corporations

**Attach to your tax return.**
**Go to www.irs.gov/Form4626 for instructions and the latest information.**

OMB No. 1545-0123

**2025**

Name of corporation
CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

**Employer identification number (EIN)**
15-0626910

**A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? ☐ **Yes** ☒ **No**
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).

**B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? ☐ **Yes** ☒ **No**
If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

**C** Has the corporation filing this form already determined it is an applicable corporation in current or prior years for purposes of the corporate alternative minimum tax (CAMT)? ☐ **Yes** ☒ **No**
If "Yes," skip Part I and continue to Part II. If "No," complete Part I.

## Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)

| | | | (a) First Preceding Year Ended 03/31/2025 | (b) Second Preceding Year Ended 03/31/2024 | (c) Third Preceding Year Ended 03/31/2023 |
|---|---|---|---|---|---|
| 1 | Net income or loss per applicable financial statement(s) (AFS) (see inst): | | | | |
| a | Consolidated net income or loss per the AFS of the corporation | 1a | 32,118,051. | 37,139,581. | -10291759. |
| b | Include AFS net income or loss of other includible entities (add net income and subtract net loss) | 1b | | | |
| c | Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) | 1c | | | |
| d | Adjustment for certain consolidating entries (see instructions) | 1d | | | |
| e | Specified additional net income or loss item B. Reserved for future use | 1e | | | |
| f | AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d | 1f | 32,118,051. | 37,139,581. | -10291759. |
| 2 | Adjustments (see instructions): | | | | |
| a | Financial statements covering different tax years | 2a | | | |
| b | Corporations that are not included on the taxpayer's consolidated return | 2b | | | |
| c | Aggregate pro-rata share of adjusted net income from controlled foreign corporations (CFCs) for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions for special rules if completing this form for an FPMG) | 2c | | | |
| d | Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG) | 2d | | | |
| e | Certain taxes | 2e | | | |
| f | Patronage dividends and per-unit retain allocations (cooperatives only) | 2f | | | |
| g | Alaska native corporations | 2g | | | |
| h | Certain credits | 2h | | | |
| i | Mortgage servicing income | 2i | | | |
| j | Tax-exempt entities (organizations subject to tax under section 511) | 2j | | | |
| k | Depreciation | 2k | | | |
| l | Qualified wireless spectrum | 2l | | | |
| m | Covered transactions | 2m | | | |
| n | Adjustments related to bankruptcy and insolvency | 2n | | | |
| o | Certain insurance company adjustments | 2o | | | |
| p | Adjustment P - Reserved for future use | 2p | | | |
| q | Adjustment Q - Reserved for future use | 2q | | | |
| r | Adjustment R - Reserved for future use | 2r | | | |
| s | Adjustment S - Reserved for future use | 2s | | | |
| z | Other | 2z | | | |
| 3 | Specified adjustment. Reserved for future use | 3 | | | |
| 4 | Total adjustments. Combine lines 2a through 2z | 4 | | | |
| 5 | AFSI. Combine lines 1f and 4 | 5 | 32,118,051. | 37,139,581. | -10291759. |

**Part I Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

| | | | |
|---|---|---|---|
| 6 | AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5 | 6 | 58,965,873. |
| 7 | 3-year average annual AFSI (see instructions) | 7 | 19,655,291. |

8 Is line 7 more than $1 billion?

- ☐ **Yes.** Continue to line 9.
- ☒ **No.** STOP here and attach to your tax return.

9 Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?

- ☐ **Yes.** Continue to line 10.
- ☐ **No.** Continue to Part II.

| | | | (a) First Preceding Year Ended | (b) Second Preceding Year Ended | (c) Third Preceding Year Ended |
|---|---|---|---|---|---|
| 10 | AFSI for purposes of the $100 million test before adjustments: | | | | |
| a | AFSI from line 5 | 10a | | | |
| b | Aggregation differences (see instructions) | 10b | | | |
| c | Total AFSI for purposes of the $100 million test before adjustments. Combine lines 10a and 10b | 10c | | | |
| 11 | Adjustments: | | | | |
| a | Income not effectively connected to a U.S. trade or business | 11a | | | |
| b | Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. If zero or less, enter -0- (attach Schedule A (Form 4626)) (see instructions) | 11b | | | |
| c | Reserved for future use - Other adjustments 1 | 11c | | | |
| d | Reserved for future use - Other adjustments 2 | 11d | | | |
| 12 | Total adjustments. Combine lines 11a and 11b | 12 | | | |
| 13 | Total AFSI for purposes of the $100 million test. Combine lines 10c and 12 | 13 | | | |

| | | | |
|---|---|---|---|
| 14 | AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13 | 14 | |
| 15 | 3-year average annual AFSI for purposes of the $100 million test | 15 | |

16 Is line 15 $100 million or more?

- ☐ **Yes.** Continue to Part II.
- ☐ **No.** STOP here. Attach to your tax return.

## Part II Corporate Alternative Minimum Tax (CAMT)

| | | | |
|---|---|---|---|
| 1 | Net income or loss per AFS (see instructions): | | |
| a | Consolidated net income or loss per the AFS of the corporation | 1a | 0. |
| b | Include AFS net income or loss of other includible entities (add net income and subtract net loss) | 1b | |
| c | Exclude AFS net income or loss of excludible entities (add net loss and subtract net income) | 1c | |
| d | Adjustment for certain consolidating entries (see instructions) | 1d | |
| e | Specified additional net income or loss item D. Reserved for future use | 1e | |
| f | AFS net income or loss before adjustments. Combine lines 1a through 1d | 1f | |
| 2 | Adjustments (see instructions): | | |
| a | Financial statements covering different tax years | 2a | |
| b | Reserved for future use - Adjustment 2b | 2b | |
| c | Corporations that are not included on the taxpayers - consolidated return (see instructions) | 2c | |
| d | The corporation's distributive share of adjusted financial statement income of partnerships | 2d | |
| e | Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 | 2e | |
| f | Amounts that are not effectively connected to a U.S. trade or business | 2f | |
| g | Certain taxes. Enter the amount from Part III, line 7 | 2g | |
| h | Patronage dividends and per-unit retain allocations (cooperatives only) | 2h | |
| i | Alaska native corporations | 2i | |
| j | Certain credits | 2j | |
| k | Mortgage servicing income | 2k | |
| l | Covered benefit plans described in section 56A(c)(11)(B) | 2l | |
| m | Tax-exempt entities (organizations subject to tax under section 511) | 2m | |
| n | Depreciation | 2n | |
| o | Qualified wireless spectrum | 2o | |
| p | Covered transactions | 2p | |
| q | Adjustments related to bankruptcy and insolvency | 2q | |
| r | Certain insurance company adjustments | 2r | |
| s | AFSI adjustment S - Reserved for future use | 2s | |
| t | AFSI adjustment T - Reserved for future use | 2t | |
| u | AFSI adjustment U - Reserved for future use | 2u | |
| z | Other | 2z | |
| 3 | Total adjustments. Combine lines 2a through 2z | 3 | |
| 4 | AFSI before financial statement net operating loss carryover. Combine lines 1f and 3 | 4 | 0. |
| 5 | Financial statement net operating loss (FSNOL) (see instructions) | 5 | |
| 6 | AFSI. Subtract line 5 from line 4. If zero or less, enter -0- | 6 | |
| 7 | Multiply line 6 by 15% (0.15) | 7 | |
| 8 | Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst) | 8 | |
| 9 | Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0- | 9 | |
| 10 | Regular tax liability (see instructions) | 10 | |
| 11 | Base erosion minimum tax (see instructions) | 11 | |
| 12 | Combine lines 10 and 11 | 12 | |
| 13 | Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return | 13 | |

## Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

| | | | |
|---|---|---|---|
| 1 | Current income tax provision - Foreign | 1 | |
| 2 | Current income tax provision - Federal | 2 | |
| 3 | Deferred income tax provision - Foreign | 3 | |
| 4 | Deferred income tax provision - Federal | 4 | |
| 5 | Income taxes included in equity method investment income | 5 | |
| 6a | Adjustment A - Reserved for future use | 6a | |
| b | Adjustment B - Reserved for future use | 6b | |
| c | Adjustment C - Reserved for future use | 6c | |
| d | Adjustment D - Reserved for future use | 6d | |
| e | Adjustment E - Reserved for future use | 6e | |
| f | Adjustment F - Reserved for future use | 6f | |
| g | Adjustment G - Reserved for future use | 6g | |
| h | Adjustment H - Reserved for future use | 6h | |
| z | Income taxes in other places | 6z | |
| 7 | Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g | 7 | |

## Part IV Corporate Alternative Minimum Tax - Foreign Tax Credit

### Section I - CAMT Foreign Tax Credit

| | | | | | |
|---|---|---|---|---|---|
| 1 | Domestic corporation CAMT foreign income taxes: | | | | |
| a | Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j) | 1a | | | |
| b | Adjustment | 1b | | | |
| c | Adjustment | 1c | | | |
| d | Adjustment | 1d | | | |
| e | Adjustment | 1e | | | |
| f | Adjustment | 1f | | | |
| g | Adjustment | 1g | | | |
| 2 | Total domestic corporation CAMT foreign income taxes. Combine lines 1a through 1g | | | 2 | |
| 3 | Allowable CFC CAMT foreign income taxes: | | | | |
| a | Pro-rata share of CFC CAMT foreign income taxes from Part IV, Section II, line 11, column (n) | 3a | | | |
| b | Other | 3b | | | |
| c | Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii)) | 3c | | | |
| d | Total CFC CAMT foreign income taxes. Add lines 3a, 3b, and 3c | | | 3d | |
| e | Percentage specified in section 55(b)(2)(A)(i) | 3e | 15% | | |
| f | Aggregate pro-rata share of adjusted net income from CFCs for which the corporation is a U.S. shareholder. Enter the amount from Part VI, Section II, line 3 (see instructions) | 3f | | | |
| g | CFC CAMT FTC limitation (multiply line 3e by line 3f) | | | 3g | |
| h | Allowable CFC CAMT foreign income taxes (lesser of line 3d or line 3g) | | | 3h | |
| 4 | CAMT FTC Line 4 - Reserved for future use | | | 4 | |
| 5 | CAMT FTC Line 5 - Reserved for future use | | | 5 | |
| 6 | Total CAMT foreign income taxes. Combine lines 2 and 3h. Enter this amount on Part II, line 8 | | | 6 | |

# TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CT-13

**FOR THE YEAR ENDING**

March 31, 2026

**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 | $ | 250 |
| Plus: other amount | | 0 |
| Plus: interest and penalties | $ | 0 |
| No payment required | $ | |

**Overpayment:**

| | | |
|---|---|---|
| Credited to your estimated tax | $ | 0 |
| Other amount | $ | 0 |
| Refunded to you | $ | 0 |

**Make Check Payable To:**

Not applicable

**Mail Tax Return and Check (if applicable) To:**

This return has qualified for electronic filing. Please review the return for completeness and accuracy. 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:**

NEW YORK STATE 2025

# CT-200-V

Department of Taxation and Finance

# Payment Voucher for E-Filed Corporation Tax Returns and Extensions

| Employer identification number | Primary return type | Tax period beginning (mm-dd-yyyy) | Tax period ending (mm-dd-yyyy) |
|---|---|---|---|
| 15-0626910 | CT13 | 04-01-2025 | 03-31-2026 |

Legal name of corporation
CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

Mailing name (if different from legal name)
c/o

Number and street or PO Box
431 E. FAYETTE STREET, NO. 100

| City | State | ZIP code | Business telephone number |
|---|---|---|---|
| SYRACUSE | NY | 13202 | (315)422-9538 |

| Amount(s) due | |
|---|---|
| NYS amount | 250.00 |
| MTA amount | .00 |

Make your check or money order payable in U.S. funds to: *New York State Corporation Tax.* Do not staple or clip your check or money order. Detach all check stubs.

**Enter payment enclosed** ...

250.00

**File this entire page with your payment**

## Where to mail

Mail your payment along with this **entire page** to:

**NYS DEPT OF TAXATION & FINANCE**
**CORP - V**
**PO BOX 15163**
**ALBANY NY 12212-5163**

**1019**

538001251019

584141
10-22-25

NEW YORK STATE 2025

Department of Taxation and Finance

# Request for Six-Month Extension to File

**(for franchise/business taxes, MTA surcharge, or both)**

**Tax Law - Articles 9-A, 13, and 33**

# CT-5

**All filers must enter tax period:** beginning 04-01-25 ending 03-31-26

| Employer identification number (EIN) | File number | Business telephone number |
|---|---|---|
| 15-0626910 | MM7 | 315-422-9538 |

Legal name of corporation: CENTRAL NEW YORK COMMUNITY FOU INC.

Trade name/DBA:

Mailing address / Care of (c/o):

State or country of incorporation:

Number and street or PO box: 431 E. FAYETTE STREET, 100

Date of incorporation: 06-15-27

Foreign corporations: date began business in NYS: 06-23-27

City / U.S. state/Canadian province / ZIP/Postal code: SYRACUSE, NY 13202

Country (if not United States):

For office use only:

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

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

| Article 9-A | | Article 13 | Article 33 | | | | |
|---|---|---|---|---|---|---|---|
| CT-3 ☐ | CT-3-M ☐ | CT-13 ☒ | CT-33 ☐ | CT-33-C ☐ | CT-33-M ☐ | CT-33-NL ☐ | |

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

A. Payment enclosed: 250.

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

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

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

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

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

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

## Calculation of estimated franchise tax

| | | | |
|---|---|---|---|
| 1 | Franchise tax from the *Worksheet for lines 1 and 6* in Form CT-5-I ..... | 1 | 250. |
| 2 | | | |
| 3 | | | |
| 4 | Prepayments of franchise tax *(from line 16, column A)* ..... | 4 | |
| 5 | Balance due - franchise tax *(subtract line 4 from line 1; do not enter less than zero)* ..... | 5 | 250. |

## Calculation of estimated MTA surcharge

| | | | |
|---|---|---|---|
| 6 | MTA surcharge from the *Worksheet for lines 1 and 6* in Form CT-5-I ..... | 6 | |
| 7 | | | |
| 8 | | | |
| 9 | Prepayments of MTA surcharge *(from line 16, column B)* ..... | 9 | |
| 10 | Balance due - MTA surcharge *(subtract line 9 from line 6; do not enter less than zero)* ..... | 10 | |
| 11 | Total balance due *(see instructions)* ..... | 11 | 250. |

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

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

**Paid preparer use only** *(see instr.)*

| | | | |
|---|---|---|---|
| Firm's name (or yours if self-employed)<br>BONADIO & CO., LLP | | Firm's EIN<br>16-1131146 | Preparer's PTIN or SSN<br>P00956232 |
| Signature of individual preparing this document<br>BETTINA LIPPHARDT | Address<br>432 NORTH FRANKLIN S | City<br>SYRACUSE | State ZIP code<br>NY 13204 |
| Email address of individual preparing this document<br>BLIPPHARDT@BONADIO.COM | Preparer's CAT PRIN or | Excl. code<br>03 | Date<br>10-28-26 |

**RETURN MUST BE E-FILED.**
**This form cannot be paper filed - this copy is for informational purposes only.**

See instructions for where to file

NEW YORK STATE 2025

# CT-2 Corporation Tax Return Summary

Department of Taxation and Finance

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

1 Legal name of corporation

1. CENTRAL NEW YORK COMMUNITY FOUNDATION INC.

Payment enclosed 2.

| | | |
|---|---|---|
| 3 | Return type | 3. CT13 |
| 4 | Employer ID number (EIN) | 4. 15-0626910 |
| 5 | File number (FCC) | 5. MM7 |
| 6 | Period beginning date (*mm-dd-yy)* | 6. 04-01-25 |
| 7 | Period ending date *(mm-dd-yy)* | 7. 03-31-26 |
| 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. . |
| 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 |

541001251019

584951
10-17-25 **1019**

*For office use only*

## Form CT-186-E filers only

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

Department of Taxation and Finance

# New York State E-File Authorization for Tax Year 2025

**For Certain Corporation Tax Returns and Estimated Tax Payments for Corporations**

588021 09-24-25

**TR-579-CT**

(9/25)

Electronic return originator (ERO) and 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, I

Return type *(mark an X in all applicable boxes):*

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| CT-3 | | CT-3-A | | CT-3-M | | CT-3-S | | CT-13 | X | 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 and 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 and 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 2025 Corporation Tax Extensions*.

**Financial institution information** (required if electronic payment is authorized)

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

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

Under penalty of perjury, I declare that I have examined the information on this 2025 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 §§ 202, 211.8, and 1518 as such provisions relate to the disclosure requirements of Tax Law § 25. The ERO has my consent to send this 2025 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 2025 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York State 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 | Date |
|---|---|---|
| | MELANIE LITTLEJOHN, PRESIDENT & CEO | 08-31-26 |

**Part B - Declaration of ERO and paid preparer**

Under penalty of perjury, I declare that the information contained in this 2025 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2025 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2025 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 2025 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<br>BETTINA LIPPHARDT | Print name<br>BETTINA LIPPHARDT | Date<br>10-28-26 |
| Paid preparer's signature<br>BETTINA LIPPHARDT | Print name<br>BETTINA LIPPHARDT | Date<br>10-28-26 |

NEW YORK STATE 2025

# CT-13

Department of Taxation and Finance

## Unrelated Business Income Tax Return

Amended return ☐

Tax Law - Article 13

All filers enter tax period: beginning 04-01-25 ending 03-31-26

| Employer identification number (EIN) | File number | Business telephone number | If you claim an overpayment, mark an X in the box |
|---|---|---|---|
| 15-0626910 | MM7 | 315-422-9538 | ☐ |

Legal name of corporation: CENTRAL NEW YORK COMMUNITY FOUNDAT INC.

Trade name/DBA:

Mailing address

Care of (c/o)

State or country of incorporation:

Number and street or PO Box: 431 E. FAYETTE STREET, 100

Date of incorporation: 06-15-27

Foreign corporations: date began business in NYS: 06-23-27

City: SYRACUSE, NY 13202 U.S. state/Canadian province ZIP/Postal code

Country (if not United States):

For office use only

NAICS business code number (from federal return):

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

Principal unrelated business activity (see instructions): INVESTMENT ACTIVITY

**Form CT-247,** *Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization* - Have you filed this New York State application for exemption? *(see instructions)* ..... Yes ☐ No ☒ 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 *(see section* Who must file Form CT-13 *in the instructions)* ..... ● ☐

**A.** Pay amount shown on line 22. Make payable to: *New York State Corporation Tax*
◀ Attach your payment here. Detach all check stubs. *(See instructions for details.)*

A — Payment enclosed:

### Computation of income and tax

| | | | |
|---|---|---|---|
| 1 | Federal unrelated business taxable income before net operating loss deduction and after $1,000 specific deduction | 1 | 0. |
| 2 | New York State Article 13 and Article 23 tax deducted on federal return | 2 | |
| 3 | Additions required for shareholders of federal S corporations *(see instructions)* | 3 | |
| 4 | Grossed-up taxes for shareholders of New York S corporations *(see instructions)* | 4 | |
| 5 | Other additions *(see instructions)* | 5 | |
| 6 | Add lines 1 through 5 | 6 | |
| 7 | Other income *(see instructions)* | 7 | |
| 8 | Federal S corporation shareholder subtractions *(see instructions)* | 8 | |
| 9 | Other subtractions *(see instructions)* | 9 | |
| 10 | Total subtractions *(add lines 7, 8, and 9)* | 10 | |
| 11 | Taxable income before net operating loss deduction *(subtract line 10 from line 6)* | 11 | 0. |
| 12 | New York net operating loss deduction *(attach federal and NYS computations; see instructions)* | 12 | |
| 13 | Taxable income *(subtract line 12 from line 11)* | 13 | 0. |
| 14 | Allocated taxable income *(multiply line 13 by _____% from line 42; or enter amount from line 13 if allocation is not claimed)* ● | 14 | 0. |
| 15 | Tax based on income *(multiply line 14 by 9% (.09))* | 15 | 0. |
| 16 | Minimum tax | 16 | 250.00 |
| 17 | Tax *(line 15 or line 16, whichever is larger)* | 17 | 250. |
| 18 | Total prepayments from line 46 ● | 18 | 250. |
| 19 | Balance *(if line 18 is less than line 17, subtract line 18 from line 17)* | 19 | |
| 20 | Interest on late payment *(see instructions)* ● | 20 | |
| 21 | Late filing and late payment penalties *(see instructions)* ● | 21 | |
| 22 | Balance due *(add lines 19, 20, and 21 and enter here; enter the payment amount on line A above)* | 22 | |
| 23 | Overpayment *(if line 17 is less than line 18, subtract line 17 from line 18)* | 23 | |
| 24 | Amount of overpayment on line 23 to be **credited to next year** | 24 | |
| 25 | Amount of overpayment on line 23 to be **refunded** *(subtract line 24 from line 23)* | 25 | |

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

400001251019

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

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

## Schedule A - Unrelated business allocation

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

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

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

| **Composition of prepayments claimed on line 18*** | | Date paid | Amount |
|---|---|---|---|
| **43** Payment with extension request, Form CT-5, line 5 | **43** | 08-15-26 | 250. |
| **44a** Second installment from Form CT-400 | **44a** | | |
| **44b** Third installment from Form CT-400 | **44b** | | |
| **44c** Fourth installment from Form CT-400 | **44c** | | |
| **45** Amount of overpayment credited from prior years | **45** | | |
| **46** Total prepayments *(add lines 43 through 45; enter here and on line 18)* | **46** | | 250. |

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

## Amended return information

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

Final federal determination ● ☐ If marked, enter date of determination: ● _____

Capital loss carryback ● ☐ Federal return filed Form 1139 ● ☐

Amended Form 990-T ● ☐

400002251019

| | | | |
|---|---|---|---|
| **Third - party designee** *(see instructions)* | Yes [X] No [ ] | 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 MELANIE LITTLEJOHN | Signature of authorized person | Official title PRESIDENT & CEO | |
| | Email address of authorized person KSADOWSKI@CNYCF.ORG | | Telephone number 3154229558 | Date 08-31-26 |

| | | | | |
|---|---|---|---|---|
| **Paid preparer use only** *(see instr.)* | Firm's name *(or yours if self-employed)* BONADIO & CO., LLP | | Firm's EIN 16-1131146 | Preparer's PTIN or SSN P00956232 |
| | Signature of individual preparing this return BETTINA LIPPHARDT | Address 432 NORTH FRANKLIN STREET | City SYRACUSE, | State NY | ZIP code 13204 |
| | Email address of individual preparing this return BLIPPHARDT@BONADIO.COM | | Preparer's NYTPRIN or Excl. code 03 | Date 10-28-26 |

See instructions for where to file.

400003251019