

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning **APR 1, 2016** and ending **MAR 31, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>431 E. FAYETTE STREET 100</b> City or town, state or province, country, and ZIP or foreign postal code <b>SYRACUSE, NY 13202</b> <b>F</b> Name and address of principal officer: <b>PETER A. DUNN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>15-0626910</b> <b>E</b> Telephone number <b>(315) 422-9538</b> <b>G</b> Gross receipts \$ <b>35,527,738.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CNYCF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1927</b> <b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE COMMUNITY FOUNDATION'S MISSION IS TO FOSTER A THRIVING CENTRAL NEW YORK COMMUNITY, INSPIRE</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>18</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>18</b> <b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) ..... <b>5</b> <b>32</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>125</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>-1,796.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>22,975,931.</b> <b>Prior Year</b> <b>23,394,810.</b> <b>Current Year</b> <b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b> <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>2,950,954.</b> <b>4,097,210.</b> <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>200,439.</b> <b>255,336.</b> <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>26,127,324.</b> <b>27,747,356.</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>11,020,133.</b> <b>14,051,939.</b> <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b> <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,768,684.</b> <b>1,795,188.</b> <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b> <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>829,052.</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>1,293,614.</b> <b>1,375,886.</b> <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>14,082,431.</b> <b>17,223,013.</b> <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>12,044,893.</b> <b>10,524,343.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>191,250,765.</b> <b>Beginning of Current Year</b> <b>224,930,389.</b> <b>End of Year</b> <b>21</b> Total liabilities (Part X, line 26) ..... <b>11,989,476.</b> <b>18,707,653.</b> <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>179,261,289.</b> <b>206,222,736.</b>	

**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.

<b>Sign Here</b>	Signature of officer <b>PETER A. DUNN, PRESIDENT &amp; CEO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GAIL M. KINSELLA</b>	Preparer's signature <b>GAIL M. KINSELLA</b>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00087834</b>
	Firm's name ▶ <b>BONADIO &amp; CO., LLP</b>	Firm's EIN ▶ <b>16-1131146</b>			
	Firm's address ▶ <b>432 NORTH FRANKLIN STREET</b> <b>SYRACUSE, NY 13204</b>		Phone no. <b>315-476-4004</b>		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 4,585,219. including grants of \$ 3,939,714. ) (Revenue \$ 166,696. ) BROADLY RESPONSIVE COMMUNITY GRANTMAKING AND SPECIAL INITIATIVES THE COMMUNITY FOUNDATION SEEKS TO ADVANCE THREE GOALS THROUGH ITS GRANTMAKING PROGRAMS: COMMUNITY IMPACT, COMMUNITY BUILDING AND DIVERSITY. THERE ARE A WIDE VARIETY OF FUNDING OPPORTUNITIES AVAILABLE THROUGH THE COMMUNITY FOUNDATION, THE LARGEST OF WHICH IS OUR COMMUNITY GRANT PROGRAM. TAX EXEMPT, NONPROFIT ORGANIZATIONS IN ONONDAGA AND MADISON COUNTIES ARE ENCOURAGED TO APPLY FOR GRANTS TO FUND INNOVATIVE PROJECTS IN THE AREAS OF: ARTS AND CULTURE, CIVIC AFFAIRS, EDUCATION, HEALTH, HUMAN SERVICES AND THE ENVIRONMENT. THESE GRANTS HELP ORGANIZATIONS MEET THEIR PROGRAMMATIC, CAPITAL AND CAPACITY BUILDING GOALS.

4b (Code: ) (Expenses \$ 7,836,915. including grants of \$ 7,460,011. ) (Revenue \$ 12,221. ) DONOR ADVISED FUND DISTRIBUTIONS 307 INDIVIDUALS, FAMILIES AND BUSINESSES USE COMMUNITY FOUNDATION ADMINISTERED DONOR ADVISED FUNDS TO MANAGE THEIR PERSONAL CHARITABLE GIVING. DONOR ADVISED FUNDS ALLOW DONORS TO ADDRESS A WIDE VARIETY OF ISSUES AND FULFILL THEIR CHARITABLE INTERESTS AS THEY EVOLVE OVER TIME IN A CONVENIENT, TAX EFFICIENT WAY.

4c (Code: ) (Expenses \$ 2,336,048. including grants of \$ 2,082,676. ) (Revenue \$ ) SCHOLARSHIPS THE COMMUNITY FOUNDATION ADMINISTERS 111 INDIVIDUAL SCHOLARSHIP FUNDS, EACH WITH ITS OWN PURPOSE AND CRITERIA. THE COMMUNITY FOUNDATION IS THE HOME OF SYRACUSE'S SAY YES TO EDUCATION ENDOWMENT. THE GOAL OF THIS FUND IS TO CREATE A PERMANENT SOURCE OF SUPPORT TO PROVIDE TUITION AWARDS TO ALL COLLEGE ELIGIBLE GRADUATES OF THE SYRACUSE CITY SCHOOL DISTRICT. DURING THE PAST YEAR, THE COMMUNITY FOUNDATION DISTRIBUTED SCHOLARSHIPS TO SAY YES SCHOLARSHIP RECIPIENTS AT OVER FIFTY INSTITUTIONS OF HIGHER EDUCATION.

4d Other program services (Describe in Schedule O.) (Expenses \$ 701,567. including grants of \$ 569,539. ) (Revenue \$ 32,415. )

4e Total program service expenses 15,459,749.

**Part IV Checklist of Required Schedules**

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

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

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>X</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>X</b>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....		
<b>Note.</b> All Form 990 filers are required to complete Schedule O .....	<b>X</b>	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	18	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent	18	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KIM SADOWSKI - (315) 422-9538**  
**431 EAST FAYETTE STREET, NO. 100, SYRACUSE, NY 13202**

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD D. HOLE, ESQ. BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) J. ANDREW BREUER VICE CHAIR	1.00	X		X				0.	0.	0.
(3) CRAIG A. BUCKHOUT TREASURER	1.00	X		X				0.	0.	0.
(4) PETER A. DUNN PRESIDENT & CEO	40.00			X				207,006.	0.	43,809.
(5) JENNIFER OWENS VP OF DEVELOPMENT & MARKETING	40.00			X				110,695.	0.	14,829.
(6) KIMBERLY SADOWSKI VICE PRESIDENT & CFO	40.00			X				86,054.	0.	13,051.
(7) EVELYN CARTER MEMBER	1.00	X						0.	0.	0.
(8) HON. JULIE A. CECILE MEMBER	1.00	X						0.	0.	0.
(8) CASEY CRABILL MEMBER	1.00	X						0.	0.	0.
(10) CARAGH FAHY MEMBER	1.00	X						0.	0.	0.
(11) GRACE GHEZZI, CPA MEMBER	1.00	X						0.	0.	0.
(12) DAVID HOLSTEIN, ESQ. MEMBER	1.00	X						0.	0.	0.
(13) STEVEN L. JACOBS MEMBER	1.00	X						0.	0.	0.
(14) LARRY LEATHERMAN MEMBER	1.00	X						0.	0.	0.
(15) TIMOTHY PENIX MEMBER	1.00	X						0.	0.	0.
(16) J. DANIEL PLUFF MEMBER	1.00	X						0.	0.	0.
(17) BRIAN POLLARD, PH.D. MEMBER	1.00	X						0.	0.	0.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) M. JACK RUDNICK, ESQ. MEMBER	1.00	X					0.	0.	0.	
(19) ROBERT SCOLARO, ESQ. COMPLIANCE OFFICER	1.00	X					0.	0.	0.	
(20) GWEN WEBBER-MCLEOD MEMBER	1.00	X					0.	0.	0.	
(21) MARYANN M. WINTERS, CPA MEMBER	1.00	X					0.	0.	0.	
<b>1b Sub-total</b>							403,755.	0.	71,689.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							403,755.	0.	71,689.	

**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 **2**

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

**Section B. Independent Contractors**

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

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

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



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

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	23,394,810.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		4,239,203.				
	<b>h Total.</b> Add lines 1a-1f .....		23,394,810.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,912,511.			1,912,511.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....			2,184,699.		2,184,699.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS .....	900099		211,332.	211,332.			
<b>b</b> ADMIN MANAGEMENT FEE (EXPENSE) .....	561000		44,004.		44,004.		
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			255,336.				
<b>12 Total revenue.</b> See instructions. ....			27,747,356.	211,332.	0.	4,141,214.	

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

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,051,939.	14,051,939.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	254,496.	101,798.	76,349.	76,349.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,238,485.	513,216.	423,081.	302,188.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	121,652.	49,541.	39,848.	32,263.
<b>9</b> Other employee benefits	91,683.	40,400.	33,617.	17,666.
<b>10</b> Payroll taxes	88,872.	35,478.	30,982.	22,412.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	23,735.		23,735.	
<b>c</b> Accounting	51,004.	9,294.	34,680.	7,030.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	170,374.	146,909.	23,465.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	113,077.	34,875.	32,964.	45,238.
<b>14</b> Information technology	68,910.	28,515.	22,778.	17,617.
<b>15</b> Royalties				
<b>16</b> Occupancy	167,029.	103,848.	38,470.	24,711.
<b>17</b> Travel	5,625.	2,393.	1,571.	1,661.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	184,364.	74,903.	41,434.	68,027.
<b>20</b> Interest	80,722.	50,241.	18,526.	11,955.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	288,987.	179,863.	66,325.	42,799.
<b>23</b> Insurance	25,024.	15,575.	5,743.	3,706.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>DEVELOPMENT &amp; MARKETING</b>	147,351.		5,680.	141,671.
<b>b</b> <b>DUES</b>	34,553.	12,886.	10,991.	10,676.
<b>c</b> <b>EQUIPMENT RENTAL AND MA</b>	12,139.	5,024.	4,013.	3,102.
<b>d</b> <b>PROGRAM EXPENSES</b>	3,019.	3,019.		
<b>e</b> All other expenses	-27.	32.	-40.	-19.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	17,223,013.	15,459,749.	934,212.	829,052.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**CENTRAL NEW YORK COMMUNITY FOUNDATION,  
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,499.	<b>1</b>	6,861.	
	<b>2</b> Savings and temporary cash investments .....	1,031,160.	<b>2</b>	781,176.	
	<b>3</b> Pledges and grants receivable, net .....	3,585,016.	<b>3</b>	3,414,320.	
	<b>4</b> Accounts receivable, net .....	4,345,356.	<b>4</b>	4,835,983.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....			<b>7</b>	
	<b>8</b> Inventories for sale or use .....			<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	56,007.		<b>9</b>	54,748.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	6,769,257.			
	<b>b</b> Less: accumulated depreciation .....	2,017,145.			
	<b>11</b> Investments - publicly traded securities .....	82,986,681.	<b>10c</b>	<b>11</b>	4,752,112.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	88,279,617.		<b>12</b>	96,435,474.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....			<b>13</b>	108,921,671.
	<b>14</b> Intangible assets .....			<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	5,951,389.		<b>15</b>	5,728,044.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	191,250,765.		<b>16</b>	224,930,389.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	29,494.		<b>17</b>	120,731.
	<b>18</b> Grants payable .....	1,681,301.		<b>18</b>	2,605,685.
	<b>19</b> Deferred revenue .....	1,414,527.		<b>19</b>	360,890.
	<b>20</b> Tax-exempt bond liabilities .....			<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	200.		<b>21</b>	200.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....			<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	3,725,000.		<b>23</b>	3,700,000.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....			<b>24</b>	
	<b>25</b> 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 .....	5,138,954.		<b>25</b>	11,920,147.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	11,989,476.		<b>26</b>	18,707,653.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	120,978,722.		<b>27</b>	142,333,221.
	<b>28</b> Temporarily restricted net assets .....	51,295,472.		<b>28</b>	56,890,029.
	<b>29</b> Permanently restricted net assets .....	6,987,095.		<b>29</b>	6,999,486.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....			<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....			<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....			<b>32</b>	
	<b>33</b> Total net assets or fund balances .....	179,261,289.		<b>33</b>	206,222,736.
	<b>34</b> Total liabilities and net assets/fund balances .....	191,250,765.		<b>34</b>	224,930,389.

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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	27,747,356.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	17,223,013.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,524,343.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	179,261,289.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	16,285,625.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	151,479.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	206,222,736.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		



**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12,097,440.	23,627,200.	23,015,320.	22,975,931.	23,394,810.	105,110,701.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	12,097,440.	23,627,200.	23,015,320.	22,975,931.	23,394,810.	105,110,701.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						105,110,701.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	12,097,440.	23,627,200.	23,015,320.	22,975,931.	23,394,810.	105,110,701.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	2,609,224.	4,052,970.	5,115,766.	2,950,954.	4,415,410.	19,144,324.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	268,275.	80,971.	103,595.	200,439.	255,336.	908,616.
<b>11 Total support.</b> Add lines 7 through 10						125,163,641.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	83.98 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	81.77 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**CENTRAL NEW YORK COMMUNITY FOUNDATION,**

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

- ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
- ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>15-0626910</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

**CENTRAL NEW YORK COMMUNITY FOUNDATION,**

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**CENTRAL NEW YORK COMMUNITY FOUNDATION,**

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		3,900.
<b>j</b> Total. Add lines 1c through 1i .....			3,900.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> 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 \$3,900 TO VAN SCOYOC ASSOCIATES TO SUPPORT THE COMMUNITY FOUNDATION AWARENESS INITIATIVE INVOLVING FEDERAL LEVEL ISSUES AFFECTING 501(C)3 TAX EXEMPT ORGANIZATIONS AND CHARITABLE GIVING.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2016

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including checkboxes and dollar amount fields.



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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1,325,953.
d Additions during the year	208,781.
e Distributions during the year	85,058.
f Ending balance	1,449,676.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	59,178,505.	64,741,993.	65,905,496.	61,545,510.	58,817,227.
b Contributions	1,383,161.	792,666.	261,142.	252,534.	289,151.
c Net investment earnings, gains, and losses	7,365,129.	-2,331,906.	2,022,165.	7,241,596.	5,512,414.
d Grants or scholarships	2,775,579.	2,542,508.	2,060,290.	1,918,376.	1,854,557.
e Other expenditures for facilities and programs	1,392,421.	1,481,740.	1,386,520.	1,215,768.	1,218,725.
f Administrative expenses					
g End of year balance	63,758,795.	59,178,505.	64,741,993.	65,905,496.	61,545,510.

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

- a Board designated or quasi-endowment  %
- b Permanent endowment  %
- c Temporarily restricted endowment  %

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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		253,775.		253,775.
b Buildings		5,668,585.	1,265,757.	4,402,828.
c Leasehold improvements				
d Equipment				
e Other		846,897.	751,388.	95,509.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,752,112.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) COMMON/COLLECTIVE TRUSTS	5,368,977.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	45,224,384.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS AND FUNDS OF		
(D) FUNDS	58,328,310.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>108,921,671.</b>	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CHARITABLE REMAINDER ANNUITY		
(3) TRUSTS/CHARITABLE REMAINDER		
(4) UNITRUSTS	1,035,322.	
(5) CHARITABLE GIFT ANNUITIES	288,125.	
(6) DEFERRED COMPENSATION	229,490.	
(7) ENDOWMENTS HELD FOR OTHER		
(8) NOT-FOR-PROFIT ORGANIZATIONS	10,367,210.	
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>11,920,147.</b>	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	44,184,460.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	16,285,625.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	151,479.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	16,437,104.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	27,747,356.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	27,747,356.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	17,223,013.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	17,223,013.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	17,223,013.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 1B:**

THE FOUNDATION IS THE TRUSTEE OF SEVEN CHARITABLE REMAINDER TRUSTS.

**PART IV, LINE 2B:**

THE FOUNDATION WAS ASSIGNED A MORTGAGE AS PART OF A BEQUEST. THE MORTGAGE REQUIRED THAT AN ESCROW ACCOUNT BE MAINTAINED FOR PAYMENT OF TAXES AND INSURANCE.

**PART X, LINE 2:**

THE COMMUNITY FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. FOR

**Part XIII** Supplemental Information (continued)

TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN  
UNCERTAINTY, SINCE EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZE THEIR  
TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 151,479.

INTENDED USE OF ENDOWMENT FUNDS:

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

Employer identification number  
**15-0626910**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CAYMAN ISLANDS			INVESTMENTS HELD IN CAYMAN ISLANDS	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	35,767,372.
JERSEY, ENGLISH CHANNEL			INVESTMENTS HELD IN JERSEY, ENGLISH CHANNEL	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	184,928.
<b>3 a</b> Sub-total .....	0	0			35,952,300.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			35,952,300.

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

Schedule F (Form 990) 2016

SEE PART V FOR COLUMN (E) DESCRIPTIONS





**Part IV Foreign Forms**

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



**Part V** Supplemental Information

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

**PART I, LINE 3, COLUMN (E):**

**REGION: CAYMAN ISLANDS**

**(E) SPECIFIC TYPES OF SERVICES IN REGION: INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO PROVIDE TO NOT-FOR-PROFIT ORGANIZATIONS IN NEW YORK STATE.**

**REGION: JERSEY, ENGLISH CHANNEL**

**(E) SPECIFIC TYPES OF SERVICES IN REGION: INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO PROVIDE TO NOT-FOR-PROFIT ORGANIZATIONS IN NEW YORK STATE.**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

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

Employer identification number  
**15-0626910**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
1890 HOUSE MUSEUM AND CENTER FOR THE ARTS - 37 TOMPKINS ST - CORTLAND, NY 13045	13-2951986		9,000.	0.			GENERAL USE
ABC CAYUGA, INC. PO BOX 1529 AUBURN, NY 13021	81-1255927		5,000.	0.			CAPITAL CAMPAIGN
ACCESSCNY 1603 COURT STREET SYRACUSE, NY 13208	15-0532247		41,437.	0.			ANNUAL SUPPORT AND CAPITAL IMPROVEMENTS
ALL HALLOWS HIGH SCHOOL 111 E 164TH STREET BRONX, NY 10452			7,500.	0.			GENERAL USE
ALL SAINTS CHURCH OUTREACH MINISTRIES - 112 LANCASTER PLACE - SYRACUSE, NY 13210			5,000.	0.			GENERAL USE
ALS ASSOCIATION OF CENTRAL NEW YORK - P.O. BOX 127 - ELBRIDGE, NY 13060	13-3271855		21,203.	0.			GENERAL USE, MEMORIUM

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNATIVE EFFORTS CENTER OF CNY, INC. - 212 WAYNE ST - SYRACUSE, NY 13203	16-1379232		13,613.	0.			FRIENDS OF DOROTHY HOUSE SUPPORT
AMAUS HEALTH SERVICES 259 EAST ONONDAGA STREET SYRACUSE, NY 13204	15-0532133		25,000.	0.			PURCHASE TECH FOR DENTAL SVCS
AMERICAN HEART ASSOCIATION/GREATER SYRACUSE & NORTH COUNTRY - 2 CLINTON SQUARE, SUITE 305 - SYRACUSE, NY 13202	16-0915734		16,113.	0.			GENERAL SUPPORT
AMERICAN LEGION/CAZENOVIA POST PO BOX 263 CAZENOVIA, NY 13035	16-6093956		10,000.	0.			REJUVENATION OF COMMUNITY BASEBALL FIELD PROJECT
AMERICAN RED CROSS OF CENTRAL NEW YORK - 344 W. GENESEE ST. - SYRACUSE, NY 13202	53-0196605		24,475.	0.			MEMORIALS, HONORARIUMS, DISASTER RELIEF, EVENT SUPPORT, GENERAL USE
ANTIQUE BOAT MUSEUM 750 MARY ST. CLAYTON, NY 13624	22-2319606		11,500.	0.			MEMORIALS, HONORARIUMS
AOPA AIR SAFETY FOUNDATION 421 AVIATION WAY FREDERICK, MD 21701	52-6042953		51,000.	0.			AIR SAFETY INSTITUTE SUPPORT
ARISE CHILD AND FAMILY SERVICE, INC - 635 JAMES STREET - SYRACUSE, NY 13203	16-1186293		30,324.	0.			GENERAL SUPPORT, PURCHASE OF WHEELCHAIR ACCESSIBLE VAN
ASBURY UNITED METHODIST CHURCH 205 SOUTH MAIN STREET HARRISONBURG, VA 22801			5,200.	0.			GENERAL USE

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AURORA OF CNY 518 JAMES ST., STE. 100 SYRACUSE, NY 13203	15-0543651		19,113.	0.			PROGRAM SPONSORSHIP, STAFF ADVANCEMENT, GENERAL USE, HONONARIUMS
AVE MARIA UNIVERSITY 5050 AVE MARIA BOULEVARD AVE MARIA, FL 34142			100,000.	0.			GENERAL USE
BALTIMORE WOODS NATURE CENTER PO BOX 133 MARCELLUS, NY 13108	16-0973044		41,914.	0.			GENERAL USE, PROGRAM SPECIFIC, STAFF ADVANCEMENT
BARTON COLLEGE 200 ATLANTIC CHRISTIAN COL DR NE WILSON, NC 27893			5,000.	0.			SCHOLARSHIP
BELIEVE IN SYRACUSE 2610 SOUTH SALINA ST SYRACUSE, NY 13205	46-4153281		5,000.	0.			COMMUNITY SERVICE COMMITTEE SUPPORT
BISHOP LUDDEN JR/SR HIGH SCHOOL 815 FAY RD SYRACUSE, NY 13219			24,500.	0.			SCHOLARSHIPS, TUITION ASSISTANCE, ROBOTICS TEAM SUPPORT
BLESSED SACRAMENT CHURCH 3127 JAMES STREET SYRACUSE, NY 13206			5,867.	0.			GENERAL SUPPORT
BOSTON UNIVERSITY 121 BAY STATE ROAD BOSTON, MA 02215			6,776.	0.			SCHOLARSHIP
BOY SCOUTS OF AMERICA - BADEN-POWELL COUNCIL - 2150 NYS RT 12 - BINGHAMTON, NY 13901	15-0536607		5,000.	0.			SCOUTING ACTIVITIES IN CORTLAND COUNTY

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BOYS & GIRLS CLUBS OF SYRACUSE 2100 E. FAYETTE ST SYRACUSE, NY 13224	15-0532240		26,725.	0.			GENERAL GIFT, PROGRAM SUPPORT, EVENT/CAMPAIGN SUPPORT
BRADY FAITH CENTER 404 SOUTH AVE SYRACUSE, NY 13204			92,840.	0.			GENERAL GIFTS, PROGRAM SUPPORT
BROOKLINE COMMUNITY FOUNDATION, INC. - 40 WEBSTER PL - BROOKLINE, MA 02445	04-2103944		5,000.	0.			GENERAL SUPPORT
BROOME COMMUNITY COLLEGE PO BOX 1017 BINGHAMTON, NY 13902-1017			8,377.	0.			SCHOLARSHIPS
BUFFALO STATE COLLEGE MOOT HALL 230, 1300 ELM AVE BUFFALO, NY 14222			131,212.	0.			SCHOLARSHIPS
BUILDING MEN PROGRAM, INC. 103 MANN DR SYRACUSE, NY 13209	47-3788818		5,000.	0.			GENERAL PROGRAM SUPPORT
CAMP AMERIKIDS, INC. 88 HAMILTON AVE STAMFORD, CT 06902	06-1431690		10,000.	0.			GENERAL GIFT
CANCERCONNECTS, INC. 5008 BRITTONFIELD PKWY #800 SYRACUSE, NY 13057	20-3767018		11,266.	0.			GENERAL USE
CATHOLIC CHARITIES 1654 W. ONONDAGA ST. SYRACUSE, NY 13204	15-0532085		54,486.	0.			STAFF ADVANCEMENT, PROGRAM SUPPORT, GENERAL USE

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CAYUGA COMMUNITY COLLEGE 197 FRANKLIN STREET AUBURN, NY 13021			39,169.	0.			SCHOLARSHIPS
CAYUGA COMMUNITY COLLEGE FOUNDATION, INC. - 197 FRANKLIN STREET - AUBURN, NY 13021	22-2413804		23,496.	0.			SCHOLARSHIPS
CAYUGA COUNTY HABITAT FOR HUMANITY PO BOX 1903 AUBURN, NY 13021	16-1390395		5,128.	0.			GENERAL GIFT
CAYUGA MUSEUM OF HISTORY AND ART 203 GENESEE STREET AUBURN, NY 13021	15-0533567		6,515.	0.			GENERAL GIFT
CAZENOVIA COLLEGE 22 SULLIVAN ST. CAZENOVIA, NY 13035	15-0543658		15,500.	0.			SCHOLARSHIPS
CAZENOVIA PRESERVATION FOUNDATION PO BOX 627 CAZENOVIA, NY 13035	16-6101151		15,884.	0.			GENERAL USE
CENTERSTATE CEO FOUNDATION 115 WEST FAYETTE STREET SYRACUSE, NY 13202	22-2305294		35,000.	0.			SUPPORT FOR HIRING AN EXECUTIVE DIRECTOR
CHRISTIAN BROTHERS ACADEMY 6245 RANDALL ROAD SYRACUSE, NY 13214			62,750.	0.			SCHOLARSHIPS, GENERAL SUPPORT
CITIZENS CAMPAIGN FOR THE ENVIRONMENT - 2000 TEALL AVENUE - SYRACUSE, NY 13206	11-2983418		10,000.	0.			GENERAL SUPPORT

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CITY COLLEGE OF NEW YORK 160 CONVENT AVE, SHEPHARD HALL NEW YORK, NY 10031			10,000.	0.			SCHOLARSHIP FUND
CLARKSON UNIVERSITY PO BOX 5500 POTSDAM, NY 13699			33,444.	0.			SCHOLARSHIPS
CLEAR PATH FOR VETERANS, INC. 1223 SALT SPRINGS ROAD CHITTENANGO, NY 13037	27-5206513		27,455.	0.			GENERAL USE, PROGRAM SUPPORT, HONORARIUMS
CNY ARTS 421 MONTGOMERY ST. 11TH FLOOR SYRACUSE, NY 13202	15-0625350		31,750.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CNY JAZZ ARTS FOUNDATION, INC. 444 EAST WASHINGTON STREET SYRACUSE, NY 13202	16-1546134		13,280.	0.			PROGRAM SUPPORT, GENERAL SUPPORT
CNY LIBRARY RESOURCES COUNCIL 6493 RIDINGS ROAD SYRACUSE, NY 13206	16-0957462		15,000.	0.			TECH LENDING PROGRAM SUPPORT
CNY RONALD MCDONALD HOUSE CHARITIES, INC. - 1100 EAST GENESEE ST - SYRACUSE, NY 13210	22-2371193		17,513.	0.			GENERAL USE
COLGATE UNIVERSITY 13 OAK DRIVE HAMILTON, NY 13346-9989			9,306.	0.			SCHOLARSHIPS
COLUMBIA UNIVERSITY PO BOX 1385 NEW YORK, NY 10008			14,100.	0.			SCHOLARSHIPS

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COMMUNITY ACTION PARTNERSHIP FOR MADISON COUNTY - 3 E MAIN STREET - MORRISVILLE, NY 13408	16-1289461		30,600.	0.			TECHNOLOGY UPGRADE, GENERAL GIFTS
CONNECT AFRICA FOUNDATION, INC. 222 PLEASANT ST NEWTON CENTER, MA 02459	37-1496337		25,000.	0.			GENERAL GIFT
CORTLAND AREA COMMUNITIES THAT CARE COALITION - 33-35 CENTRAL AVE - CORTLAND, NY 13045	34-2064367		40,000.	0.			GENERAL GIFT
CORTLAND COMMUNITY FOUNDATION 3334 NYS ROUTE 215 CORTLAND, NY 13045-0466	16-1561037		11,350.	0.			SPECIAL FUNDS DESIGNATION
CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. - 32 NORTH MAIN ST - CORTLAND, NY 13045	16-1004653		13,500.	0.			ANGELS PROGRAM
CORTLAND LOAVES & FISHES, INC. 13 COURT STREET CORTLAND, NY 13045	16-1236737		26,000.	0.			GENERAL USE
CORTLAND MEMORIAL FOUNDATION, INC. 134 HOMER AVENUE CORTLAND, NY 13045	22-2230692		55,000.	0.			GENERAL USE
CORTLAND REPERTORY THEATRE PO BOX 783 CORTLAND, NY 13045	16-1004610		15,500.	0.			GENERAL USE
COUNCIL FOR LUTHERAN CAMPUS MINISTRY AT SYRACUSE, INC. - SYRACUSE UNIVERSITY-HENDRICKS CHAPEL - SYRACUSE, NY 13244	15-0579222		7,000.	0.			LITERACY ADVANCEMENT INITIATIVES

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COVENANT HOUSE 460 WEST 41ST ST NEW YORK, NY 10036	13-2725416		5,400.	0.			GENERAL GIFT
CRADLES TO CRAYONS, INC. 155 NORTH BEACON STREET BRIGHTON, MA 02135	04-3584367		5,000.	0.			GENERAL GIFT
CROUSE COMMUNITY CENTER 101 SOUTH STREET MORRISVILLE, NY 13408			15,000.	0.			PROGRAM SUPPORT
CROUSE HEALTH FOUNDATION, INC. 736 IRVING AVE SYRACUSE, NY 13210	16-1035427		90,488.	0.			MEMORIALS, HONORARIUMS, SPECIAL PROJECTS, CROUSE SOCIETY, BREAST HEALTH CENTER
DANA-FARBER CANCER INSTITUTE, INC. 401 EAST 34TH STREET NEW YORK, NY 10016	04-2263040		6,200.	0.			GENERAL USE
DAVID'S REFUGE 8195 CAZENOVIA ROAD MANLIUS, NY 13104	45-3686680		8,750.	0.			GENERAL USE
DEWITT COMMUNITY CHURCH 3600 ERIE BLVD E, DEWITT, NY 13214			29,000.	0.			GENERAL GIFTS
DEWITT COMMUNITY LIBRARY ASSOCIATION - 3649 ERIE BOULEVARD - DEWITT, NY 13214	22-2480461		13,350.	0.			GENERAL GIFTS, CAPITAL CAMPAIGN
DOCTORS WITHOUT BORDERS PO BOX 1856 MERRIFIELD, VA 22116	13-3433452		5,650.	0.			GENERAL SUPPORT

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DOWNTOWN SYRACUSE FOUNDATION 115 WEST FAYETTE STREET SYRACUSE, NY 13202	45-5419583		10,000.	0.			PROGRAM SUPPORT
DRUG POLICY ALLIANCE 131 W 33RD ST, 15TH FLOOR NEW YORK, NY 10001	52-1516692		10,000.	0.			GENERAL USE
DUCKS UNLIMITED, INC. 1 WATERFOWL WAY MEMPHIS, TN 38120	13-5643799		20,000.	0.			75TH ANNIVERSARY GIFT
DUNBAR ASSOCIATION, INC. 1453 S. STATE STREET SYRACUSE, NY 13205-1137	15-0533563		25,250.	0.			SUPPORT FOR OPERATIONAL PARTNERSHIP, GENERAL GIFT
EARLVILLE FREE LIBRARY P.O. BOX 120 N. MAIN ST. EARLVILLE, NY 13332	15-0618864		25,244.	0.			GENERAL GIFT
EAST AREA VOLUNTEER EMERGENCY SERVICES, INC. - PO BOX 34 - SYRACUSE, NY 13057	23-7356692		25,000.	0.			CAPITAL PROJECT
EMERSON CHURCH 9971 O'NEIL RD CONQUEST, NY 13140			5,000.	0.			GENERAL GIFT
ENSAAF PO BOX 11682 PLEASANTON, CA 94588	16-1687486		10,000.	0.			GENERAL GIFT
ERIE CANALWAY NATIONAL HERITAGE CORRIDOR - PO BOX 219 - WATERFORD, NY 12188	26-0372982		24,420.	0.			PROGRAM SUPPORT

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EVERSON MUSEUM OF ART 401 HARRISON ST. SYRACUSE, NY 13202	15-0616499		47,825.	0.			GENERAL USE, MEMBERSHIP, EXHIBIT SUPPORT, EVENT SPONSORSHIP, STAFF ADVANCEMENT, PROGRAM
FASHION INSTITUTE OF TECHNOLOGY 227 WEST 27TH STREET NEW YORK, NY 10001			14,531.	0.			SCHOLARSHIPS
FIDELITY CHARITABLE GIFT FUND 82 DEVONSHIRE ST BOSTON, MA 02109-3605	22-3332686		10,000.	0.			DESIGNATED FOR DONOR ADVISED FUND
FILMINSYRACUSE/SYRACUSE INTERNATIONAL FILM FESTIVAL - 5655 THOMPSON ROAD - DEWITT, NY 13214	26-1969924		5,100.	0.			GENERAL USE
FINGER LAKES LAND TRUST 202 E. COURT ST ITHACA, NY 14850	22-2983688		58,250.	0.			CAPITAL IMPROVEMENTS, GENERAL USE
FIRST BAPTIST CHURCH OF PULASKI 7 BRIDGE STREET PULASKI, NY 13142			34,300.	0.			GENERAL USE
FIRST PRESBYTERIAN CHURCH PO BOX 306 CAZENOVIA, NY 13035			10,700.	0.			GENERAL GIFT AND ANNUAL SUPPORT
FIRST UNITARIAN UNIVERSALIST SOCIETY OF SYRACUSE - 109 WARING ROAD - SYRACUSE, NY 13224-2294			5,000.	0.			GENERAL USE
FIVER FOUNDATION PO BOX 176 HAMILTON, NY 13346	13-3993633		8,130.	0.			PROJECT SUPPORT

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FOLTS FOUNDATION 104 N. WASHINGTON ST HERKIMER, NY 13350	22-3397224		28,928.	0.			GENERAL USE
FOOD BANK OF CNY 7066 ISLAND ROAD SOLVAY, NY 13209	20-2816988		18,060.	0.			GENERAL USE
FOUNDATION OF THE JEWISH HOME OF CNY INC - 4101 E. GENESEE ST. - SYRACUSE, NY 13214	22-2360749		12,500.	0.			MEMORAH PARK, PROGRAM SUPPORT
FRACTURED ATLAS, INC. 248 W 35TH ST 10TH FL NEW YORK, NY 10001	11-3451703		13,500.	0.			PROJECT SUPPORT
FRANCIS HOUSE, INC. 108 MICHAELS AVE. SYRACUSE, NY 13208	16-1585910		28,375.	0.			MEMORIALS, HONORARIUMS, CARING FUND, EVENT SPONSORSHIP, GENERAL GIFT
FRANCISCAN NORTHSIDE MINISTRIES 804 N. SALINA STREET SYRACUSE, NY 13208			25,100.	0.			GENERAL USE
FRANK H. HISCOCK LEGAL AID SOCIETY 351 S WARREN ST - STE 300 SYRACUSE, NY 13202	15-0527253		11,550.	0.			GENERAL USE
FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 17604			5,000.	0.			SCHOLARSHIP
FREE WHEELCHAIR MISSION 9341 IRVINE BLVD IRVINE, CA 92618	31-1781635		50,200.	0.			GENERAL USE

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FRIENDS OF ISRAEL DEFENSE FORCES 1430 BROADWAY, STE 1301 NEW YORK, NY 10018	13-3156445		10,000.	0.			GENERAL GIFT
FRIENDS OF THE ROSAMOND GIFFORD ZOO AT BURNET PARK - 1 CONSERVATION PL - SYRACUSE, NY 13204	23-7083532		25,050.	0.			PROGRAM SUPPORT, GENERAL USE
FULTON - MONTGOMERY COMMUNITY COLLEGE - 2805 STATE HIGHWAY 67 - JOHNSTOWN, NY 12095			6,000.	0.			SCHOLARSHIPS
GEORGETOWN UNIVERSITY 2115 WISCONSIN AVE, NW, SUITE 500 WASHINGTON, DC 20007	59-1052433		20,500.	0.			SCHOLARSHIPS, ALUMNI GIFT
GULF COAST COMMUNITY FOUNDATION 601 TAMiami TRAIL SOUTH VENICE, FL 34285	59-1052433		282,670.	0.			CREATE NEW FUND
HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323			5,500.	0.			SCHOLARSHIPS
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477		7,128.	0.			GENERAL USE
HERKIMER COUNTY COMMUNITY COLLEGE 100 RESERVOIR RD HERKIMER, NY 13350			7,885.	0.			SCHOLARSHIPS
HILLSIDE CHILDREN'S FOUNDATION 1183 MONROE AVE ROCHESTER, NY 14620	16-0743039		6,000.	0.			GENERAL USE

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HOBART & WILLIAM SMITH COLLEGES 615 S. MAIN ST GENEVA, NY 14456			15,600.	0.			SCHOLARSHIPS, PARENTS FUND, ANNUAL FUND
HOLY CROSS CHURCH 4112 E. GENESEE ST DEWITT, NY 13214			37,000.	0.			GENERAL USE, SCHOLARSHIPS, HONORARIUM, HOLY CROSS SCHOOL
HOME HEADQUARTERS 538 ERIE BLVD WEST, SYRACUSE, NY 13204	22-2982267		43,600.	0.			GREEN & HEALTHY HOMES SUPPORT, WASHINGTON SQUARE PARK PLAYGROUND, GENERAL USE, DATA PROJECT
HOMER EDUCATION FOUNDATION PO BOX 174 HOMER, NY 13077	51-0537926		10,000.	0.			GENERAL USE
HOPE FOR BEREAVED 4500 ONONDAGA BLVD, SYRACUSE, NY 13219-3329	16-1370553		51,388.	0.			GENERAL USE, CAPITAL IMPROVEMENTS
HOSPICE FOUNDATION OF CNY, INC. 990 SEVENTH N. ST., LIVERPOOL, NY 13088	16-1438980		6,800.	0.			MEMORIALS AND GENERAL USE
HUNTINGTON FAMILY CENTERS, INC. 405 GIFFORD STREET, SYRACUSE, NY 13204-3290	15-0532198		21,316.	0.			GENERAL USE, STAFF ADVANCMENT
IMMACULATE CONCEPTION CHURCH 400 SALT SPRINGS ST. FAYETTEVILLE, NY 13066			43,200.	0.			GENERAL USE, CAPITAL CAMPAIGN
INTERFAITH WORKS OF CENTRAL NEW YORK - 1010 JAMES ST - SYRACUSE, NY 13203	16-1064233		49,625.	0.			GENERAL USE, REFUGEE RESETTLEMENT PROGRAM

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ITHACA COLLEGE 953 DANBY ROAD ITHACA, NY 14850-9948			19,000.	0.			SCHOLARSHIPS
IT'S ABOUT CHILDHOOD & FAMILY INC. 100 BRADFORD HEIGHTS SYRACUSE, NY 13224	16-1593181		11,500.	0.			PROGRAM SUPPORT, GENERAL USE
JAMES AND JULI BOEHEIM FOUNDATION 7002 TIFFANY CIR DEWITT, NY 13214	80-0434367		34,250.	0.			GENERAL USE / VARIOUS CAMPAIGNS
JDRF INTERNATIONAL/CENTRAL NEW YORK CHAPTER - 100 METROPOLITAN PARK DR. - LIVERPOOL, NY 13088	91-1962781		7,000.	0.			GENERAL SUPPORT
JEWISH FEDERATION OF CENTRAL NEW YORK - 5655 THOMPSON RD - DEWITT, NY 13214	15-0543614		57,041.	0.			GENERAL USE, JEWISH OBSERVER, PROGRAM SUPPORT
JIM MARSHALL FARMS FOUNDATION, INC. - 1978 NEW BOSTON ROAD - CHITTENANGO, NY 13037	16-1611112		7,450.	0.			GENERAL USE
JOSEPH'S HOUSE FOR WOMEN, INC. 1101 BURNET AVE SYRACUSE, NY 13203	46-2485173		52,000.	0.			GENERAL USE
JUBILEE HOMES OF SYRACUSE, INC. 119 SOUTH AVE SYRACUSE, NY 13204	16-1330593		8,250.	0.			PROJECT SUPPORT, GENERAL USE
JUNIOR ACHIEVEMENT OF CENTRAL UPSTATE NEW YORK - 290 ELWOOD DAVIS RD, STE 290 - LIVERPOOL, NY 13088	16-0915560		5,000.	0.			PROJECT SUPPORT

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JUSTICE RESOURCE INSTITUTE, INC. - THE FAMILY JUSTICE CENTER - 989 COMMONWEALTH AVE - BOSTON, MA 02445	04-2526357		10,000.	0.			GENERAL USE
KEUKA COLLEGE 141 CENTRAL AVENUE KEUKA PARK, NY 14478	16-6054295		7,688.	0.			SCHOLARSHIPS
LANDMARK THEATRE 362 SOUTH SALINA STR SYRACUSE, NY 13202	22-2148823		5,000.	0.			GENERAL USE
LEAD NEW YORK PROGRAM 114 KENNEDY HALL ITHACA, NY 14853	22-6506148		9,319.	0.			GENERAL SUPPORT
LEMOYNE COLLEGE 1419 SALT SPRINGS RD DEWITT, NY 13214			105,500.	0.			SCHOLARSHIPS, MADDEN SCHOOL OF BUSINESS, ANNUAL FUND, SCHOLARSHIP FUNDS
LIBERTY RESOURCES, INC. 1065 JAMES ST SYRACUSE, NY 13203	16-1129675		25,300.	0.			PROGRAM SUPPORT, GENERAL USE
LITERACY COALITION OF ONONDAGA COUNTY - 518 JAMES ST. - SYRACUSE, NY 13203	15-0532073		124,284.	0.			EMPLOYER MATCH, IMAGINATION LIBRARY, PURCHASE BOOKS
LITERACYCNY 100 NEW ST SYRACUSE, NY 13202	16-1002098		20,000.	0.			HONORARIUMS, GENERAL USE
LIVERPOOL PUBLIC LIBRARY 310 TULIP ST, LIVERPOOL, NY 13088	16-1463853		15,200.	0.			CAPITAL PROJECT

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LORETTO HEALTH & REHABILITATION CENTER - 700 E BRIGHTON AVE - SYRACUSE, NY 13205	20-0503099		28,932.	0.			PROGRAM SUPPORT
LOWVILLE UNITED METHODIST CHURCH 7618 N. STATE ST LOWVILLE, NY 13367			10,000.	0.			GENERAL SUPPORT
MADISON COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT - 138 N COURT ST - WAMPSVILLE, NY 13163			5,000.	0.			SPECIAL PROJECT
MANLIUS PEBBLE HILL SCHOOL 5300 JAMESVILLE RD., DEWITT, NY 13214			1,659,961.	0.			SPECIAL PROJECTS, CAPITAL CAMPAIGN, MARKETING, PROGRAM SUPPORT
MATTHEW HOUSE INC. 43 METCALF DR, AUBURN, NY 13021	16-1591811		30,864.	0.			ANNUAL FUND AND GENERAL USE
MCMAHON/RYAN CHILD ADVOCACY SITE 601 E. GENESEE ST., SYRACUSE, NY 13202	16-1563195		5,130.	0.			HONORARIUMS, MEMORIUMS, PROGRAM SUPPORT
MEALS ON WHEELS OF SYRACUSE 300 BURT ST. SYRACUSE, NY 13202	16-0970999		8,500.	0.			MEMORIUMS, SPECIAL PROJECTS, GENERAL USE
MERCY WORKS, INC. P.O. BOX 25 SYRACUSE, NY 13205	16-1553234		22,250.	0.			MEMORIUMS, SPECIAL PROJECTS, GENERAL USE
MERRY-GO-ROUND PLAYHOUSE, INC. 17 WILLIAM STREET 2ND FL AUBURN, NY 13021	15-0625507		150,000.	0.			MUSICAL THEATRE FESTIVAL SUPPORT

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MILLBROOK SCHOOL 131 MILLBROOK SCHOOL RD MILLBROOK, NY 12545	14-1413770		18,000.	0.			MEMORIUMS, GENERAL GIFT, ANNUAL FUND
MOHAWK VALLEY COMMUNITY COLLEGE 1101 SHERMAN DRIVE, UTICA, NY 13501			27,876.	0.			SCHOLARSHIPS
MONROE COMMUNITY COLLEGE 1000 E. HENRIETTA RD ROCHESTER, NY 14623			43,258.	0.			SCHOLARSHIPS
MOST - MUSEUM OF SCIENCE & TECHNOLOGY FOUNDATION - 500 S. FRANKLIN ST., - SYRACUSE, NY 13202	22-3158446		205,580.	0.			GENERAL GIFTS, CAPITAL CAMPAIGN, HONORARIUM, SPECIAL PROJECT
MUSICAL ASSOCIATES OF CENTRAL NEW YORK, INC. - PO BOX 1161, - SYRACUSE, NY 13201	46-1080817		39,050.	0.			SYMPHORIA
NAMI SYRACUSE INC 917 AVERY AVENUE SYRACUSE, NY 13204	22-2469922		5,300.	0.			GENERAL SUPPORT
NAPLES CHILDREN & EDUCATION FOUNDATION - 4305 EXCHANGE AVE - NAPLES, NY 34104	65-1001650		153,000.	0.			UNRESTRICTED GIFT
NATIONAL AUDUBON SOCIETY 225 VARICK STREET, 7TH FL NEW YORK, NY 10014	13-1624102		30,320.	0.			ONONDAGA LAKE CONSERVATION CORPS SUPPORT, GENERAL USE
NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN - 275 LAKE AVE - ROCHESTER, NY 14608	52-1328557		5,100.	0.			GENERAL USE

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NCTE 1111 WEST KENYON RD. URBANA, IL 61801	37-0715886		17,100.	0.			GENERAL USE
NEHDA - NORTHEAST HAWLEY DEVELOPMENT ASSN. - 101 GERTRUDE ST - SYRACUSE, NY 13203	16-1117485		17,000.	0.			SPECIAL PROJECT
NEW JERSEY AGRICULTURAL SOCIETY 1200 FLORENCE COLUMBUS ROAD BORDENTOWN, NJ 08505	21-0634544		7,300.	0.			GENERAL USE
NEW YORK ANIMAL AGRICULTURE COALITION - PO BOX 147 - GREENWICH, NY 12834	46-5077587		9,100.	0.			GENERAL USE
NIAGARA COUNTY COMMUNITY COLLEGE 3111 SAUNDERS SETTLEMENT ROAD SANBORN, NY 14132			8,398.	0.			SCHOLARSHIPS
NIAGARA UNIVERSITY 5795 LEWISTON RD NIAGARA UNIV, NY 14109			9,000.	0.			SCHOLARSHIPS
NORTH SYRACUSE EDUCATION FOUNDATION, INC. - PO BOX 5225 - SYRACUSE, NY 13220	16-1605888		5,450.	0.			GENERAL USE
NORTHEASTERN UNIVERSITY 349 RICHARDS HALL; 360 HUNTINGTON A BOSTON, MA 02115			5,050.	0.			SCHOLARSHIPS
NORTHWEST YMCA 8040 RIVER RD, BALDWINVILLE, NY 13027	15-0532278		26,330.	0.			GENERAL USE, SPECIAL PROJECT, PROGRAM SUPPORT

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NY CONFERENCE OF SEVENTH DAY ADVENTIST - 4930 W SENECA TURNPIKE - SYRACUSE, NY 13215			5,500.	0.			PARKVIEW ACADEMY PLAYGROUND PROJECT
NYS AGRICULTURAL SOCIETY FOUNDATION INC - 493 CHARLTON ROAD, - BALLSTON SPA, NY 12020	27-1174254		15,500.	0.			ANNUAL FUND AND GENERAL USE
ON POINT FOR COLLEGE 1654 W. ONONDAGA ST. SYRACUSE, NY 13204	16-1569356		34,341.	0.			GENERAL GIFT, SCHOLARSHIPS
ONEIDA PUBLIC LIBRARY 220 BROAD STREET, ONEIDA, NY 13421	16-1515573		57,718.	0.			MADISON COUNTY LITERACY COALITION AND CAPITAL CAMPAIGN
ONONDAGA COMMUNITY COLLEGE FOUNDATION - 4585 W. SENECA TNPK. - SYRACUSE, NY 13215	22-2318303		347,731.	0.			SCHOLARSHIPS, MEMORIUMS, CAPITAL CAMPAIGN, SUMMER SUCCESS PROGRAM, GENERAL USE
ONONDAGA COMMUNITY LIVING, INC. 518 JAMES STREET, SYRACUSE, NY 13203	16-1275425		32,900.	0.			MEMORIUM, GENERAL USE
ONONDAGA COUNTY/DEPARTMENT OF CHILD & FAMILY SERVICES - 421 MONTGOMERY ST. - SYRACUSE, NY 13203	69-0210991		2,000,000.	0.			SYRACUSE CSD SPECIAL PROJECTS SUPPORT
ONONDAGA EARTH CORPS 100 NEW ST #239 SYRACUSE, NY 13202	46-0593831		17,750.	0.			SPECIAL PROJECT
ONONDAGA GUILD TO VAN DUYN 5075 W. SENECA TNPK. SYRACUSE, NY 13215	22-2159154		18,188.	0.			GENERAL GIFT

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ONONDAGA HISTORICAL ASSOCIATION 321 MONTGOMERY ST., SYRACUSE, NY 13202	15-0533554		29,200.	0.			VARIOUS SPECIAL PROJECTS, GENERAL SUPPORT, MEMBERSHIP
OSBORNE ASSOCIATION 809 WESTCHESTER AVE BRONX, NY 10455	13-5563028		5,000.	0.			GENERAL GIFT
OSWEGO COUNTY OPPORTUNITIES, INC. 239 ONEIDA STREET FULTON, NY 13069	16-0979876		5,000.	0.			GENERAL GIFT
PAN MASSACHUSETTS CHALLENGE, INC. 77 FOURTH AVENUE NEEDHAM, MA 02194	04-3306016		10,480.	0.			JIMMY FUND
PARK CENTRAL PRESBYTERIAN CHURCH 504 E. FAYETTE ST., SYRACUSE, NY 13202			5,250.	0.			GENERAL USE
PARTNERS IN LEARNING, INC. 105 RUGBY RD SYRACUSE, NY 13206	16-1352060		9,200.	0.			MANOS PROGRAM SUPPORT
PEACE, INC. 217 SOUTH SALINA STREET SYRACUSE, NY 13202	16-6095039		10,719.	0.			SPECIAL PROJECTS, GENERAL USE
PENN STATE UNIVERSITY 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802			17,558.	0.			SCHOLARSHIPS
PHILLIPS FREE LIBRARY PO BOX 7 HOMER, NY 13077	15-0532226		5,000.	0.			GENERAL USE

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PINE STREET INN 444 HARRISON AVENUE, BOSTON, MA 02118	04-2516093		10,000.	0.			GENERAL USE
PLANNED PARENTHOOD/ROCHESTER SYRACUSE REGION - 114 UNIVERSITY AVE., - ROCHESTER, NY 14605-9973	16-0743085		32,400.	0.			GENERAL USE
PLANNED RESULTS, INC./DOLLARS FOR SCHOLARS - 231 WALTON ST STE 102 - SYRACUSE, NY 13202	46-4788252		5,375.	0.			SCHOLARSHIPS
PROVIDENCE SERVICES OF SYRACUSE, INC. - 1201 E FAYETTE ST SUITE 13 - SYRACUSE, NY 13210	47-1431103		7,500.	0.			SPECIAL PROJECT
PULASKI CENTRAL SCHOOL DISTRICT 2 HINMAN RD PULASKI, NY 13142			7,400.	0.			SCHOLARSHIPS
PULASKI HISTORICAL SOCIETY 3428 MAPLE AVE PULASKI, NY 13142	22-2329637		5,300.	0.			GENERAL USE
RAHMA HEALTH CLINIC 3100 S. SALINA ST SYRACUSE, NY 13025	46-0933000		5,000.	0.			GENERAL USE
REDHOUSE ARTS CENTER INC 201 S. WEST ST. SYRACUSE, NY 13204	22-2366669		32,250.	0.			GENERAL GIFT AND SPECIAL PROJECTS
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH ST., TROY, NY 12180			22,086.	0.			SCHOLARSHIPS

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RESCUE MISSION P.O. BOX 11122 SYRACUSE, NY 13202	15-0532146		296,456.	0.			GENERAL USE, TEMPORARY HOUSING, RIDE FOR THE RESCUE, CAPITAL CAMPAIGN
RIVER HOSPITAL FOUNDATION, INC. PO BOX 567 ALEXANDRIA BAY, NY 13607	42-1585479		8,000.	0.			GENERAL USE
RIVERSIDE CENTER FOR EXCELLENCE IN AGING AND LIFELONG HEALTH - 3901 TREYBURN DR STE 100 - WILLIAMSBURG, VA 23185	06-1644517		5,160.	0.			GENERAL USE
RIVERVIEW SCHOOL, INC. 551 ROUTE 6A SANDWICH, MA 02537			5,000.	0.			GENERAL USE
ROCHESTER INSTITUTE OF TECHNOLOGY 56 LOMB MEMORIAL DR. ROCHESTER, NY 14623			65,158.	0.			SCHOLARSHIPS
ROMAN CATHOLIC DIOCESE OF SYRACUSE 240 EAST ONONDAGA ST SYRACUSE, NY 13202			11,825.	0.			HOPE APPEAL
SAINT ELIZABETH SETON CATHOLIC CHURCH - 5260 28TH AVE SW - NAPLES, FL 34116			5,000.	0.			GENERAL USE
SAINT ELIZABETH SETON CATHOLIC SCHOOL - 2730 53RD TERRACE SW - NAPLES, FL 34116			20,000.	0.			GENERAL USE
SALVATION ARMY 677 S. SALINA ST SYRACUSE, NY 13202	13-2923701		76,238.	0.			MEMORIUMS, FOOD PANTRY, SPECIAL PROJECTS, TEMPORARY HOUSING

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SANCTUARY COMMUNITY CHURCH 2205 EAST GRANTVIEW DR CORALVILLE, IA 52241			8,000.	0.			GENERAL USE
SARAH'S GUEST HOUSE, INC. 100 ROBERTS AVENUE #10 SYRACUSE, NY 13207	16-1426336		14,464.	0.			SPECIAL PROJECT, STAFF ADVANCEMENT, GENERAL USE
SCHEPENS EYE RESEARCH INSTITUTE 20 STANIFORD STREET, BOSTON, MA 02114	04-2129889		9,413.	0.			GENERAL USE
SCHWEINFURTH MEMORIAL ART CENTER 205 GENESEE STREET, AUBURN, NY 13021	16-1097876		5,400.	0.			GENERAL USE
SCOTIA ANGLICAN MINISTRIES, INC. 658 SACANDAGA ROAD, SCOTIA, NY 12302	47-4983141		54,316.	0.			GENERAL USE
SEAFARERS & INTERNATIONAL HOUSE 123 EAST 15TH STREET NEW YORK, NY 10003	13-5562413		8,000.	0.			EMPLOYEE HEALTH CARE PREMIUMS
SEWARD HOUSE MUSEUM 33 SOUTH STREET AUBURN, NY 13021	26-2321872		6,630.	0.			GENERAL USE, MEMORIUMS
SHERBURNE-EARLVILLE CENTRAL SCHOOL DISTRICT - 15 SCHOOL ST. - SHERBURNE, NY 13460			18,100.	0.			SCHOLARSHIPS
SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211-1462			5,650.	0.			SCHOLARSHIPS

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SISTERS OF ST. FRANCIS OF THE NEUMANN COMMUNITIES - 960 JAMES STREET, 2ND FLOOR - SYRACUSE, NY 13203			6,100.	0.			GENERAL USE
SKANEATELES COMMUNITY CENTER 97 STATE STREET RD, SKANEATELES, NY 13152	16-1556745		11,483.	0.			CAPITAL CAMPAIGN
SKANEATELES FESTIVAL, INC. 97 EAST GENESEE ST SKANEATELES, NY 13152-1009	22-2317577		41,214.	0.			CAPITAL CAMPAIGN, GENERAL USE, EQUIPMENT PURCHASE
SKANEATELES HISTORICAL SOCIETY 28 HANNUM ST SKANEATELES, NY 13152	23-7339639		5,589.	0.			GENERAL USE
SKANEATELES LAKE ASSOCIATION, INC. P.O. BOX 182 SKANEATELES, NY 13152	23-7045486		8,250.	0.			GENERAL USE, MILFOIL ERADICATION
SKANEATELES RECREATIONAL CHARITABLE TRUST - 44 SOUTH STREET - AUBURN, NY 13021-3930	16-1556744		77,076.	0.			CAPITAL RENOVATIONS
SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063			8,456.	0.			SCHOLARSHIPS
SOCIETY FOR NEW MUSIC 438 BROOKFORD ROAD SYRACUSE, NY 13224	51-0198960		7,264.	0.			SPEACIAL PROJECT, GENERAL USE
SPAY AND NEUTER SYRACUSE INC. 201 WEST GENESEE STREET FAYETTEVILLE, NY 13066	55-0852853		24,413.	0.			CLINIC RELOCATION PROJECT

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ST. ANDREW BY THE SEA 20 POPE AVENUE HILTON HEAD, SC 29928			9,000.	0.			GENERAL USE
ST. BONAVENTURE UNIVERSITY ROUTE 417 ST. BONAVENTURE, NY 14778			18,800.	0.			SCHOLARSHIPS
ST. ELIZABETH COLLEGE OF NURSING 2215 GENESEE ST. UTICA, NY 13501			5,000.	0.			SCHOLARSHIPS
ST. JAMES EPISCOPAL CHURCH 96 E. GENESEE ST. SKANEATELES, NY 13152			50,250.	0.			GENERAL USE
ST. JOHN FISHER COLLEGE 3690 EAST AVENUE ROCHESTER, NY 14618			8,100.	0.			SCHOLARSHIPS
ST. JOSEPH'S CHURCH 5600 W GENESEE STREET CAMILLUS, NY 13031			8,000.	0.			GENERAL USE
ST. JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION - 973 JAMES ST. - SYRACUSE, NY 13203	22-2149775		68,200.	0.			PRIMARY CARE CENTER WEST, CAPITAL CAMPAIGN, ANNUAL SUPPORT, SPECIAL PROJECT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		8,050.	0.			GENERAL USE
ST. LUKE'S ACADEMY 1500 W BELMONT AVE, CHICAGO, IL 60657			15,000.	0.			GENERAL USE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. NICHOLAS ORTHODOX CHURCH 30 CROSS ST AUBURN, NY 13021			15,000.	0.			GENERAL USE
ST. PAUL'S UNITED METHODIST CHURCH 2200 VALLEY DR SYRACUSE, NY 13207-2838			12,000.	0.			GENERAL USE
ST. PETER'S EPISCOPAL CHURCH 12 MILL ST CAZENOVIA, NY 13035-1406			5,000.	0.			GENERAL USE
STARDUST ENTREPRENEURIAL INSTITUTE INC. - 2 STATE STREET - AUBURN, NY 13021	26-2386839		15,000.	0.			GENERAL USE
STONE QUARRY HILL ART PARK, INC. P.O. BOX 251, CAZENOVIA, NY 13035	16-1406217		29,075.	0.			GENERAL USE AND FACILITIES UPKEEP
STONEHILL COLLEGE 320 WASHINGTON ST, EASTON, MA 02357			10,000.	0.			HONORARIUMS AND GENERAL USE
SUNY ALBANY 1400 WASHINGTON AVE. ALBANY, NY 12222			72,988.	0.			SCHOLARSHIPS
SUNY ALFRED STATE 10 UPPER COLLEGE DRIVE ALFRED, NY 14802			17,713.	0.			SCHOLARSHIPS
SUNY BINGHAMTON P.O. BOX 6000, BINGHAMTON, NY 13902			26,791.	0.			SCHOLARSHIPS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNY BROCKPORT 350 NEW CAMPUS DR., BROCKPORT, NY 14420			79,860.	0.			SCHOLARSHIPS
SUNY CANTON 34 CORNELL DRIVE, CANTON, NY 13617-1098			12,235.	0.			SCHOLARSHIPS
SUNY COBLESKILL 107 SUFFOLK CIR COBLESKILL, NY 12043			18,135.	0.			SCHOLARSHIPS
SUNY COLLEGE OF ESF 1 FORESTRY DR. SYRACUSE, NY 13210			38,826.	0.			SCHOLARSHIPS
SUNY COLLEGE OF OPTOMETRY 33 WEST 42ND ST. NEW YORK, NY 10036-8003			15,000.	0.			SCHOLARSHIPS
SUNY CORTLAND P.O. BOX 2000, CORTLAND, NY 13045-0900			52,311.	0.			SCHOLARSHIPS
SUNY DELHI 141 SANFORD HALL DELHI, NY 13753			5,485.	0.			SCHOLARSHIPS
SUNY ESF COLLEGE FOUNDATION 1 FORESTRY DR OFC 1 SYRACUSE, NY 13210	15-6023443		6,572.	0.			SCHOLARSHIPS
SUNY FREDONIA G140 WILLIAMS CENTER FREDONIA, NY 14063			16,659.	0.			SCHOLARSHIPS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNY GENESEO 1 COLLEGE CIR GENESE0, NY 14458			63,569.	0.			SCHOLARSHIPS
SUNY MORRISVILLE PO BOX 901 MORRISVILLE, NY 13408			66,920.	0.			SCHOLARSHIPS
SUNY ONEONTA 240 NETZER ADMINISTRATION BLDG ONEONTA, NY 13820-4016			16,475.	0.			SCHOLARSHIPS
SUNY OSWEGO 408 CULKIN HALL OSWEGO, NY 13126			128,386.	0.			SCHOLARSHIPS
SUNY OSWEGO COLLEGE FOUNDATION 356 WILBER HALL OSWEGO, NY 13126	15-0543477		20,000.	0.			SCHOLARSHIPS
SUNY PLATTSBURGH 101 BROAD STREET PLATTSBURGH, NY 12901			6,000.	0.			SCHOLARSHIPS
SUNY POLYTECHNIC INSTITUTE PO BOX 3050 UTICA, NY 13504			9,817.	0.			SCHOLARSHIPS
SUNY POTSDAM 44 PIERREPONT AVE POTSDAM, NY 13676			59,635.	0.			SCHOLARSHIPS
SUNY PURCHASE 735 ANDERSON HILL ROAD PURCHASE, NY 10577-1402			18,524.	0.			SCHOLARSHIPS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNY STONY BROOK 180 ADMINISTRATION BLDG STONY BROOK, NY 11794			12,942.	0.			SCHOLARSHIPS
SUNY UPSTATE MEDICAL UNIVERSITY FOUNDATION - 750 E. ADAMS ST. - SYRACUSE, NY 13210	16-1068101		166,800.	0.			SPECIAL PROJECTS, MEMORIALS, GENERAL USE, GOLISANO CHILDREN'S HOSPITAL, VARIOUS FUNDS
SYRACUSE 20/20 120 MADISON STREET, SYRACUSE, NY 13202	16-1573383		6,100.	0.			SPECIAL PROJECT, ANNUAL SUPPORT, HONORARIUMS, GENERAL USE
SYRACUSE ACADEMY OF SCIENCE CHARTER SCHOOL - 1001 PARK AVENUE - SYRACUSE, NY 13204			7,900.	0.			COLLABORATION PROJECT
SYRACUSE BEHAVIORAL HEALTHCARE 847 JAMES STREET SYRACUSE, NY 13203	15-0532288		50,000.	0.			SPECIAL PROJECT
SYRACUSE CHARGERS/SYRACUSE ROWING CENTER - P.O. BOX 5643 - SYRACUSE, NY 13220	16-1613861		30,000.	0.			CAPITAL PROJECT
SYRACUSE CITY BALLET, INC. 415 BREAKSPEAR RD SYRACUSE, NY 13219	16-1530816		8,600.	0.			GENERAL USE
SYRACUSE CSD/ROBERTS SCHOOL 725 HARRISON ST. SYRACUSE, NY 13210			8,400.	0.			FIELD TRIPS FUNDING
SYRACUSE HABITAT FOR HUMANITY 308 OTISCO ST. SYRACUSE, NY 13204	22-2516352		36,200.	0.			GENERAL USE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYRACUSE JAZZFEST PRODUCTIONS, INC. - 314 NORTH AVENUE STE 2 - SYRACUSE, NY 13206	16-1410254		5,000.	0.			GENERAL USE
SYRACUSE LIONS CLUB CHARITY FUND PO BOX 2117 LIVERPOOL, NY 13089	23-7282472		17,100.	0.			SPECIAL PROJECT
SYRACUSE PARKS CONSERVANCY 212 MELROSE AVE. SYRACUSE, NY 13206	27-1737900		20,000.	0.			NEIGHBORHOOD BEAUTIFICATION PROJECTS
SYRACUSE POPS CHORUS 124 EAST JEFFERSON ST SYRACUSE, NY 13202	46-3411447		5,000.	0.			SPECIAL PROJECT
SYRACUSE POSTER PROJECT 207 PAUL AVE SYRACUSE, NY 13206	27-2472515		11,078.	0.			OFFICE & TECH EQUIPMENT, GENERAL USE
SYRACUSE STAGE 820 E. GENESEE ST. SYRACUSE, NY 13210	15-0623468		64,700.	0.			DIRECTOR'S CIRCLE, GENERAL USE, SPECIAL PROJECT
SYRACUSE UNIVERSITY 102 ARCHIBALD GYMNASIUM SYRACUSE, NY 13244			15,550.	0.			SPECIAL PROJECTS, GENERAL USE, HERBERT LOURIE LECTURE, VARIOUS FUNDS
SYRACUSE UNIVERSITY - OFFICE OF FINANCIAL AID - 200 BOWNE HALL - SYRACUSE, NY 13244			14,464.	0.			SCHOLARSHIPS
SYRACUSE UNIVERSITY/AGING STUDIES INSTITUTE - 113 BOWNE HALL - SYRACUSE, NY 13244			10,000.	0.			SPECIAL PROGRAM

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYRACUSE UNIVERSITY/BURSAR'S OFFICE - 200 BOWNE HALL - SYRACUSE, NY 13244			12,259.	0.			SCHOLARSHIPS
SYRACUSE UNIVERSITY/MAXWELL SCHOOL 200 EGGERS HALL SYRACUSE, NY 13244			17,250.	0.			GENERAL USE
SYRACUSE UNIVERSITY/OFFICE OF GIFT PLANNING - 440 WHITE HALL, - SYRACUSE, NY 13244			50,050.	0.			GENERAL USE
SYRACUSE UNIVERSITY/SCHOOL OF INFORMATION STUDIES - 405 CRAWFORD AVENUE - SYRACUSE, NY 13224			5,000.	0.			GENERAL USE
SYRACUSE UNIVERSITY/VISUAL & PERFORMING ARTS - 215 UNIVERSITY PLACE - SYRACUSE, NY 13244			5,000.	0.			GENERAL USE
SYRACUSE UNIVERSITY/WAER-FM88 795 OSTROM AVE SYRACUSE, NY 13210			5,350.	0.			GENERAL USE
SYRACUSE URBAN RENEWAL AGENCY SUITE 602, 201 EAST WASHINGTON ST SYRACUSE, NY 13202	16-1159198		5,000.	0.			NEW URBAN SPACE PROJECT
TEMPLE SOCIETY OF CONCORD 910 MADISON ST. SYRACUSE, NY 13210			13,710.	0.			MEMORIUMS, GENERAL USE, FOOD PANTRY
THE COMMUNITY FOUNDATION OF SARASOTA COUNTY INC - 2635 FRUITVILLE RD - SARASOTA, FL 34237	59-1956886		155,000.	0.			CREATE NEW FUND

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CONSORTIUM FOR CHILDREN'S SERVICES - 2122 ERIE BLVD EAST, - SYRACUSE, NY 13224	16-1019998		14,150.	0.			PROGRAM SUPPORT
THE CORA FOUNDATION PO BOX 6865, SYRACUSE, NY 13217	16-1263983		14,100.	0.			ART RAGE GALLERY, STAFF ADVANCEMENT
THE FIRST BAPTIST CHURCH 22 SYRACUSE ST BALDWINVILLE, NY 13027			46,853.	0.			GENERAL USE
THE FIRST TEE OF SYRACUSE 36 DRUMLINS TERRACE, SYRACUSE, NY 13224	31-1724122		64,516.	0.			GENERAL USE
THE FOUNDATION AT THE MENORAH PARK 4101 E GENESEE ST SYRACUSE, NY 13214	20-2161590		25,000.	0.			SPECIAL PROJECT
THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE - 240 EAST ONONDAGA ST - SYRACUSE, NY 13202	45-3364607		216,000.	0.			CATHEDRAL CAPITAL CAMPAIGN
THE GREAT SWAMP CONSERVANCY INC. 8375 N. MAIN STREET CANASTOTA, NY 13032	16-1529688		15,000.	0.			CAPITAL PROJECT
THE NEWLAND CENTER (THE LEARNING PLACE) - 1443 E. GENESEE ST., - SYRACUSE, NY 13210	86-1061215		7,800.	0.			GENERAL USE
THE NORTHSIDE LEARNING CENTER 501 PARK STREET SYRACUSE, NY 13203	27-1357086		8,200.	0.			SPECIAL PROJECT

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THE POSITIVITY PROJECT 85 MCKENZIE RD EAST PINEHURST, NC 28734	81-0813160		8,900.	0.			GENERAL USE
THE RESEARCH FOUNDATION FOR SUNY 750 EAST ADAMS ST CAB ROOM 209 SYRACUSE, NY 13210	14-1368361		64,690.	0.			SPECIAL PROJECT
THE SAMARITAN CENTER 215 NORTH STATE ST SYRACUSE, NY 13203	16-1328786		30,383.	0.			MEMORIALS, HONORARIUMS, GENERAL USE
TIOUGHNIAGA LAKE PRESERVATION FOUNDATION, INC. - PO BOX 467 - DE RUYTER, NY 13052	45-4550041		5,000.	0.			PROGRAM SUPPORT
TOGETHER NOW, INC. 22 TOWN GARDEN DR. APT 9 LIVERPOOL, NY 13088	36-4857337		5,000.	0.			PROGRAM SUPPORT
TOMPKINS CORTLAND COMMUNITY COLLEGE - PO BOX 139, 170 NORTH ST - DRYDEN, NY 13053			22,145.	0.			SCHOLARSHIPS
TOWN OF CAZENOVIA 7 ALBANY ST CAZENOVIA, NY 13035			11,692.	0.			SPECIAL PROJECT
TRANSPORTATION PROJECT FOR CAYUGA COUNTY, INC. - 17 NELSON STREET - AUBURN, NY 13021	22-2137922		5,000.	0.			SPECIAL PROJECT
UNITED FRIENDS OF HOMELESS ANIMALS, INC. - 432 CENTERVILLE RD, - RICHLAND, NY 13144	22-2167049		7,500.	0.			PROGRAM SUPPORT

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UNITED WAY FOR CORTLAND COUNTY, INC. - 50 CLINTON AVENUE - CORTLAND, NY 13045	16-6058903		10,000.	0.			SUPPORT OF VARIOUS PROGRAMS
UNITED WAY OF CAYUGA COUNTY 17 EAST GENESEE ST AUBURN, NY 13021-4045	15-0586252		5,000.	0.			SUPPORT OF VARIOUS PROGRAMS
UNITED WAY OF CNY, INC. P.O. BOX 212 SYRACUSE, NY 13220-2129	15-0532073		88,950.	0.			SPECIAL PROJECTS, SPECIAL FUNDS, GENERAL USE, LITERACY COALITION, IMAGINATION LIBRARY
UNITED WAY OF INDIAN RIVER COUNTY PO BOX 1960 VERO BEACH, FL 32961-1960	27-4180892		10,000.	0.			GENERAL USE
UNIVERSITY AT BUFFALO, SUNY 232 CAPEN HALL BUFFALO, NY 14260			94,433.	0.			SCHOLARSHIPS
UNIVERSITY OF NOTRE DAME ATHLETICS DEPARTMENT - C113 JOYCE CENTER - NOTRE DAME, IN 46556			8,800.	0.			GENERAL USE
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104			5,750.	0.			SCHOLARSHIPS
UNIVERSITY OF ROCHESTER 500 JOSEPH C. WILSON BLVD ROCHESTER, NY 14627			12,000.	0.			SCHOLARSHIPS
US FUND FOR UNICEF PO BOX 96383 WASHINGTON, DC 20077-7660	13-1760110		25,750.	0.			GENERAL USE

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VASSAR COLLEGE 124 RAYMOND AVENUE POUGHKEEPSIE, NY 12604			5,000.	0.			SCHOLARSHIPS
VERA HOUSE, INC. 6181 THOMPSON RD., #100 SYRACUSE, NY 13206	51-0201530		123,414.	0.			SPECIAL PROJECTS, STAFF ADVANCEMENTS, GENERAL USE
VISIONS FOR CHANGE 1201 EAST FAYETTE ST SYRACUSE, NY 13202	27-0435600		43,508.	0.			SPECIAL PROGRAM, STAFF ADVANCEMENT
WBUR 90.9 - BOSTON UNIVERSITY 890 COMMONWEALTH AVE BOSTON, MA 02215	26-3347402		5,000.	0.			GENERAL USE
WCNY TV/24 - PUBLIC BROADCASTING COUNCIL OF CNY, INC. - P.O. BOX 2400, - SYRACUSE, NY 13220	16-0876277		25,389.	0.			MEMBERSHIPS, GENERAL USE, HONORARIUMS, FM RADIO
WELCH TERRACE HOUSING DEVELOPMENT FUND, INC. - 518 JAMES ST STE 240 - SYRACUSE, NY 13202	16-1442502		5,100.	0.			GENERAL USE
WEST GENESEE CENTRAL SCHOOL DISTRICT - 300 SANDERSON DRIVE - CAMILLUS, NY 13031			5,725.	0.			SCHOLARSHIPS
WHOLEHEART, INC. 333 ATHERTON WAY GREENSBORO, VT 05841	46-4300314		20,000.	0.			SPECIAL PROJECT
WILLIAMS COLLEGE 75 PARK ST, WILLIAMSTOWN, MA 01267-2114			8,000.	0.			SCHOLARSHIPS

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**CENTRAL NEW YORK COMMUNITY FOUNDATION,  
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**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.

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT: EVERSON MUSEUM OF ART**

**(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL USE, MEMBERSHIP, EXHIBIT SUPPORT, EVENT SPONSORSHIP, STAFF ADVANCEMENT, PROGRAM COLLABORATION**

**NAME OF ORGANIZATION OR GOVERNMENT: HOME HEADQUARTERS**

**(H) PURPOSE OF GRANT OR ASSISTANCE: GREEN & HEALTHY HOMES SUPPORT, WASHINGTON SQUARE PARK PLAYGROUND, GENERAL USE, DATA PROJECT SUPPORT**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**15-0626910**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016

CENTRAL NEW YORK COMMUNITY FOUNDATION,  
INC.

15-0626910

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER A. DUNN PRESIDENT & CEO	(i)	191,006.	16,000.	0.	30,668.	13,141.	250,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 1A:

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

PART I, LINE 4B:

PETER A. DUNN \$15,500



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....		0		
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	81	3,277,496.	STOCK PROCEEDS
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

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

Schedule M (Form 990) (2016)



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization	CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.	Employer identification number	15-0626910
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GREATER GIVING, CELEBRATE LEGACY AND STEWARD CHARITABLE RESOURCES FOR  
TODAY AND TOMORROW.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ADDITION TO OUR COMMUNITY GRANT PROGRAM, THE COMMUNITY FOUNDATION  
ADMINISTERS A VARIETY OF OTHER FUNDING OPPORTUNITIES. SPECIAL  
INITIATIVES FOCUS ON DEVELOPING CIVIC AND NONPROFIT LEADERSHIP,  
FACILITATING COLLABORATIONS AND PARTNERSHIPS AMONG NONPROFITS,  
PROMOTING LITERACY AS A STEPPING STONE TO AN ENRICHED LIFE AND A MORE  
VIBRANT COMMUNITY, AND BUILDING THE CAPACITY OF LOCAL NONPROFIT  
ORGANIZATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FUNDS SUPPORTING DESIGNATED CHARITIES: DESIGNATED GRANTS COME FROM  
FUNDS ESTABLISHED TO PROVIDE LONG TERM, CONSISTENT SUPPORT FOR ONE OR  
MORE CHARITIES OR INITIATIVES. THESE GRANTS REPRESENT A PAYOUT OF OUR  
BOARD APPROVED SPENDING POLICY RATE FOR PERMANENT FUNDS TO DONOR  
DESIGNATED CHARITIES. PROGRAM RELATED EXPENSES TO SUPPORT AND  
STRENGTHEN NONPROFITS AND THE COMMUNITY.  
EXPENSES \$ 701,567. INCLUDING GRANTS OF \$ 569,539. REVENUE \$ 32,415.

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

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

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION OF THE COMMUNITY FOUNDATION'S PRESIDENT AND CEO, OFFICERS, AND KEY EMPLOYEES INCLUDES COMPARING THE COMPENSATION PAID BY THE COMMUNITY FOUNDATION TO COMPENSATION OF OTHER ORGANIZATIONS AS REPORTED ON THE IRS FORM 990, THE USE OF COMPENSATION SURVEYS AND STUDIES, AND APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

A COPY OF THE MOST RECENT IRS FORM 990 CAN BE FOUND ON THE COMMUNITY FOUNDATION'S WEBSITE. PRIOR YEAR TAX RETURNS ARE AVAILABLE UPON REQUEST.

Name of the organization <b>CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>15-0626910</b>
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FORM 990, PART VI, SECTION C, LINE 19:

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

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	151,479.
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FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE MEETS WITH THE AUDITORS AT THE CONCLUSION OF THE AUDIT TO REVIEW THE RESULTS. EXECUTIVE SESSIONS ARE HELD WITH THE AUDITORS. THE AUDIT COMMITTEE IS RESPONSIBLE FOR MAKING A RECOMMENDATION AS TO THE EXTERNAL AUDIT FIRM AND THE BOARD VOTES ON THE AUDIT COMMITTEE'S RECOMMENDATION.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CNY PHILANTHROPY CENTER, LLC - 26-4462686 431 E. FAYETTE ST. SYRACUSE, NY 13202	HOLD THE REAL PROPERTY AT 431 E. FAYETTE STREET	NEW YORK	114,268.	4,696,747.	CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No



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

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

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

**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)			







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

For calendar year 2016 or other tax year beginning APR 1, 2016, and ending MAR 31, 2017

**2016**

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>431 E. FAYETTE STREET, NO. 100</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>SYRACUSE, NY 13202</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>15-0626910</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>900099</b></p>
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**C** Book value of all assets at end of year: **224,930,389.**

**F** Group exemption number (See instructions.)

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

**H** Describe the organization's primary unrelated business activity. ▶ **INVESTMENT ACTIVITY**

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>	<b>-1,796.</b>	<b>-1,796.</b>
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>-1,796.</b>	<b>-1,796.</b>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>0.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>-1,796.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 1</b>	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>-1,796.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>-1,796.</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>	0.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b> Subtract line 41e from line 40	<b>42</b>	0.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	0.
<b>45a</b> Payments: A 2015 overpayment credited to 2016	<b>45a</b>	
<b>b</b> 2016 estimated tax payments	<b>45b</b>	
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	0.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>50</b>	

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

<b>51</b> At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> 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
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**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)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GAIL M. KINSELLA	GAIL M. KINSELLA			P00087834
	Firm's name <b>BONADIO &amp; CO., LLP</b>	Firm's address <b>432 NORTH FRANKLIN STREET</b>			Firm's EIN <b>16-1131146</b>
	Firm's address <b>SYRACUSE, NY 13204</b>	Phone no. <b>315-476-4004</b>			

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

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

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

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

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

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

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

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

**Nonexempt Controlled Organizations**

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

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

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

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

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

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

FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
03/31/13	5,318.	1,604.	3,714.	3,714.	
03/31/14	236.	0.	236.	236.	
03/31/16	49.	0.	49.	49.	
NOL CARRYOVER AVAILABLE THIS YEAR			3,999.	3,999.	

FORM 990-T		INCOME (LOSS) FROM PARTNERSHIPS		STATEMENT	2
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)		
TIFF SECONDARY PARTNERS II, LLC	-7.	0.	-7.		
TIFF PRIVATE EQUITY PARTNERS 2008, LLC	-1,789.	0.	-1,789.		
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-1,796.	0.	-1,796.		



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

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

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

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

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.</b>	Employer identification number (EIN) or  <b>15-0626910</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>431 E. FAYETTE STREET, NO. 100</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SYRACUSE, NY 13202</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

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

**KIM SADOWSKI**

• The books are in the care of ▶ **431 EAST FAYETTE STREET, NO. 100 - SYRACUSE, NY 13202**  
Telephone No. ▶ **(315) 422-9538** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **FEBRUARY 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning **APR 1, 2016**, and ending **MAR 31, 2017**.

**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

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</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.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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

**MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045**

**Caution:** Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
120 Broadway  
New York, NY 10271

**2016**  
**Open to Public Inspection**

## 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>04/01/2016</b> and Ending (mm/dd/yyyy) <b>03/31/2017</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>CENTRAL NEW YORK COMMUNITY FOUNDATION, I</b>	Employer Identification Number (EIN): <b>15-0626910</b>
	Mailing Address: <b>431 E. FAYETTE STREET, NO. 100</b>	NY Registration Number: <b>00-42-19</b>
	City / State / ZIP: <b>SYRACUSE, NY 13202</b>	Telephone: <b>315 422-9538</b>
	Website: <b>WWW.CNYCF.ORG</b>	Email:
Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT <span style="float: right;">Confirm your Registration Category in the Charities Registry at <a href="http://www.CharitiesNYS.com">www.CharitiesNYS.com</a></span>		

## 2. Certification

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

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

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

## 3. Annual Reporting Exemption

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

3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc, did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

## 4. Schedules and Attachments

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

## 5. Fee

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

# CHAR500

## Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

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

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

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

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

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

### Calculate Your Fee

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

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

For EPTL and DUAL filers, calculate the EPTL fee:

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

### Send Your Filing

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

NYS Office of the Attorney General  
 Charities Bureau Registration Section  
 120 Broadway  
 New York, NY 10271

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

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

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

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

**DUAL** filers are registered under both 7A and EPTL.

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

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com)

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

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



Department of Taxation and Finance  
**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 **04-01-16** ending **03-31-17**

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

**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.

**NOTE:** Do not use this form if you are a combined filer; use Form CT-5.3 instead.

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

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

**Computation of estimated franchise tax**

<b>1</b> Franchise tax from the worksheet in Form CT-5-I	<b>1.</b>	<b>250.</b>
<b>2</b> Mandatory first installment (MFI) removed; see instructions		
<b>3</b>		
<b>4</b> Prepayments of franchise tax (from line 16, column A)	<b>4.</b>	<b>0.</b>
<b>5</b> Balance due - franchise tax (subtract line 4 from line 1)	<b>5.</b>	<b>250.</b>

**Computation of estimated MTA surcharge**

<b>6</b> MTA surcharge from the worksheet in Form CT-5-I	<b>6.</b>	
<b>7</b> Mandatory first installment (MFI) removed; see instructions		
<b>8</b>		
<b>9</b> Prepayments of MTA surcharge (from line 16, column B)	<b>9.</b>	
<b>10</b> Balance due - MTA surcharge (subtract line 9 from line 6)	<b>10.</b>	
<b>11</b> Total balance due (add lines 5 and 10 and enter here; enter the payment amount on line A above)	<b>11.</b>	<b>250.</b>

**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
<b>12</b> Mandatory first installment	<b>12.</b>		
<b>13a</b> Second installment from Form CT-400	<b>13a.</b>		
<b>13b</b> Third installment from Form CT-400	<b>13b.</b>		
<b>13c</b> Fourth installment from Form CT-400	<b>13c.</b>		
<b>14</b> Overpayment credited from prior years	<b>14.</b>		
<b>15</b> Overpayment credited from Form CT- <input type="text"/> Period <input type="text"/>	<b>15.</b>		
<b>16</b> Total prepayments (total all entries in column A and column B)	<b>16.</b>		

<b>Paid preparer use only</b>	Firm's name (or yours if self-employed) <b>BONADIO &amp; CO., LLP</b>	Firm's EIN <b>16-1131146</b>	Preparer's PTIN or SSN <b>P00087834</b>
	Signature of individual preparing this document <b>GAIL M. KINSELLA</b>	Address <b>432 NORTH FRANKLIN S</b>	City State ZIP code <b>SYRACUSE NY 13204</b>
	E-mail address of individual preparing this document <b>GKINSELLA@BONADIO.COM</b>	Preparer's NYTPRN <b>03</b>	or Excl. code Date

See instructions for where to file

455001161019

668511  
11-16-16





CT-2

Department of Taxation and Finance

Corporation Tax Return Summary

THIS FORM MUST BE FILED WITH YOUR RETURN

1 Legal name of corporation

1. CENTRAL NEW YORK COMMUNITY FOUNDATION INC.

Payment enclosed

2.

3 Return type

3. CT13

4 Employer ID number (EIN)

4. 15-0626910

5 File number (FCC)

5. MM7

6 Period beginning date (mm-dd-yy)

6. 04-01-16

7 Period ending date (mm-dd-yy)

7. 03-31-17

8 Amended (Y=1; N=0)

8. 0

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

9. 0

10 Final (Y=1; N=0)

10.

11 NAICS code

11. 900099

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

12.

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

13.

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

14.

15 Tax due/MTA surcharge

15. 250.00

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

16.

17a Return a Gift to Wildlife

17a.

17b Breast Cancer Research and Education Fund

17b.

17c Prostate and Testicular Cancer Research and Education Fund

17c.

17d 9/11 Memorial

17d.

17e Volunteer Firefighting & EMS Recruitment Fund

17e.

17f Veterans Remembrance

17f.

17g Women's Cancers Education and Prevention Fund

17g.

18 Balance due

18.

19 Amount of overpayment credited to next period - NYS

19.

20 Refund of overpayment

20.

21 Refund of unused tax credits

21.

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

22.

23 Amount of overpayment credited to next period - MTA

23.

24 Amount of MTA surcharge retaliatory tax credit to be refunded

24.

25 Fixed dollar minimum

25.

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

26.

27 New York receipts

27.

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

28.

29 Paid preparer's EIN

29. 16-1131146

30 Preparer's NYTPRIN

30.

31 Excl. code

31. 03

541001161019



684951 1019 10-07-16

For office use only

Form CT-186-E filers only

32	Excise tax on telecommunication services - NYS	32.	<input type="text"/>	<input type="text"/>
33	Excise tax on mobile telecommunication services subject to the 2.9% rate	33.	<input type="text"/>	<input type="text"/>
34	Total excise tax on telecommunication services	34.	<input type="text"/>	<input type="text"/>
35	Tax on gross income - NYS	35.	<input type="text"/>	<input type="text"/>
36	MTA surcharge related to non-mobile telecommunication services	36.	<input type="text"/>	<input type="text"/>
37	MTA surcharge related to telecommunication service subject to the 0.721% tax rate	37.	<input type="text"/>	<input type="text"/>
38	Total MTA surcharge related to telecommunication services	38.	<input type="text"/>	<input type="text"/>
39	MTA surcharge on gross income	39.	<input type="text"/>	<input type="text"/>
40				
41				
42				
43				
44				
45				
46	Balance due - NYS	46.	<input type="text"/>	<input type="text"/>
47	Balance due - MTA	47.	<input type="text"/>	<input type="text"/>
48	Provided telecommunication services in the MCTD this year? (None = 0, Y = 1, N = 2, Both = 3)	48.	<input type="text"/>	<input type="text"/>
49	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)	49.	<input type="text"/>	<input type="text"/>
50	Overpayment credited to next year's tax - NYS	50.	<input type="text"/>	<input type="text"/>
51	Overpayment credited to next year's tax - MTA	51.	<input type="text"/>	<input type="text"/>
52	Refund of overpayment - NYS	52.	<input type="text"/>	<input type="text"/>
53	Refund of overpayment - MTA	53.	<input type="text"/>	<input type="text"/>
54	Refund of unused tax credits - NYS	54.	<input type="text"/>	<input type="text"/>
55	Refund of unused tax credits - MTA	55.	<input type="text"/>	<input type="text"/>
56	Refundable tax credits to be credited to next year's tax - NYS	56.	<input type="text"/>	<input type="text"/>
57	Refundable tax credits to be credited to next year's tax - MTA	57.	<input type="text"/>	<input type="text"/>

541002161019





New York State E-File Signature Authorization for Tax Year 2016 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-300, or CT-400

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

Legal name of corporation: CENTRAL NEW YORK COMMUNITY FOUNDATION,

Return type (mark an X for all that apply): CT-3 CT-3-A CT-3-M CT-3-S CT-13 X CT-33 CT-33-A CT-33-C CT-33-M CT-33-NL 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.

both the paid preparer and the ERO, he or she is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in TSB-M-05(1)C, Alternative Methods of Signing for Tax Return Preparers. Go to our website at www.tax.ny.gov to find this document.

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-300, Mandatory First Installment (MFI) of Estimated Tax for Corporations; or CT-400, Estimated Tax for Corporations.

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

Do not use this form for electronically filed Form CT-5, Request for Six-Month Extension to File (for franchise/business taxes, MTA surcharge, or both); CT-5.3, Request for Six-Month Extension to File (for combined franchise tax return, or combined MTA surcharge, 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 2016 Corporation Tax Extension.

EROs/paid preparers must complete Part B prior to transmitting electronically filed corporation tax returns. Both the paid preparer and the ERO are required to sign Part B. However, if an individual performs as

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-300, or CT-400

Under penalty of perjury, I declare that I have examined the information on this 2016 New York State electronic corporate tax return, including any accompanying schedules, attachments, and statements, and certify that this electronic return is true, correct, and complete. If this filing includes Form DTF-686, Tax Shelter Reportable Transactions, as an authorized officer of the corporation, I hereby consent to the waiver of the secrecy provisions of Tax Law sections 202, 211.8, 1467, and 1518 as such provisions relate to the disclosure requirements of Tax Law section 25. The ERO has my consent to send this 2016 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 2016 electronic return, and I authorize the financial institution to withdraw the amount from the account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than five business days prior to the payment date.

Signature of authorized officer of the corporation: Date:
Print your name and title: PETER A. DUNN, PRESIDENT & CEO

Part B - Declaration of ERO and paid preparer

Under penalty of perjury, I declare that the information contained in this 2016 New York State electronic corporate tax return is the information furnished to me by the corporation. If the corporation furnished me a completed paper 2016 New York State corporate tax return signed by a paid preparer, I declare that the information contained in the corporation's 2016 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 2016 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: Date:
Print name: GAIL M. KINSELLA

Paid preparer's signature: Date:
Print name: GAIL M. KINSELLA





# CT-13

Department of Taxation and Finance

## Unrelated Business Income Tax Return

All filers enter tax period:

Amended return

Tax Law - Article 13

beginning **04-01-16**

ending **03-31-17**

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

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

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

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

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

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

### Computation of income and tax

1 Federal unrelated business taxable income before net operating loss deduction and after \$1,000 specific deduction .....	1	-1,796.
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) • IRC section 199 deduction: <input type="text"/>	5	
6 Add lines 1 through 5 .....	6	-1,796.
7 Other income (see instructions) .....	7	
8 Federal S corporation shareholder subtractions (see instructions) .....	8	
9 Other subtractions (see instructions) .....	9	
10 Total subtractions (add lines 7, 8, and 9) .....	10	
11 Taxable income before net operating loss deduction (subtract line 10 from line 6) .....	11	-1,796.
12 New York net operating loss deduction (attach federal and NYS computations; see instructions) .....	12	
13 Taxable income (subtract line 12 from line 11) .....	13	-1,796.
14 Allocated taxable income (multiply line 13 by _____ % from line 42; or enter amount from line 13 if allocation is not claimed) .....	14	-1,796.
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.

400001161019



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	08-15-17	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: • \_\_\_\_\_

Net operating loss (NOL) carryback ...  Capital loss carryback .....

Federal return filed ..... Form 1139 •  Amended Form 990-T .....

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<b>Third-party designee</b> (see instructions)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name ( <i>print</i> )	Designee's phone number
	Designee's e-mail address		PIN

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

<b>Authorized person</b>	Printed name of authorized person <b>PETER A. DUNN</b>	Signature of authorized person	Official title <b>PRESIDENT &amp; CEO</b>	
	E-mail address of authorized person		Telephone number	Date

<b>Paid preparer use only</b> (see instr.)	Firm's name ( <i>or yours if self-employed</i> ) <b>BONADIO &amp; CO., LLP</b>		Firm's EIN <b>16-1131146</b>	Preparer's PTIN or SSN <b>P00087834</b>	
	Signature of individual preparing this return <b>GAIL M. KINSELLA</b>	Address <b>432 NORTH FRANKLIN STREET</b>		City <b>SYRACUSE, NY</b>	State ZIP code <b>13204</b>
	E-mail address of individual preparing this return <b>GKINSELLA@BONADIO.COM</b>		Preparer's NYTPRIN or Excl. code <b>03</b>	Date	

See instructions for where to file.

400003161019



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

For calendar year 2016 or other tax year beginning APR 1, 2016, and ending MAR 31, 2017

**2016**

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>431 E. FAYETTE STREET, NO. 100</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>SYRACUSE, NY 13202</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>15-0626910</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>900099</b></p>
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**C** Book value of all assets at end of year: **224,930,389.**

**F** Group exemption number (See instructions.)

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

**H** Describe the organization's primary unrelated business activity. ▶ **INVESTMENT ACTIVITY**

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>	<b>-1,796.</b>	<b>-1,796.</b>
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>-1,796.</b>	<b>-1,796.</b>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>0.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>-1,796.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 1</b>	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>-1,796.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>-1,796.</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>	0.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b> Subtract line 41e from line 40	<b>42</b>	0.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	0.
<b>45a</b> Payments: A 2015 overpayment credited to 2016	<b>45a</b>	
<b>b</b> 2016 estimated tax payments	<b>45b</b>	
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	0.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>50</b>	

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

<b>51</b> At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> 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
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**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)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GAIL M. KINSELLA	GAIL M. KINSELLA			P00087834
	Firm's name <b>BONADIO &amp; CO., LLP</b>	Firm's address <b>432 NORTH FRANKLIN STREET</b>		Firm's EIN <b>16-1131146</b>	
	Firm's address <b>SYRACUSE, NY 13204</b>	Phone no. <b>315-476-4004</b>			

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

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

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

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

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

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

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

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

**Nonexempt Controlled Organizations**

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

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

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

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

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

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



FORM 990-T		NET OPERATING LOSS DEDUCTION		STATEMENT	1
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
03/31/13	5,318.	1,604.	3,714.	3,714.	
03/31/14	236.	0.	236.	236.	
03/31/16	49.	0.	49.	49.	
NOL CARRYOVER AVAILABLE THIS YEAR			3,999.	3,999.	

FORM 990-T		INCOME (LOSS) FROM PARTNERSHIPS		STATEMENT	2
PARTNERSHIP NAME	GROSS INCOME	DEDUCTIONS	NET INCOME OR (LOSS)		
TIFF SECONDARY PARTNERS II, LLC	-7.	0.	-7.		
TIFF PRIVATE EQUITY PARTNERS 2008, LLC	-1,789.	0.	-1,789.		
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-1,796.	0.	-1,796.		

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2016 calendar year, or tax year beginning **APR 1, 2016** and ending **MAR 31, 2017**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>431 E. FAYETTE STREET 100</b> City or town, state or province, country, and ZIP or foreign postal code <b>SYRACUSE, NY 13202</b> <b>F</b> Name and address of principal officer: <b>PETER A. DUNN</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>15-0626910</b> <b>E</b> Telephone number <b>(315) 422-9538</b> <b>G</b> Gross receipts \$ <b>35,527,738.</b> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CNYCF.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1927</b>		<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE COMMUNITY FOUNDATION'S MISSION IS TO FOSTER A THRIVING CENTRAL NEW YORK COMMUNITY, INSPIRE</b> <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>18</b> <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>18</b> <b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) ..... <b>5</b> <b>32</b> <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>125</b> <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b> <b>7b</b> Net unrelated business taxable income from Form 990-T, line 34 ..... <b>7b</b> <b>-1,796.</b>																									
<b>Revenue</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td><b>8</b> Contributions and grants (Part VIII, line 1h) .....</td> <td style="text-align: right;">22,975,931.</td> <td style="text-align: right;">23,394,810.</td> </tr> <tr> <td><b>9</b> Program service revenue (Part VIII, line 2g) .....</td> <td style="text-align: right;">0.</td> <td style="text-align: right;">0.</td> </tr> <tr> <td><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....</td> <td style="text-align: right;">2,950,954.</td> <td style="text-align: right;">4,097,210.</td> </tr> <tr> <td><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....</td> <td style="text-align: right;">200,439.</td> <td style="text-align: right;">255,336.</td> </tr> <tr> <td><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....</td> <td style="text-align: right;">26,127,324.</td> <td style="text-align: right;">27,747,356.</td> </tr> </tbody> </table>		Prior Year	Current Year	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	22,975,931.	23,394,810.	<b>9</b> Program service revenue (Part VIII, line 2g) .....	0.	0.	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	2,950,954.	4,097,210.	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	200,439.	255,336.	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	26,127,324.	27,747,356.							
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**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.

<b>Sign Here</b>	Signature of officer <b>PETER A. DUNN, PRESIDENT &amp; CEO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GAIL M. KINSELLA</b>	Preparer's signature <b>GAIL M. KINSELLA</b>	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P00087834</b>
	Firm's name ▶ <b>BONADIO &amp; CO., LLP</b>	Firm's EIN ▶ <b>16-1131146</b>			
	Firm's address ▶ <b>432 NORTH FRANKLIN STREET</b> <b>SYRACUSE, NY 13204</b>		Phone no. <b>315-476-4004</b>		

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 4,585,219. including grants of \$ 3,939,714. ) (Revenue \$ 166,696. ) BROADLY RESPONSIVE COMMUNITY GRANTMAKING AND SPECIAL INITIATIVES THE COMMUNITY FOUNDATION SEEKS TO ADVANCE THREE GOALS THROUGH ITS GRANTMAKING PROGRAMS: COMMUNITY IMPACT, COMMUNITY BUILDING AND DIVERSITY. THERE ARE A WIDE VARIETY OF FUNDING OPPORTUNITIES AVAILABLE THROUGH THE COMMUNITY FOUNDATION, THE LARGEST OF WHICH IS OUR COMMUNITY GRANT PROGRAM. TAX EXEMPT, NONPROFIT ORGANIZATIONS IN ONONDAGA AND MADISON COUNTIES ARE ENCOURAGED TO APPLY FOR GRANTS TO FUND INNOVATIVE PROJECTS IN THE AREAS OF: ARTS AND CULTURE, CIVIC AFFAIRS, EDUCATION, HEALTH, HUMAN SERVICES AND THE ENVIRONMENT. THESE GRANTS HELP ORGANIZATIONS MEET THEIR PROGRAMMATIC, CAPITAL AND CAPACITY BUILDING GOALS.

4b (Code: ) (Expenses \$ 7,836,915. including grants of \$ 7,460,011. ) (Revenue \$ 12,221. ) DONOR ADVISED FUND DISTRIBUTIONS 307 INDIVIDUALS, FAMILIES AND BUSINESSES USE COMMUNITY FOUNDATION ADMINISTERED DONOR ADVISED FUNDS TO MANAGE THEIR PERSONAL CHARITABLE GIVING. DONOR ADVISED FUNDS ALLOW DONORS TO ADDRESS A WIDE VARIETY OF ISSUES AND FULFILL THEIR CHARITABLE INTERESTS AS THEY EVOLVE OVER TIME IN A CONVENIENT, TAX EFFICIENT WAY.

4c (Code: ) (Expenses \$ 2,336,048. including grants of \$ 2,082,676. ) (Revenue \$ ) SCHOLARSHIPS THE COMMUNITY FOUNDATION ADMINISTERS 111 INDIVIDUAL SCHOLARSHIP FUNDS, EACH WITH ITS OWN PURPOSE AND CRITERIA. THE COMMUNITY FOUNDATION IS THE HOME OF SYRACUSE'S SAY YES TO EDUCATION ENDOWMENT. THE GOAL OF THIS FUND IS TO CREATE A PERMANENT SOURCE OF SUPPORT TO PROVIDE TUITION AWARDS TO ALL COLLEGE ELIGIBLE GRADUATES OF THE SYRACUSE CITY SCHOOL DISTRICT. DURING THE PAST YEAR, THE COMMUNITY FOUNDATION DISTRIBUTED SCHOLARSHIPS TO SAY YES SCHOLARSHIP RECIPIENTS AT OVER FIFTY INSTITUTIONS OF HIGHER EDUCATION.

4d Other program services (Describe in Schedule O.) (Expenses \$ 701,567. including grants of \$ 569,539. ) (Revenue \$ 32,415. )

4e Total program service expenses 15,459,749.

**Part IV Checklist of Required Schedules**

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

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

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....	<b>X</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>X</b>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	<b>X</b>	

**Note.** All Form 990 filers are required to complete Schedule O .....

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	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		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</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		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 18		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 18		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**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 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **KIM SADOWSKI - (315) 422-9538**  
**431 EAST FAYETTE STREET, NO. 100, SYRACUSE, NY 13202**

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD D. HOLE, ESQ. BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) J. ANDREW BREUER VICE CHAIR	1.00	X		X				0.	0.	0.
(3) CRAIG A. BUCKHOUT TREASURER	1.00	X		X				0.	0.	0.
(4) PETER A. DUNN PRESIDENT & CEO	40.00			X			207,006.	0.	43,809.	
(5) JENNIFER OWENS VP OF DEVELOPMENT & MARKETING	40.00			X			110,695.	0.	14,829.	
(6) KIMBERLY SADOWSKI VICE PRESIDENT & CFO	40.00			X			86,054.	0.	13,051.	
(7) EVELYN CARTER MEMBER	1.00	X					0.	0.	0.	
(8) HON. JULIE A. CECILE MEMBER	1.00	X					0.	0.	0.	
(8) CASEY CRABILL MEMBER	1.00	X					0.	0.	0.	
(10) CARAGH FAHY MEMBER	1.00	X					0.	0.	0.	
(11) GRACE GHEZZI, CPA MEMBER	1.00	X					0.	0.	0.	
(12) DAVID HOLSTEIN, ESQ. MEMBER	1.00	X					0.	0.	0.	
(13) STEVEN L. JACOBS MEMBER	1.00	X					0.	0.	0.	
(14) LARRY LEATHERMAN MEMBER	1.00	X					0.	0.	0.	
(15) TIMOTHY PENIX MEMBER	1.00	X					0.	0.	0.	
(16) J. DANIEL PLUFF MEMBER	1.00	X					0.	0.	0.	
(17) BRIAN POLLARD, PH.D. MEMBER	1.00	X					0.	0.	0.	





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

**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	23,394,810.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		4,239,203.				
	<b>h Total.</b> Add lines 1a-1f .....		23,394,810.				
<b>Program Service Revenue</b>	<b>2 a</b> _____		<b>Business Code</b>				
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,912,511.			1,912,511.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....		7,462,182.	318,200.		
		<b>c</b> Gain or (loss) .....		2,502,899.	-318,200.		
		<b>d</b> Net gain or (loss) .....		2,184,699.			2,184,699.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS .....	900099		211,332.	211,332.			
<b>b</b> ADMIN MANAGEMENT FEE (EXPENSE) .....	561000		44,004.		44,004.		
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			255,336.				
<b>12 Total revenue.</b> See instructions. ....			27,747,356.	211,332.	0.	4,141,214.	

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

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,051,939.	14,051,939.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	254,496.	101,798.	76,349.	76,349.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	1,238,485.	513,216.	423,081.	302,188.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	121,652.	49,541.	39,848.	32,263.
<b>9</b> Other employee benefits	91,683.	40,400.	33,617.	17,666.
<b>10</b> Payroll taxes	88,872.	35,478.	30,982.	22,412.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	23,735.		23,735.	
<b>c</b> Accounting	51,004.	9,294.	34,680.	7,030.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	170,374.	146,909.	23,465.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	113,077.	34,875.	32,964.	45,238.
<b>14</b> Information technology	68,910.	28,515.	22,778.	17,617.
<b>15</b> Royalties				
<b>16</b> Occupancy	167,029.	103,848.	38,470.	24,711.
<b>17</b> Travel	5,625.	2,393.	1,571.	1,661.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	184,364.	74,903.	41,434.	68,027.
<b>20</b> Interest	80,722.	50,241.	18,526.	11,955.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	288,987.	179,863.	66,325.	42,799.
<b>23</b> Insurance	25,024.	15,575.	5,743.	3,706.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>DEVELOPMENT &amp; MARKETING</b>	147,351.		5,680.	141,671.
<b>b</b> <b>DUES</b>	34,553.	12,886.	10,991.	10,676.
<b>c</b> <b>EQUIPMENT RENTAL AND MA</b>	12,139.	5,024.	4,013.	3,102.
<b>d</b> <b>PROGRAM EXPENSES</b>	3,019.	3,019.		
<b>e</b> All other expenses	-27.	32.	-40.	-19.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	17,223,013.	15,459,749.	934,212.	829,052.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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

**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	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	4,499.	<b>1</b>	6,861.	
	<b>2</b> Savings and temporary cash investments .....	1,031,160.	<b>2</b>	781,176.	
	<b>3</b> Pledges and grants receivable, net .....	3,585,016.	<b>3</b>	3,414,320.	
	<b>4</b> Accounts receivable, net .....	4,345,356.	<b>4</b>	4,835,983.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	56,007.	<b>9</b>	54,748.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	6,769,257.			
	<b>b</b> Less: accumulated depreciation .....	2,017,145.			
	<b>11</b> Investments - publicly traded securities .....	82,986,681.	<b>10c</b>	4,752,112.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	88,279,617.	<b>11</b>	96,435,474.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	108,921,671.	
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	5,951,389.	<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	191,250,765.	<b>15</b>	5,728,044.		
		<b>16</b>	224,930,389.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	29,494.	<b>17</b>	120,731.	
	<b>18</b> Grants payable .....	1,681,301.	<b>18</b>	2,605,685.	
	<b>19</b> Deferred revenue .....	1,414,527.	<b>19</b>	360,890.	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	200.	<b>21</b>	200.	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	3,725,000.	<b>23</b>	3,700,000.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	5,138,954.	<b>25</b>	11,920,147.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	11,989,476.	<b>26</b>	18,707,653.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	120,978,722.	<b>27</b>	142,333,221.	
	<b>28</b> Temporarily restricted net assets .....	51,295,472.	<b>28</b>	56,890,029.	
	<b>29</b> Permanently restricted net assets .....	6,987,095.	<b>29</b>	6,999,486.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> <b>Total net assets or fund balances</b> .....	179,261,289.	<b>33</b>	206,222,736.		
<b>34</b> <b>Total liabilities and net assets/fund balances</b> .....	191,250,765.	<b>34</b>	224,930,389.		

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,747,356.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,223,013.
3	Revenue less expenses. Subtract line 2 from line 1	3	10,524,343.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	179,261,289.
5	Net unrealized gains (losses) on investments	5	16,285,625.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	151,479.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	206,222,736.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	12,097,440.	23,627,200.	23,015,320.	22,975,931.	23,394,810.	105,110,701.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	12,097,440.	23,627,200.	23,015,320.	22,975,931.	23,394,810.	105,110,701.
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						105,110,701.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	12,097,440.	23,627,200.	23,015,320.	22,975,931.	23,394,810.	105,110,701.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	2,609,224.	4,052,970.	5,115,766.	2,950,954.	4,415,410.	19,144,324.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	268,275.	80,971.	103,595.	200,439.	255,336.	908,616.
<b>11 Total support.</b> Add lines 7 through 10						125,163,641.

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

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

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	83.98 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	81.77 %

**16a 33 1/3% support test - 2016.** 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 - 2015.** 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 - 2016.** 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 - 2015.** 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** 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 - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**CENTRAL NEW YORK COMMUNITY FOUNDATION,**

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Name of the organization

CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

Employer identification number

15-0626910

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 5,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,059,843.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 503,610.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 478,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 800,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ <u>4,001,228.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	CARROLS RESTAURANT (TAST) - 25,000 SHARES <hr/> <hr/> <hr/>	\$ 333,925.	09/07/16
3	CARROLS RESTAURANT (TAST) - 50,000 SHARES <hr/> <hr/> <hr/>	\$ 725,918.	03/27/17
4	GENERAL ELECTRIC (GE) - 15,665 SHARES <hr/> <hr/> <hr/>	\$ 503,610.	12/20/16
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>15-0626910</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

**CENTRAL NEW YORK COMMUNITY FOUNDATION,**

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**CENTRAL NEW YORK COMMUNITY FOUNDATION,**

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		3,900.
<b>j</b> Total. Add lines 1c through 1i .....			3,900.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."**

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? .....	4	
<b>5</b> 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 \$3,900 TO VAN SCOYOC ASSOCIATES TO SUPPORT THE COMMUNITY FOUNDATION AWARENESS INITIATIVE INVOLVING FEDERAL LEVEL ISSUES AFFECTING 501(C)3 TAX EXEMPT ORGANIZATIONS AND CHARITABLE GIVING.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

OMB No. 1545-0047

2016

Open to Public Inspection

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions regarding donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for held easements at the end of the tax year, and yes/no questions about monitoring and reporting.

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.

Form with questions (1a, 1b, 2) regarding reporting of art and historical treasures, including amounts for revenue and assets.

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount     |
|---------------------------------|------------|
| c Beginning balance             | 1,325,953. |
| d Additions during the year     | 208,781.   |
| e Distributions during the year | 85,058.    |
| f Ending balance                | 1,449,676. |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	59,178,505.	64,741,993.	65,905,496.	61,545,510.	58,817,227.
b Contributions	1,383,161.	792,666.	261,142.	252,534.	289,151.
c Net investment earnings, gains, and losses	7,365,129.	-2,331,906.	2,022,165.	7,241,596.	5,512,414.
d Grants or scholarships	2,775,579.	2,542,508.	2,060,290.	1,918,376.	1,854,557.
e Other expenditures for facilities and programs	1,392,421.	1,481,740.	1,386,520.	1,215,768.	1,218,725.
f Administrative expenses					
g End of year balance	63,758,795.	59,178,505.	64,741,993.	65,905,496.	61,545,510.

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		253,775.		253,775.
b Buildings		5,668,585.	1,265,757.	4,402,828.
c Leasehold improvements				
d Equipment				
e Other		846,897.	751,388.	95,509.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,752,112.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) COMMON/COLLECTIVE TRUSTS	5,368,977.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	45,224,384.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS AND FUNDS OF		
(D) FUNDS	58,328,310.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>108,921,671.</b>	

**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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) CHARITABLE REMAINDER ANNUITY		
(3) TRUSTS/CHARITABLE REMAINDER		
(4) UNITRUSTS	1,035,322.	
(5) CHARITABLE GIFT ANNUITIES	288,125.	
(6) DEFERRED COMPENSATION	229,490.	
(7) ENDOWMENTS HELD FOR OTHER		
(8) NOT-FOR-PROFIT ORGANIZATIONS	10,367,210.	
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>11,920,147.</b>	

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	44,184,460.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	16,285,625.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	151,479.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	16,437,104.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	27,747,356.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	27,747,356.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	17,223,013.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	17,223,013.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	17,223,013.

**Part XIII Supplemental Information.**

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

**PART IV, LINE 1B:**

THE FOUNDATION IS THE TRUSTEE OF SEVEN CHARITABLE REMAINDER TRUSTS.

**PART IV, LINE 2B:**

THE FOUNDATION WAS ASSIGNED A MORTGAGE AS PART OF A BEQUEST. THE MORTGAGE REQUIRED THAT AN ESCROW ACCOUNT BE MAINTAINED FOR PAYMENT OF TAXES AND INSURANCE.

**PART X, LINE 2:**

THE COMMUNITY FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE CODE. FOR

**Part XIII** Supplemental Information (continued)

TAX-EXEMPT ENTITIES, THEIR TAX-EXEMPT STATUS ITSELF IS DEEMED TO BE AN  
UNCERTAINTY, SINCE EVENTS COULD POTENTIALLY OCCUR TO JEOPARDIZE THEIR  
TAX-EXEMPT STATUS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT 151,479.

INTENDED USE OF ENDOWMENT FUNDS:

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

Employer identification number  
**15-0626910**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CAYMAN ISLANDS			INVESTMENTS HELD IN CAYMAN ISLANDS	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	35,767,372.
JERSEY, ENGLISH CHANNEL			INVESTMENTS HELD IN JERSEY, ENGLISH CHANNEL	INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO	184,928.
<b>3 a</b> Sub-total .....	0	0			35,952,300.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			35,952,300.





**Part IV Foreign Forms**

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

**Part V** Supplemental Information

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

**PART I, LINE 3, COLUMN (E):**

**REGION: CAYMAN ISLANDS**

**(E) SPECIFIC TYPES OF SERVICES IN REGION: INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO PROVIDE TO NOT-FOR-PROFIT ORGANIZATIONS IN NEW YORK STATE.**

**REGION: JERSEY, ENGLISH CHANNEL**

**(E) SPECIFIC TYPES OF SERVICES IN REGION: INVESTMENTS ARE HELD TO INCREASE THE AMOUNT OF GRANTS THE COMMUNITY FOUNDATION IS ABLE TO PROVIDE TO NOT-FOR-PROFIT ORGANIZATIONS IN NEW YORK STATE.**

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

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

Employer identification number  
**15-0626910**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
1890 HOUSE MUSEUM AND CENTER FOR THE ARTS - 37 TOMPKINS ST - CORTLAND, NY 13045	13-2951986		9,000.	0.			GENERAL USE
ABC CAYUGA, INC. PO BOX 1529 AUBURN, NY 13021	81-1255927		5,000.	0.			CAPITAL CAMPAIGN
ACCESSCNY 1603 COURT STREET SYRACUSE, NY 13208	15-0532247		41,437.	0.			ANNUAL SUPPORT AND CAPITAL IMPROVEMENTS
ALL HALLOWS HIGH SCHOOL 111 E 164TH STREET BRONX, NY 10452			7,500.	0.			GENERAL USE
ALL SAINTS CHURCH OUTREACH MINISTRIES - 112 LANCASTER PLACE - SYRACUSE, NY 13210			5,000.	0.			GENERAL USE
ALS ASSOCIATION OF CENTRAL NEW YORK - P.O. BOX 127 - ELBRIDGE, NY 13060	13-3271855		21,203.	0.			GENERAL USE, MEMORIUM

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2016)



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

Schedule I (Form 990)

15-0626910

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALTERNATIVE EFFORTS CENTER OF CNY, INC. - 212 WAYNE ST - SYRACUSE, NY 13203	16-1379232		13,613.	0.			FRIENDS OF DOROTHY HOUSE SUPPORT
AMAUS HEALTH SERVICES 259 EAST ONONDAGA STREET SYRACUSE, NY 13204	15-0532133		25,000.	0.			PURCHASE TECH FOR DENTAL SVCS
AMERICAN HEART ASSOCIATION/GREATER SYRACUSE & NORTH COUNTRY - 2 CLINTON SQUARE, SUITE 305 - SYRACUSE, NY 13202	16-0915734		16,113.	0.			GENERAL SUPPORT
AMERICAN LEGION/CAZENOVIA POST PO BOX 263 CAZENOVIA, NY 13035	16-6093956		10,000.	0.			REJUVENATION OF COMMUNITY BASEBALL FIELD PROJECT
AMERICAN RED CROSS OF CENTRAL NEW YORK - 344 W. GENESEE ST. - SYRACUSE, NY 13202	53-0196605		24,475.	0.			MEMORIALS, HONORARIUMS, DISASTER RELIEF, EVENT SUPPORT, GENERAL USE
ANTIQUE BOAT MUSEUM 750 MARY ST. CLAYTON, NY 13624	22-2319606		11,500.	0.			MEMORIALS, HONORARIUMS
AOPA AIR SAFETY FOUNDATION 421 AVIATION WAY FREDERICK, MD 21701	52-6042953		51,000.	0.			AIR SAFETY INSTITUTE SUPPORT
ARISE CHILD AND FAMILY SERVICE, INC - 635 JAMES STREET - SYRACUSE, NY 13203	16-1186293		30,324.	0.			GENERAL SUPPORT, PURCHASE OF WHEELCHAIR ACCESSIBLE VAN
ASBURY UNITED METHODIST CHURCH 205 SOUTH MAIN STREET HARRISONBURG, VA 22801			5,200.	0.			GENERAL USE

Schedule I (Form 990)

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

Schedule I (Form 990)

15-0626910

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA OF CNY 518 JAMES ST., STE. 100 SYRACUSE, NY 13203	15-0543651		19,113.	0.			PROGRAM SPONSORSHIP, STAFF ADVANCEMENT, GENERAL USE, HONONARIUMS
AVE MARIA UNIVERSITY 5050 AVE MARIA BOULEVARD AVE MARIA, FL 34142			100,000.	0.			GENERAL USE
BALTIMORE WOODS NATURE CENTER PO BOX 133 MARCELLUS, NY 13108	16-0973044		41,914.	0.			GENERAL USE, PROGRAM SPECIFIC, STAFF ADVANCEMENT
BARTON COLLEGE 200 ATLANTIC CHRISTIAN COL DR NE WILSON, NC 27893			5,000.	0.			SCHOLARSHIP
BELIEVE IN SYRACUSE 2610 SOUTH SALINA ST SYRACUSE, NY 13205	46-4153281		5,000.	0.			COMMUNITY SERVICE COMMITTEE SUPPORT
BISHOP LUDDEN JR/SR HIGH SCHOOL 815 FAY RD SYRACUSE, NY 13219			24,500.	0.			SCHOLARSHIPS, TUITION ASSISTANCE, ROBOTICS TEAM SUPPORT
BLESSED SACRAMENT CHURCH 3127 JAMES STREET SYRACUSE, NY 13206			5,867.	0.			GENERAL SUPPORT
BOSTON UNIVERSITY 121 BAY STATE ROAD BOSTON, MA 02215			6,776.	0.			SCHOLARSHIP
BOY SCOUTS OF AMERICA - BADEN-POWELL COUNCIL - 2150 NYS RT 12 - BINGHAMTON, NY 13901	15-0536607		5,000.	0.			SCOUTING ACTIVITIES IN CORTLAND COUNTY

Schedule I (Form 990)

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

Schedule I (Form 990)

15-0626910

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF SYRACUSE 2100 E. FAYETTE ST SYRACUSE, NY 13224	15-0532240		26,725.	0.			GENERAL GIFT, PROGRAM SUPPORT, EVENT/CAMPAIGN SUPPORT
BRADY FAITH CENTER 404 SOUTH AVE SYRACUSE, NY 13204			92,840.	0.			GENERAL GIFTS, PROGRAM SUPPORT
BROOKLINE COMMUNITY FOUNDATION, INC. - 40 WEBSTER PL - BROOKLINE, MA 02445	04-2103944		5,000.	0.			GENERAL SUPPORT
BROOME COMMUNITY COLLEGE PO BOX 1017 BINGHAMTON, NY 13902-1017			8,377.	0.			SCHOLARSHIPS
BUFFALO STATE COLLEGE MOOT HALL 230, 1300 ELM AVE BUFFALO, NY 14222			131,212.	0.			SCHOLARSHIPS
BUILDING MEN PROGRAM, INC. 103 MANN DR SYRACUSE, NY 13209	47-3788818		5,000.	0.			GENERAL PROGRAM SUPPORT
CAMP AMERIKIDS, INC. 88 HAMILTON AVE STAMFORD, CT 06902	06-1431690		10,000.	0.			GENERAL GIFT
CANCERCONNECTS, INC. 5008 BRITTONFIELD PKWY #800 SYRACUSE, NY 13057	20-3767018		11,266.	0.			GENERAL USE
CATHOLIC CHARITIES 1654 W. ONONDAGA ST. SYRACUSE, NY 13204	15-0532085		54,486.	0.			STAFF ADVANCEMENT, PROGRAM SUPPORT, GENERAL USE

Schedule I (Form 990)

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

Schedule I (Form 990)

15-0626910

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAYUGA COMMUNITY COLLEGE 197 FRANKLIN STREET AUBURN, NY 13021			39,169.	0.			SCHOLARSHIPS
CAYUGA COMMUNITY COLLEGE FOUNDATION, INC. - 197 FRANKLIN STREET - AUBURN, NY 13021	22-2413804		23,496.	0.			SCHOLARSHIPS
CAYUGA COUNTY HABITAT FOR HUMANITY PO BOX 1903 AUBURN, NY 13021	16-1390395		5,128.	0.			GENERAL GIFT
CAYUGA MUSEUM OF HISTORY AND ART 203 GENESEE STREET AUBURN, NY 13021	15-0533567		6,515.	0.			GENERAL GIFT
CAZENOVIA COLLEGE 22 SULLIVAN ST. CAZENOVIA, NY 13035	15-0543658		15,500.	0.			SCHOLARSHIPS
CAZENOVIA PRESERVATION FOUNDATION PO BOX 627 CAZENOVIA, NY 13035	16-6101151		15,884.	0.			GENERAL USE
CENTERSTATE CEO FOUNDATION 115 WEST FAYETTE STREET SYRACUSE, NY 13202	22-2305294		35,000.	0.			SUPPORT FOR HIRING AN EXECUTIVE DIRECTOR
CHRISTIAN BROTHERS ACADEMY 6245 RANDALL ROAD SYRACUSE, NY 13214			62,750.	0.			SCHOLARSHIPS, GENERAL SUPPORT
CITIZENS CAMPAIGN FOR THE ENVIRONMENT - 2000 TEALL AVENUE - SYRACUSE, NY 13206	11-2983418		10,000.	0.			GENERAL SUPPORT

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CITY COLLEGE OF NEW YORK 160 CONVENT AVE, SHEPHARD HALL NEW YORK, NY 10031			10,000.	0.			SCHOLARSHIP FUND
CLARKSON UNIVERSITY PO BOX 5500 POTSDAM, NY 13699			33,444.	0.			SCHOLARSHIPS
CLEAR PATH FOR VETERANS, INC. 1223 SALT SPRINGS ROAD CHITTENANGO, NY 13037	27-5206513		27,455.	0.			GENERAL USE, PROGRAM SUPPORT, HONORARIUMS
CNY ARTS 421 MONTGOMERY ST. 11TH FLOOR SYRACUSE, NY 13202	15-0625350		31,750.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
CNY JAZZ ARTS FOUNDATION, INC. 444 EAST WASHINGTON STREET SYRACUSE, NY 13202	16-1546134		13,280.	0.			PROGRAM SUPPORT, GENERAL SUPPORT
CNY LIBRARY RESOURCES COUNCIL 6493 RIDINGS ROAD SYRACUSE, NY 13206	16-0957462		15,000.	0.			TECH LENDING PROGRAM SUPPORT
CNY RONALD MCDONALD HOUSE CHARITIES, INC. - 1100 EAST GENESEE ST - SYRACUSE, NY 13210	22-2371193		17,513.	0.			GENERAL USE
COLGATE UNIVERSITY 13 OAK DRIVE HAMILTON, NY 13346-9989			9,306.	0.			SCHOLARSHIPS
COLUMBIA UNIVERSITY PO BOX 1385 NEW YORK, NY 10008			14,100.	0.			SCHOLARSHIPS

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COMMUNITY ACTION PARTNERSHIP FOR MADISON COUNTY - 3 E MAIN STREET - MORRISVILLE, NY 13408	16-1289461		30,600.	0.			TECHNOLOGY UPGRADE, GENERAL GIFTS
CONNECT AFRICA FOUNDATION, INC. 222 PLEASANT ST NEWTON CENTER, MA 02459	37-1496337		25,000.	0.			GENERAL GIFT
CORTLAND AREA COMMUNITIES THAT CARE COALITION - 33-35 CENTRAL AVE - CORTLAND, NY 13045	34-2064367		40,000.	0.			GENERAL GIFT
CORTLAND COMMUNITY FOUNDATION 3334 NYS ROUTE 215 CORTLAND, NY 13045-0466	16-1561037		11,350.	0.			SPECIAL FUNDS DESIGNATION
CORTLAND COUNTY COMMUNITY ACTION PROGRAM, INC. - 32 NORTH MAIN ST - CORTLAND, NY 13045	16-1004653		13,500.	0.			ANGELS PROGRAM
CORTLAND LOAVES & FISHES, INC. 13 COURT STREET CORTLAND, NY 13045	16-1236737		26,000.	0.			GENERAL USE
CORTLAND MEMORIAL FOUNDATION, INC. 134 HOMER AVENUE CORTLAND, NY 13045	22-2230692		55,000.	0.			GENERAL USE
CORTLAND REPERTORY THEATRE PO BOX 783 CORTLAND, NY 13045	16-1004610		15,500.	0.			GENERAL USE
COUNCIL FOR LUTHERAN CAMPUS MINISTRY AT SYRACUSE, INC. - SYRACUSE UNIVERSITY-HENDRICKS CHAPEL - SYRACUSE, NY 13244	15-0579222		7,000.	0.			LITERACY ADVANCEMENT INITIATIVES

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COVENANT HOUSE 460 WEST 41ST ST NEW YORK, NY 10036	13-2725416		5,400.	0.			GENERAL GIFT
CRADLES TO CRAYONS, INC. 155 NORTH BEACON STREET BRIGHTON, MA 02135	04-3584367		5,000.	0.			GENERAL GIFT
CROUSE COMMUNITY CENTER 101 SOUTH STREET MORRISVILLE, NY 13408			15,000.	0.			PROGRAM SUPPORT
CROUSE HEALTH FOUNDATION, INC. 736 IRVING AVE SYRACUSE, NY 13210	16-1035427		90,488.	0.			MEMORIALS, HONORARIUMS, SPECIAL PROJECTS, CROUSE SOCIETY, BREAST HEALTH CENTER
DANA-FARBER CANCER INSTITUTE, INC. 401 EAST 34TH STREET NEW YORK, NY 10016	04-2263040		6,200.	0.			GENERAL USE
DAVID'S REFUGE 8195 CAZENOVIA ROAD MANLIUS, NY 13104	45-3686680		8,750.	0.			GENERAL USE
DEWITT COMMUNITY CHURCH 3600 ERIE BLVD E, DEWITT, NY 13214			29,000.	0.			GENERAL GIFTS
DEWITT COMMUNITY LIBRARY ASSOCIATION - 3649 ERIE BOULEVARD - DEWITT, NY 13214	22-2480461		13,350.	0.			GENERAL GIFTS, CAPITAL CAMPAIGN
DOCTORS WITHOUT BORDERS PO BOX 1856 MERRIFIELD, VA 22116	13-3433452		5,650.	0.			GENERAL SUPPORT

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DOWNTOWN SYRACUSE FOUNDATION 115 WEST FAYETTE STREET SYRACUSE, NY 13202	45-5419583		10,000.	0.			PROGRAM SUPPORT
DRUG POLICY ALLIANCE 131 W 33RD ST, 15TH FLOOR NEW YORK, NY 10001	52-1516692		10,000.	0.			GENERAL USE
DUCKS UNLIMITED, INC. 1 WATERFOWL WAY MEMPHIS, TN 38120	13-5643799		20,000.	0.			75TH ANNIVERSARY GIFT
DUNBAR ASSOCIATION, INC. 1453 S. STATE STREET SYRACUSE, NY 13205-1137	15-0533563		25,250.	0.			SUPPORT FOR OPERATIONAL PARTNERSHIP, GENERAL GIFT
EARLVILLE FREE LIBRARY P.O. BOX 120 N. MAIN ST. EARLVILLE, NY 13332	15-0618864		25,244.	0.			GENERAL GIFT
EAST AREA VOLUNTEER EMERGENCY SERVICES, INC. - PO BOX 34 - SYRACUSE, NY 13057	23-7356692		25,000.	0.			CAPITAL PROJECT
EMERSON CHURCH 9971 O'NEIL RD CONQUEST, NY 13140			5,000.	0.			GENERAL GIFT
ENSAAF PO BOX 11682 PLEASANTON, CA 94588	16-1687486		10,000.	0.			GENERAL GIFT
ERIE CANALWAY NATIONAL HERITAGE CORRIDOR - PO BOX 219 - WATERFORD, NY 12188	26-0372982		24,420.	0.			PROGRAM SUPPORT

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EVERSON MUSEUM OF ART 401 HARRISON ST. SYRACUSE, NY 13202	15-0616499		47,825.	0.			GENERAL USE, MEMBERSHIP, EXHIBIT SUPPORT, EVENT SPONSORSHIP, STAFF ADVANCEMENT, PROGRAM
FASHION INSTITUTE OF TECHNOLOGY 227 WEST 27TH STREET NEW YORK, NY 10001			14,531.	0.			SCHOLARSHIPS
FIDELITY CHARITABLE GIFT FUND 82 DEVONSHIRE ST BOSTON, MA 02109-3605	22-3332686		10,000.	0.			DESIGNATED FOR DONOR ADVISED FUND
FILMINSYRACUSE/SYRACUSE INTERNATIONAL FILM FESTIVAL - 5655 THOMPSON ROAD - DEWITT, NY 13214	26-1969924		5,100.	0.			GENERAL USE
FINGER LAKES LAND TRUST 202 E. COURT ST ITHACA, NY 14850	22-2983688		58,250.	0.			CAPITAL IMPROVEMENTS, GENERAL USE
FIRST BAPTIST CHURCH OF PULASKI 7 BRIDGE STREET PULASKI, NY 13142			34,300.	0.			GENERAL USE
FIRST PRESBYTERIAN CHURCH PO BOX 306 CAZENOVIA, NY 13035			10,700.	0.			GENERAL GIFT AND ANNUAL SUPPORT
FIRST UNITARIAN UNIVERSALIST SOCIETY OF SYRACUSE - 109 WARING ROAD - SYRACUSE, NY 13224-2294			5,000.	0.			GENERAL USE
FIVER FOUNDATION PO BOX 176 HAMILTON, NY 13346	13-3993633		8,130.	0.			PROJECT SUPPORT

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FOLTS FOUNDATION 104 N. WASHINGTON ST HERKIMER, NY 13350	22-3397224		28,928.	0.			GENERAL USE
FOOD BANK OF CNY 7066 ISLAND ROAD SOLVAY, NY 13209	20-2816988		18,060.	0.			GENERAL USE
FOUNDATION OF THE JEWISH HOME OF CNY INC - 4101 E. GENESEE ST. - SYRACUSE, NY 13214	22-2360749		12,500.	0.			MEMORAH PARK, PROGRAM SUPPORT
FRACTURED ATLAS, INC. 248 W 35TH ST 10TH FL NEW YORK, NY 10001	11-3451703		13,500.	0.			PROJECT SUPPORT
FRANCIS HOUSE, INC. 108 MICHAELS AVE. SYRACUSE, NY 13208	16-1585910		28,375.	0.			MEMORIALS, HONORARIUMS, CARING FUND, EVENT SPONSORSHIP, GENERAL GIFT
FRANCISCAN NORTHSIDE MINISTRIES 804 N. SALINA STREET SYRACUSE, NY 13208			25,100.	0.			GENERAL USE
FRANK H. HISCOCK LEGAL AID SOCIETY 351 S WARREN ST - STE 300 SYRACUSE, NY 13202	15-0527253		11,550.	0.			GENERAL USE
FRANKLIN & MARSHALL COLLEGE PO BOX 3003 LANCASTER, PA 17604			5,000.	0.			SCHOLARSHIP
FREE WHEELCHAIR MISSION 9341 IRVINE BLVD IRVINE, CA 92618	31-1781635		50,200.	0.			GENERAL USE

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FRIENDS OF ISRAEL DEFENSE FORCES 1430 BROADWAY, STE 1301 NEW YORK, NY 10018	13-3156445		10,000.	0.			GENERAL GIFT
FRIENDS OF THE ROSAMOND GIFFORD ZOO AT BURNET PARK - 1 CONSERVATION PL - SYRACUSE, NY 13204	23-7083532		25,050.	0.			PROGRAM SUPPORT, GENERAL USE
FULTON - MONTGOMERY COMMUNITY COLLEGE - 2805 STATE HIGHWAY 67 - JOHNSTOWN, NY 12095			6,000.	0.			SCHOLARSHIPS
GEORGETOWN UNIVERSITY 2115 WISCONSIN AVE, NW, SUITE 500 WASHINGTON, DC 20007	59-1052433		20,500.	0.			SCHOLARSHIPS, ALUMNI GIFT
GULF COAST COMMUNITY FOUNDATION 601 TAMiami TRAIL SOUTH VENICE, FL 34285	59-1052433		282,670.	0.			CREATE NEW FUND
HAMILTON COLLEGE 198 COLLEGE HILL ROAD CLINTON, NY 13323			5,500.	0.			SCHOLARSHIPS
HEIFER PROJECT INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK, AR 72202	35-1019477		7,128.	0.			GENERAL USE
HERKIMER COUNTY COMMUNITY COLLEGE 100 RESERVOIR RD HERKIMER, NY 13350			7,885.	0.			SCHOLARSHIPS
HILLSIDE CHILDREN'S FOUNDATION 1183 MONROE AVE ROCHESTER, NY 14620	16-0743039		6,000.	0.			GENERAL USE

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HOBART & WILLIAM SMITH COLLEGES 615 S. MAIN ST GENEVA, NY 14456			15,600.	0.			SCHOLARSHIPS, PARENTS FUND, ANNUAL FUND
HOLY CROSS CHURCH 4112 E. GENESEE ST DEWITT, NY 13214			37,000.	0.			GENERAL USE, SCHOLARSHIPS, HONORARIUM, HOLY CROSS SCHOOL
HOME HEADQUARTERS 538 ERIE BLVD WEST, SYRACUSE, NY 13204	22-2982267		43,600.	0.			GREEN & HEALTHY HOMES SUPPORT, WASHINGTON SQUARE PARK PLAYGROUND, GENERAL USE, DATA PROJECT
HOMER EDUCATION FOUNDATION PO BOX 174 HOMER, NY 13077	51-0537926		10,000.	0.			GENERAL USE
HOPE FOR BEREAVED 4500 ONONDAGA BLVD, SYRACUSE, NY 13219-3329	16-1370553		51,388.	0.			GENERAL USE, CAPITAL IMPROVEMENTS
HOSPICE FOUNDATION OF CNY, INC. 990 SEVENTH N. ST., LIVERPOOL, NY 13088	16-1438980		6,800.	0.			MEMORIALS AND GENERAL USE
HUNTINGTON FAMILY CENTERS, INC. 405 GIFFORD STREET, SYRACUSE, NY 13204-3290	15-0532198		21,316.	0.			GENERAL USE, STAFF ADVANCMENT
IMMACULATE CONCEPTION CHURCH 400 SALT SPRINGS ST. FAYETTEVILLE, NY 13066			43,200.	0.			GENERAL USE, CAPITAL CAMPAIGN
INTERFAITH WORKS OF CENTRAL NEW YORK - 1010 JAMES ST - SYRACUSE, NY 13203	16-1064233		49,625.	0.			GENERAL USE, REFUGEE RESETTLEMENT PROGRAM

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ITHACA COLLEGE 953 DANBY ROAD ITHACA, NY 14850-9948			19,000.	0.			SCHOLARSHIPS
IT'S ABOUT CHILDHOOD & FAMILY INC. 100 BRADFORD HEIGHTS SYRACUSE, NY 13224	16-1593181		11,500.	0.			PROGRAM SUPPORT, GENERAL USE
JAMES AND JULI BOEHEIM FOUNDATION 7002 TIFFANY CIR DEWITT, NY 13214	80-0434367		34,250.	0.			GENERAL USE / VARIOUS CAMPAIGNS
JDRF INTERNATIONAL/CENTRAL NEW YORK CHAPTER - 100 METROPOLITAN PARK DR. - LIVERPOOL, NY 13088	91-1962781		7,000.	0.			GENERAL SUPPORT
JEWISH FEDERATION OF CENTRAL NEW YORK - 5655 THOMPSON RD - DEWITT, NY 13214	15-0543614		57,041.	0.			GENERAL USE, JEWISH OBSERVER, PROGRAM SUPPORT
JIM MARSHALL FARMS FOUNDATION, INC. - 1978 NEW BOSTON ROAD - CHITTENANGO, NY 13037	16-1611112		7,450.	0.			GENERAL USE
JOSEPH'S HOUSE FOR WOMEN, INC. 1101 BURNET AVE SYRACUSE, NY 13203	46-2485173		52,000.	0.			GENERAL USE
JUBILEE HOMES OF SYRACUSE, INC. 119 SOUTH AVE SYRACUSE, NY 13204	16-1330593		8,250.	0.			PROJECT SUPPORT, GENERAL USE
JUNIOR ACHIEVEMENT OF CENTRAL UPSTATE NEW YORK - 290 ELWOOD DAVIS RD, STE 290 - LIVERPOOL, NY 13088	16-0915560		5,000.	0.			PROJECT SUPPORT

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JUSTICE RESOURCE INSTITUTE, INC. - THE FAMILY JUSTICE CENTER - 989 COMMONWEALTH AVE - BOSTON, MA 02445	04-2526357		10,000.	0.			GENERAL USE
KEUKA COLLEGE 141 CENTRAL AVENUE KEUKA PARK, NY 14478	16-6054295		7,688.	0.			SCHOLARSHIPS
LANDMARK THEATRE 362 SOUTH SALINA STR SYRACUSE, NY 13202	22-2148823		5,000.	0.			GENERAL USE
LEAD NEW YORK PROGRAM 114 KENNEDY HALL ITHACA, NY 14853	22-6506148		9,319.	0.			GENERAL SUPPORT
LEMOYNE COLLEGE 1419 SALT SPRINGS RD DEWITT, NY 13214			105,500.	0.			SCHOLARSHIPS, MADDEN SCHOOL OF BUSINESS, ANNUAL FUND, SCHOLARSHIP FUNDS
LIBERTY RESOURCES, INC. 1065 JAMES ST SYRACUSE, NY 13203	16-1129675		25,300.	0.			PROGRAM SUPPORT, GENERAL USE
LITERACY COALITION OF ONONDAGA COUNTY - 518 JAMES ST. - SYRACUSE, NY 13203	15-0532073		124,284.	0.			EMPLOYER MATCH, IMAGINATION LIBRARY, PURCHASE BOOKS
LITERACYCNY 100 NEW ST SYRACUSE, NY 13202	16-1002098		20,000.	0.			HONORARIUMS, GENERAL USE
LIVERPOOL PUBLIC LIBRARY 310 TULIP ST, LIVERPOOL, NY 13088	16-1463853		15,200.	0.			CAPITAL PROJECT

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LORETTO HEALTH & REHABILITATION CENTER - 700 E BRIGHTON AVE - SYRACUSE, NY 13205	20-0503099		28,932.	0.			PROGRAM SUPPORT
LOWVILLE UNITED METHODIST CHURCH 7618 N. STATE ST LOWVILLE, NY 13367			10,000.	0.			GENERAL SUPPORT
MADISON COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT - 138 N COURT ST - WAMPSVILLE, NY 13163			5,000.	0.			SPECIAL PROJECT
MANLIUS PEBBLE HILL SCHOOL 5300 JAMESVILLE RD., DEWITT, NY 13214			1,659,961.	0.			SPECIAL PROJECTS, CAPITAL CAMPAIGN, MARKETING, PROGRAM SUPPORT
MATTHEW HOUSE INC. 43 METCALF DR, AUBURN, NY 13021	16-1591811		30,864.	0.			ANNUAL FUND AND GENERAL USE
MCMAHON/RYAN CHILD ADVOCACY SITE 601 E. GENESEE ST., SYRACUSE, NY 13202	16-1563195		5,130.	0.			HONORARIUMS, MEMORIUMS, PROGRAM SUPPORT
MEALS ON WHEELS OF SYRACUSE 300 BURT ST. SYRACUSE, NY 13202	16-0970999		8,500.	0.			MEMORIUMS, SPECIAL PROJECTS, GENERAL USE
MERCY WORKS, INC. P.O. BOX 25 SYRACUSE, NY 13205	16-1553234		22,250.	0.			MEMORIUMS, SPECIAL PROJECTS, GENERAL USE
MERRY-GO-ROUND PLAYHOUSE, INC. 17 WILLIAM STREET 2ND FL AUBURN, NY 13021	15-0625507		150,000.	0.			MUSICAL THEATRE FESTIVAL SUPPORT

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MILLBROOK SCHOOL 131 MILLBROOK SCHOOL RD MILLBROOK, NY 12545	14-1413770		18,000.	0.			MEMORIUMS, GENERAL GIFT, ANNUAL FUND
MOHAWK VALLEY COMMUNITY COLLEGE 1101 SHERMAN DRIVE, UTICA, NY 13501			27,876.	0.			SCHOLARSHIPS
MONROE COMMUNITY COLLEGE 1000 E. HENRIETTA RD ROCHESTER, NY 14623			43,258.	0.			SCHOLARSHIPS
MOST - MUSEUM OF SCIENCE & TECHNOLOGY FOUNDATION - 500 S. FRANKLIN ST., - SYRACUSE, NY 13202	22-3158446		205,580.	0.			GENERAL GIFTS, CAPITAL CAMPAIGN, HONORARIUM, SPECIAL PROJECT
MUSICAL ASSOCIATES OF CENTRAL NEW YORK, INC. - PO BOX 1161, - SYRACUSE, NY 13201	46-1080817		39,050.	0.			SYMPHORIA
NAMI SYRACUSE INC 917 AVERY AVENUE SYRACUSE, NY 13204	22-2469922		5,300.	0.			GENERAL SUPPORT
NAPLES CHILDREN & EDUCATION FOUNDATION - 4305 EXCHANGE AVE - NAPLES, NY 34104	65-1001650		153,000.	0.			UNRESTRICTED GIFT
NATIONAL AUDUBON SOCIETY 225 VARICK STREET, 7TH FL NEW YORK, NY 10014	13-1624102		30,320.	0.			ONONDAGA LAKE CONSERVATION CORPS SUPPORT, GENERAL USE
NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN - 275 LAKE AVE - ROCHESTER, NY 14608	52-1328557		5,100.	0.			GENERAL USE

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NCTE 1111 WEST KENYON RD. URBANA, IL 61801	37-0715886		17,100.	0.			GENERAL USE
NEHDA - NORTHEAST HAWLEY DEVELOPMENT ASSN. - 101 GERTRUDE ST - SYRACUSE, NY 13203	16-1117485		17,000.	0.			SPECIAL PROJECT
NEW JERSEY AGRICULTURAL SOCIETY 1200 FLORENCE COLUMBUS ROAD BORDENTOWN, NJ 08505	21-0634544		7,300.	0.			GENERAL USE
NEW YORK ANIMAL AGRICULTURE COALITION - PO BOX 147 - GREENWICH, NY 12834	46-5077587		9,100.	0.			GENERAL USE
NIAGARA COUNTY COMMUNITY COLLEGE 3111 SAUNDERS SETTLEMENT ROAD SANBORN, NY 14132			8,398.	0.			SCHOLARSHIPS
NIAGARA UNIVERSITY 5795 LEWISTON RD NIAGARA UNIV, NY 14109			9,000.	0.			SCHOLARSHIPS
NORTH SYRACUSE EDUCATION FOUNDATION, INC. - PO BOX 5225 - SYRACUSE, NY 13220	16-1605888		5,450.	0.			GENERAL USE
NORTHEASTERN UNIVERSITY 349 RICHARDS HALL; 360 HUNTINGTON A BOSTON, MA 02115			5,050.	0.			SCHOLARSHIPS
NORTHWEST YMCA 8040 RIVER RD, BALDWINVILLE, NY 13027	15-0532278		26,330.	0.			GENERAL USE, SPECIAL PROJECT, PROGRAM SUPPORT

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NY CONFERENCE OF SEVENTH DAY ADVENTIST - 4930 W SENECA TURNPIKE - SYRACUSE, NY 13215			5,500.	0.			PARKVIEW ACADEMY PLAYGROUND PROJECT
NYS AGRICULTURAL SOCIETY FOUNDATION INC - 493 CHARLTON ROAD, - BALLSTON SPA, NY 12020	27-1174254		15,500.	0.			ANNUAL FUND AND GENERAL USE
ON POINT FOR COLLEGE 1654 W. ONONDAGA ST. SYRACUSE, NY 13204	16-1569356		34,341.	0.			GENERAL GIFT, SCHOLARSHIPS
ONEIDA PUBLIC LIBRARY 220 BROAD STREET, ONEIDA, NY 13421	16-1515573		57,718.	0.			MADISON COUNTY LITERACY COALITION AND CAPITAL CAMPAIGN
ONONDAGA COMMUNITY COLLEGE FOUNDATION - 4585 W. SENECA TNPK. - SYRACUSE, NY 13215	22-2318303		347,731.	0.			SCHOLARSHIPS, MEMORIUMS, CAPITAL CAMPAIGN, SUMMER SUCCESS PROGRAM, GENERAL USE
ONONDAGA COMMUNITY LIVING, INC. 518 JAMES STREET, SYRACUSE, NY 13203	16-1275425		32,900.	0.			MEMORIUM, GENERAL USE
ONONDAGA COUNTY/DEPARTMENT OF CHILD & FAMILY SERVICES - 421 MONTGOMERY ST. - SYRACUSE, NY 13203	69-0210991		2,000,000.	0.			SYRACUSE CSD SPECIAL PROJECTS SUPPORT
ONONDAGA EARTH CORPS 100 NEW ST #239 SYRACUSE, NY 13202	46-0593831		17,750.	0.			SPECIAL PROJECT
ONONDAGA GUILD TO VAN DUYN 5075 W. SENECA TNPK. SYRACUSE, NY 13215	22-2159154		18,188.	0.			GENERAL GIFT

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ONONDAGA HISTORICAL ASSOCIATION 321 MONTGOMERY ST., SYRACUSE, NY 13202	15-0533554		29,200.	0.			VARIOUS SPECIAL PROJECTS, GENERAL SUPPORT, MEMBERSHIP
OSBORNE ASSOCIATION 809 WESTCHESTER AVE BRONX, NY 10455	13-5563028		5,000.	0.			GENERAL GIFT
OSWEGO COUNTY OPPORTUNITIES, INC. 239 ONEIDA STREET FULTON, NY 13069	16-0979876		5,000.	0.			GENERAL GIFT
PAN MASSACHUSETTS CHALLENGE, INC. 77 FOURTH AVENUE NEEDHAM, MA 02194	04-3306016		10,480.	0.			JIMMY FUND
PARK CENTRAL PRESBYTERIAN CHURCH 504 E. FAYETTE ST., SYRACUSE, NY 13202			5,250.	0.			GENERAL USE
PARTNERS IN LEARNING, INC. 105 RUGBY RD SYRACUSE, NY 13206	16-1352060		9,200.	0.			MANOS PROGRAM SUPPORT
PEACE, INC. 217 SOUTH SALINA STREET SYRACUSE, NY 13202	16-6095039		10,719.	0.			SPECIAL PROJECTS, GENERAL USE
PENN STATE UNIVERSITY 103 SHIELDS BUILDING UNIVERSITY PARK, PA 16802			17,558.	0.			SCHOLARSHIPS
PHILLIPS FREE LIBRARY PO BOX 7 HOMER, NY 13077	15-0532226		5,000.	0.			GENERAL USE

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PINE STREET INN 444 HARRISON AVENUE, BOSTON, MA 02118	04-2516093		10,000.	0.			GENERAL USE
PLANNED PARENTHOOD/ROCHESTER SYRACUSE REGION - 114 UNIVERSITY AVE., - ROCHESTER, NY 14605-9973	16-0743085		32,400.	0.			GENERAL USE
PLANNED RESULTS, INC./DOLLARS FOR SCHOLARS - 231 WALTON ST STE 102 - SYRACUSE, NY 13202	46-4788252		5,375.	0.			SCHOLARSHIPS
PROVIDENCE SERVICES OF SYRACUSE, INC. - 1201 E FAYETTE ST SUITE 13 - SYRACUSE, NY 13210	47-1431103		7,500.	0.			SPECIAL PROJECT
PULASKI CENTRAL SCHOOL DISTRICT 2 HINMAN RD PULASKI, NY 13142			7,400.	0.			SCHOLARSHIPS
PULASKI HISTORICAL SOCIETY 3428 MAPLE AVE PULASKI, NY 13142	22-2329637		5,300.	0.			GENERAL USE
RAHMA HEALTH CLINIC 3100 S. SALINA ST SYRACUSE, NY 13025	46-0933000		5,000.	0.			GENERAL USE
REDHOUSE ARTS CENTER INC 201 S. WEST ST. SYRACUSE, NY 13204	22-2366669		32,250.	0.			GENERAL GIFT AND SPECIAL PROJECTS
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH ST., TROY, NY 12180			22,086.	0.			SCHOLARSHIPS

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RESCUE MISSION P.O. BOX 11122 SYRACUSE, NY 13202	15-0532146		296,456.	0.			GENERAL USE, TEMPORARY HOUSING, RIDE FOR THE RESCUE, CAPITAL CAMPAIGN
RIVER HOSPITAL FOUNDATION, INC. PO BOX 567 ALEXANDRIA BAY, NY 13607	42-1585479		8,000.	0.			GENERAL USE
RIVERSIDE CENTER FOR EXCELLENCE IN AGING AND LIFELONG HEALTH - 3901 TREYBURN DR STE 100 - WILLIAMSBURG, VA 23185	06-1644517		5,160.	0.			GENERAL USE
RIVERVIEW SCHOOL, INC. 551 ROUTE 6A SANDWICH, MA 02537			5,000.	0.			GENERAL USE
ROCHESTER INSTITUTE OF TECHNOLOGY 56 LOMB MEMORIAL DR. ROCHESTER, NY 14623			65,158.	0.			SCHOLARSHIPS
ROMAN CATHOLIC DIOCESE OF SYRACUSE 240 EAST ONONDAGA ST SYRACUSE, NY 13202			11,825.	0.			HOPE APPEAL
SAINT ELIZABETH SETON CATHOLIC CHURCH - 5260 28TH AVE SW - NAPLES, FL 34116			5,000.	0.			GENERAL USE
SAINT ELIZABETH SETON CATHOLIC SCHOOL - 2730 53RD TERRACE SW - NAPLES, FL 34116			20,000.	0.			GENERAL USE
SALVATION ARMY 677 S. SALINA ST SYRACUSE, NY 13202	13-2923701		76,238.	0.			MEMORIUMS, FOOD PANTRY, SPECIAL PROJECTS, TEMPORARY HOUSING

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SANCTUARY COMMUNITY CHURCH 2205 EAST GRANTVIEW DR CORALVILLE, IA 52241			8,000.	0.			GENERAL USE
SARAH'S GUEST HOUSE, INC. 100 ROBERTS AVENUE #10 SYRACUSE, NY 13207	16-1426336		14,464.	0.			SPECIAL PROJECT, STAFF ADVANCEMENT, GENERAL USE
SCHEPENS EYE RESEARCH INSTITUTE 20 STANIFORD STREET, BOSTON, MA 02114	04-2129889		9,413.	0.			GENERAL USE
SCHWEINFURTH MEMORIAL ART CENTER 205 GENESEE STREET, AUBURN, NY 13021	16-1097876		5,400.	0.			GENERAL USE
SCOTIA ANGLICAN MINISTRIES, INC. 658 SACANDAGA ROAD, SCOTIA, NY 12302	47-4983141		54,316.	0.			GENERAL USE
SEAFARERS & INTERNATIONAL HOUSE 123 EAST 15TH STREET NEW YORK, NY 10003	13-5562413		8,000.	0.			EMPLOYEE HEALTH CARE PREMIUMS
SEWARD HOUSE MUSEUM 33 SOUTH STREET AUBURN, NY 13021	26-2321872		6,630.	0.			GENERAL USE, MEMORIUMS
SHERBURNE-EARLVILLE CENTRAL SCHOOL DISTRICT - 15 SCHOOL ST. - SHERBURNE, NY 13460			18,100.	0.			SCHOLARSHIPS
SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211-1462			5,650.	0.			SCHOLARSHIPS

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SISTERS OF ST. FRANCIS OF THE NEUMANN COMMUNITIES - 960 JAMES STREET, 2ND FLOOR - SYRACUSE, NY 13203			6,100.	0.			GENERAL USE
SKANEATELES COMMUNITY CENTER 97 STATE STREET RD, SKANEATELES, NY 13152	16-1556745		11,483.	0.			CAPITAL CAMPAIGN
SKANEATELES FESTIVAL, INC. 97 EAST GENESEE ST SKANEATELES, NY 13152-1009	22-2317577		41,214.	0.			CAPITAL CAMPAIGN, GENERAL USE, EQUIPMENT PURCHASE
SKANEATELES HISTORICAL SOCIETY 28 HANNUM ST SKANEATELES, NY 13152	23-7339639		5,589.	0.			GENERAL USE
SKANEATELES LAKE ASSOCIATION, INC. P.O. BOX 182 SKANEATELES, NY 13152	23-7045486		8,250.	0.			GENERAL USE, MILFOIL ERADICATION
SKANEATELES RECREATIONAL CHARITABLE TRUST - 44 SOUTH STREET - AUBURN, NY 13021-3930	16-1556744		77,076.	0.			CAPITAL RENOVATIONS
SMITH COLLEGE 33 ELM STREET NORTHAMPTON, MA 01063			8,456.	0.			SCHOLARSHIPS
SOCIETY FOR NEW MUSIC 438 BROOKFORD ROAD SYRACUSE, NY 13224	51-0198960		7,264.	0.			SPEACIAL PROJECT, GENERAL USE
SPAY AND NEUTER SYRACUSE INC. 201 WEST GENESEE STREET FAYETTEVILLE, NY 13066	55-0852853		24,413.	0.			CLINIC RELOCATION PROJECT

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ST. ANDREW BY THE SEA 20 POPE AVENUE HILTON HEAD, SC 29928			9,000.	0.			GENERAL USE
ST. BONAVENTURE UNIVERSITY ROUTE 417 ST. BONAVENTURE, NY 14778			18,800.	0.			SCHOLARSHIPS
ST. ELIZABETH COLLEGE OF NURSING 2215 GENESEE ST. UTICA, NY 13501			5,000.	0.			SCHOLARSHIPS
ST. JAMES EPISCOPAL CHURCH 96 E. GENESEE ST. SKANEATELES, NY 13152			50,250.	0.			GENERAL USE
ST. JOHN FISHER COLLEGE 3690 EAST AVENUE ROCHESTER, NY 14618			8,100.	0.			SCHOLARSHIPS
ST. JOSEPH'S CHURCH 5600 W GENESEE STREET CAMILLUS, NY 13031			8,000.	0.			GENERAL USE
ST. JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION - 973 JAMES ST. - SYRACUSE, NY 13203	22-2149775		68,200.	0.			PRIMARY CARE CENTER WEST, CAPITAL CAMPAIGN, ANNUAL SUPPORT, SPECIAL PROJECT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012		8,050.	0.			GENERAL USE
ST. LUKE'S ACADEMY 1500 W BELMONT AVE, CHICAGO, IL 60657			15,000.	0.			GENERAL USE

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ST. NICHOLAS ORTHODOX CHURCH 30 CROSS ST AUBURN, NY 13021			15,000.	0.			GENERAL USE
ST. PAUL'S UNITED METHODIST CHURCH 2200 VALLEY DR SYRACUSE, NY 13207-2838			12,000.	0.			GENERAL USE
ST. PETER'S EPISCOPAL CHURCH 12 MILL ST CAZENOVIA, NY 13035-1406			5,000.	0.			GENERAL USE
STARDUST ENTREPRENEURIAL INSTITUTE INC. - 2 STATE STREET - AUBURN, NY 13021	26-2386839		15,000.	0.			GENERAL USE
STONE QUARRY HILL ART PARK, INC. P.O. BOX 251, CAZENOVIA, NY 13035	16-1406217		29,075.	0.			GENERAL USE AND FACILITIES UPKEEP
STONEHILL COLLEGE 320 WASHINGTON ST, EASTON, MA 02357			10,000.	0.			HONORARIUMS AND GENERAL USE
SUNY ALBANY 1400 WASHINGTON AVE. ALBANY, NY 12222			72,988.	0.			SCHOLARSHIPS
SUNY ALFRED STATE 10 UPPER COLLEGE DRIVE ALFRED, NY 14802			17,713.	0.			SCHOLARSHIPS
SUNY BINGHAMTON P.O. BOX 6000, BINGHAMTON, NY 13902			26,791.	0.			SCHOLARSHIPS

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SUNY BROCKPORT 350 NEW CAMPUS DR., BROCKPORT, NY 14420			79,860.	0.			SCHOLARSHIPS
SUNY CANTON 34 CORNELL DRIVE, CANTON, NY 13617-1098			12,235.	0.			SCHOLARSHIPS
SUNY COBLESKILL 107 SUFFOLK CIR COBLESKILL, NY 12043			18,135.	0.			SCHOLARSHIPS
SUNY COLLEGE OF ESF 1 FORESTRY DR. SYRACUSE, NY 13210			38,826.	0.			SCHOLARSHIPS
SUNY COLLEGE OF OPTOMETRY 33 WEST 42ND ST. NEW YORK, NY 10036-8003			15,000.	0.			SCHOLARSHIPS
SUNY CORTLAND P.O. BOX 2000, CORTLAND, NY 13045-0900			52,311.	0.			SCHOLARSHIPS
SUNY DELHI 141 SANFORD HALL DELHI, NY 13753			5,485.	0.			SCHOLARSHIPS
SUNY ESF COLLEGE FOUNDATION 1 FORESTRY DR OFC 1 SYRACUSE, NY 13210	15-6023443		6,572.	0.			SCHOLARSHIPS
SUNY FREDONIA G140 WILLIAMS CENTER FREDONIA, NY 14063			16,659.	0.			SCHOLARSHIPS

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SUNY GENESEO 1 COLLEGE CIR GENESE0, NY 14458			63,569.	0.			SCHOLARSHIPS
SUNY MORRISVILLE PO BOX 901 MORRISVILLE, NY 13408			66,920.	0.			SCHOLARSHIPS
SUNY ONEONTA 240 NETZER ADMINISTRATION BLDG ONEONTA, NY 13820-4016			16,475.	0.			SCHOLARSHIPS
SUNY OSWEGO 408 CULKIN HALL OSWEGO, NY 13126			128,386.	0.			SCHOLARSHIPS
SUNY OSWEGO COLLEGE FOUNDATION 356 WILBER HALL OSWEGO, NY 13126	15-0543477		20,000.	0.			SCHOLARSHIPS
SUNY PLATTSBURGH 101 BROAD STREET PLATTSBURGH, NY 12901			6,000.	0.			SCHOLARSHIPS
SUNY POLYTECHNIC INSTITUTE PO BOX 3050 UTICA, NY 13504			9,817.	0.			SCHOLARSHIPS
SUNY POTSDAM 44 PIERREPONT AVE POTSDAM, NY 13676			59,635.	0.			SCHOLARSHIPS
SUNY PURCHASE 735 ANDERSON HILL ROAD PURCHASE, NY 10577-1402			18,524.	0.			SCHOLARSHIPS

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SUNY STONY BROOK 180 ADMINISTRATION BLDG STONY BROOK, NY 11794			12,942.	0.			SCHOLARSHIPS
SUNY UPSTATE MEDICAL UNIVERSITY FOUNDATION - 750 E. ADAMS ST. - SYRACUSE, NY 13210	16-1068101		166,800.	0.			SPECIAL PROJECTS, MEMORIALS, GENERAL USE, GOLISANO CHILDREN'S HOSPITAL, VARIOUS FUNDS
SYRACUSE 20/20 120 MADISON STREET, SYRACUSE, NY 13202	16-1573383		6,100.	0.			SPECIAL PROJECT, ANNUAL SUPPORT, HONORARIUMS, GENERAL USE
SYRACUSE ACADEMY OF SCIENCE CHARTER SCHOOL - 1001 PARK AVENUE - SYRACUSE, NY 13204			7,900.	0.			COLLABORATION PROJECT
SYRACUSE BEHAVIORAL HEALTHCARE 847 JAMES STREET SYRACUSE, NY 13203	15-0532288		50,000.	0.			SPECIAL PROJECT
SYRACUSE CHARGERS/SYRACUSE ROWING CENTER - P.O. BOX 5643 - SYRACUSE, NY 13220	16-1613861		30,000.	0.			CAPITAL PROJECT
SYRACUSE CITY BALLET, INC. 415 BREAKSPEAR RD SYRACUSE, NY 13219	16-1530816		8,600.	0.			GENERAL USE
SYRACUSE CSD/ROBERTS SCHOOL 725 HARRISON ST. SYRACUSE, NY 13210			8,400.	0.			FIELD TRIPS FUNDING
SYRACUSE HABITAT FOR HUMANITY 308 OTISCO ST. SYRACUSE, NY 13204	22-2516352		36,200.	0.			GENERAL USE

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SYRACUSE JAZZFEST PRODUCTIONS, INC. - 314 NORTH AVENUE STE 2 - SYRACUSE, NY 13206	16-1410254		5,000.	0.			GENERAL USE
SYRACUSE LIONS CLUB CHARITY FUND PO BOX 2117 LIVERPOOL, NY 13089	23-7282472		17,100.	0.			SPECIAL PROJECT
SYRACUSE PARKS CONSERVANCY 212 MELROSE AVE. SYRACUSE, NY 13206	27-1737900		20,000.	0.			NEIGHBORHOOD BEAUTIFICATION PROJECTS
SYRACUSE POPS CHORUS 124 EAST JEFFERSON ST SYRACUSE, NY 13202	46-3411447		5,000.	0.			SPECIAL PROJECT
SYRACUSE POSTER PROJECT 207 PAUL AVE SYRACUSE, NY 13206	27-2472515		11,078.	0.			OFFICE & TECH EQUIPMENT, GENERAL USE
SYRACUSE STAGE 820 E. GENESEE ST. SYRACUSE, NY 13210	15-0623468		64,700.	0.			DIRECTOR'S CIRCLE, GENERAL USE, SPECIAL PROJECT
SYRACUSE UNIVERSITY 102 ARCHIBALD GYMNASIUM SYRACUSE, NY 13244			15,550.	0.			SPECIAL PROJECTS, GENERAL USE, HERBERT LOURIE LECTURE, VARIOUS FUNDS
SYRACUSE UNIVERSITY - OFFICE OF FINANCIAL AID - 200 BOWNE HALL - SYRACUSE, NY 13244			14,464.	0.			SCHOLARSHIPS
SYRACUSE UNIVERSITY/AGING STUDIES INSTITUTE - 113 BOWNE HALL - SYRACUSE, NY 13244			10,000.	0.			SPECIAL PROGRAM

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SYRACUSE UNIVERSITY/BURSAR'S OFFICE - 200 BOWNE HALL - SYRACUSE, NY 13244			12,259.	0.			SCHOLARSHIPS
SYRACUSE UNIVERSITY/MAXWELL SCHOOL 200 EGGERS HALL SYRACUSE, NY 13244			17,250.	0.			GENERAL USE
SYRACUSE UNIVERSITY/OFFICE OF GIFT PLANNING - 440 WHITE HALL, - SYRACUSE, NY 13244			50,050.	0.			GENERAL USE
SYRACUSE UNIVERSITY/SCHOOL OF INFORMATION STUDIES - 405 CRAWFORD AVENUE - SYRACUSE, NY 13224			5,000.	0.			GENERAL USE
SYRACUSE UNIVERSITY/VISUAL & PERFORMING ARTS - 215 UNIVERSITY PLACE - SYRACUSE, NY 13244			5,000.	0.			GENERAL USE
SYRACUSE UNIVERSITY/WAER-FM88 795 OSTROM AVE SYRACUSE, NY 13210			5,350.	0.			GENERAL USE
SYRACUSE URBAN RENEWAL AGENCY SUITE 602, 201 EAST WASHINGTON ST SYRACUSE, NY 13202	16-1159198		5,000.	0.			NEW URBAN SPACE PROJECT
TEMPLE SOCIETY OF CONCORD 910 MADISON ST. SYRACUSE, NY 13210			13,710.	0.			MEMORIUMS, GENERAL USE, FOOD PANTRY
THE COMMUNITY FOUNDATION OF SARASOTA COUNTY INC - 2635 FRUITVILLE RD - SARASOTA, FL 34237	59-1956886		155,000.	0.			CREATE NEW FUND

Schedule I (Form 990)

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

Schedule I (Form 990)

15-0626910

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CONSORTIUM FOR CHILDREN'S SERVICES - 2122 ERIE BLVD EAST, - SYRACUSE, NY 13224	16-1019998		14,150.	0.			PROGRAM SUPPORT
THE CORA FOUNDATION PO BOX 6865, SYRACUSE, NY 13217	16-1263983		14,100.	0.			ART RAGE GALLERY, STAFF ADVANCEMENT
THE FIRST BAPTIST CHURCH 22 SYRACUSE ST BALDWINVILLE, NY 13027			46,853.	0.			GENERAL USE
THE FIRST TEE OF SYRACUSE 36 DRUMLINS TERRACE, SYRACUSE, NY 13224	31-1724122		64,516.	0.			GENERAL USE
THE FOUNDATION AT THE MENORAH PARK 4101 E GENESEE ST SYRACUSE, NY 13214	20-2161590		25,000.	0.			SPECIAL PROJECT
THE FOUNDATION OF THE ROMAN CATHOLIC DIOCESE OF SYRACUSE - 240 EAST ONONDAGA ST - SYRACUSE, NY 13202	45-3364607		216,000.	0.			CATHEDRAL CAPITAL CAMPAIGN
THE GREAT SWAMP CONSERVANCY INC. 8375 N. MAIN STREET CANASTOTA, NY 13032	16-1529688		15,000.	0.			CAPITAL PROJECT
THE NEWLAND CENTER (THE LEARNING PLACE) - 1443 E. GENESEE ST., - SYRACUSE, NY 13210	86-1061215		7,800.	0.			GENERAL USE
THE NORTHSIDE LEARNING CENTER 501 PARK STREET SYRACUSE, NY 13203	27-1357086		8,200.	0.			SPECIAL PROJECT

Schedule I (Form 990)

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

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE POSITIVITY PROJECT 85 MCKENZIE RD EAST PINEHURST, NC 28734	81-0813160		8,900.	0.			GENERAL USE
THE RESEARCH FOUNDATION FOR SUNY 750 EAST ADAMS ST CAB ROOM 209 SYRACUSE, NY 13210	14-1368361		64,690.	0.			SPECIAL PROJECT
THE SAMARITAN CENTER 215 NORTH STATE ST SYRACUSE, NY 13203	16-1328786		30,383.	0.			MEMORIALS, HONORARIUMS, GENERAL USE
TIOUGHNIAGA LAKE PRESERVATION FOUNDATION, INC. - PO BOX 467 - DE RUYTER, NY 13052	45-4550041		5,000.	0.			PROGRAM SUPPORT
TOGETHER NOW, INC. 22 TOWN GARDEN DR. APT 9 LIVERPOOL, NY 13088	36-4857337		5,000.	0.			PROGRAM SUPPORT
TOMPKINS CORTLAND COMMUNITY COLLEGE - PO BOX 139, 170 NORTH ST - DRYDEN, NY 13053			22,145.	0.			SCHOLARSHIPS
TOWN OF CAZENOVIA 7 ALBANY ST CAZENOVIA, NY 13035			11,692.	0.			SPECIAL PROJECT
TRANSPORTATION PROJECT FOR CAYUGA COUNTY, INC. - 17 NELSON STREET - AUBURN, NY 13021	22-2137922		5,000.	0.			SPECIAL PROJECT
UNITED FRIENDS OF HOMELESS ANIMALS, INC. - 432 CENTERVILLE RD, - RICHLAND, NY 13144	22-2167049		7,500.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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

Schedule I (Form 990)

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Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY FOR CORTLAND COUNTY, INC. - 50 CLINTON AVENUE - CORTLAND, NY 13045	16-6058903		10,000.	0.			SUPPORT OF VARIOUS PROGRAMS
UNITED WAY OF CAYUGA COUNTY 17 EAST GENESEE ST AUBURN, NY 13021-4045	15-0586252		5,000.	0.			SUPPORT OF VARIOUS PROGRAMS
UNITED WAY OF CNY, INC. P.O. BOX 212 SYRACUSE, NY 13220-2129	15-0532073		88,950.	0.			SPECIAL PROJECTS, SPECIAL FUNDS, GENERAL USE, LITERACY COALITION, IMAGINATION LIBRARY
UNITED WAY OF INDIAN RIVER COUNTY PO BOX 1960 VERO BEACH, FL 32961-1960	27-4180892		10,000.	0.			GENERAL USE
UNIVERSITY AT BUFFALO, SUNY 232 CAPEN HALL BUFFALO, NY 14260			94,433.	0.			SCHOLARSHIPS
UNIVERSITY OF NOTRE DAME ATHLETICS DEPARTMENT - C113 JOYCE CENTER - NOTRE DAME, IN 46556			8,800.	0.			GENERAL USE
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104			5,750.	0.			SCHOLARSHIPS
UNIVERSITY OF ROCHESTER 500 JOSEPH C. WILSON BLVD ROCHESTER, NY 14627			12,000.	0.			SCHOLARSHIPS
US FUND FOR UNICEF PO BOX 96383 WASHINGTON, DC 20077-7660	13-1760110		25,750.	0.			GENERAL USE

Schedule I (Form 990)

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

Schedule I (Form 990)

15-0626910

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VASSAR COLLEGE 124 RAYMOND AVENUE POUGHKEEPSIE, NY 12604			5,000.	0.			SCHOLARSHIPS
VERA HOUSE, INC. 6181 THOMPSON RD., #100 SYRACUSE, NY 13206	51-0201530		123,414.	0.			SPECIAL PROJECTS, STAFF ADVANCEMENTS, GENERAL USE
VISIONS FOR CHANGE 1201 EAST FAYETTE ST SYRACUSE, NY 13202	27-0435600		43,508.	0.			SPECIAL PROGRAM, STAFF ADVANCEMENT
WBUR 90.9 - BOSTON UNIVERSITY 890 COMMONWEALTH AVE BOSTON, MA 02215	26-3347402		5,000.	0.			GENERAL USE
WCNY TV/24 - PUBLIC BROADCASTING COUNCIL OF CNY, INC. - P.O. BOX 2400, - SYRACUSE, NY 13220	16-0876277		25,389.	0.			MEMBERSHIPS, GENERAL USE, HONORARIUMS, FM RADIO
WELCH TERRACE HOUSING DEVELOPMENT FUND, INC. - 518 JAMES ST STE 240 - SYRACUSE, NY 13202	16-1442502		5,100.	0.			GENERAL USE
WEST GENESEE CENTRAL SCHOOL DISTRICT - 300 SANDERSON DRIVE - CAMILLUS, NY 13031			5,725.	0.			SCHOLARSHIPS
WHOLEHEART, INC. 333 ATHERTON WAY GREENSBORO, VT 05841	46-4300314		20,000.	0.			SPECIAL PROJECT
WILLIAMS COLLEGE 75 PARK ST, WILLIAMSTOWN, MA 01267-2114			8,000.	0.			SCHOLARSHIPS

Schedule I (Form 990)

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

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

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

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

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT: EVERSON MUSEUM OF ART**

**(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL USE, MEMBERSHIP, EXHIBIT SUPPORT, EVENT SPONSORSHIP, STAFF ADVANCEMENT, PROGRAM COLLABORATION**

**NAME OF ORGANIZATION OR GOVERNMENT: HOME HEADQUARTERS**

**(H) PURPOSE OF GRANT OR ASSISTANCE: GREEN & HEALTHY HOMES SUPPORT, WASHINGTON SQUARE PARK PLAYGROUND, GENERAL USE, DATA PROJECT SUPPORT**

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**15-0626910**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

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

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2016

CENTRAL NEW YORK COMMUNITY FOUNDATION,  
INC.

15-0626910

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PETER A. DUNN PRESIDENT & CEO	(i)	191,006.	16,000.	0.	30,668.	13,141.	250,815.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

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

PART I, LINE 4B:

PETER A. DUNN \$15,500

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....		0		
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	81	3,277,496.	STOCK PROCEEDS
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

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

Schedule M (Form 990) (2016)





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

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:

GREATER GIVING, CELEBRATE LEGACY AND STEWARD CHARITABLE RESOURCES FOR  
TODAY AND TOMORROW.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

IN ADDITION TO OUR COMMUNITY GRANT PROGRAM, THE COMMUNITY FOUNDATION  
ADMINISTERS A VARIETY OF OTHER FUNDING OPPORTUNITIES. SPECIAL  
INITIATIVES FOCUS ON DEVELOPING CIVIC AND NONPROFIT LEADERSHIP,  
FACILITATING COLLABORATIONS AND PARTNERSHIPS AMONG NONPROFITS,  
PROMOTING LITERACY AS A STEPPING STONE TO AN ENRICHED LIFE AND A MORE  
VIBRANT COMMUNITY, AND BUILDING THE CAPACITY OF LOCAL NONPROFIT  
ORGANIZATIONS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

FUNDS SUPPORTING DESIGNATED CHARITIES: DESIGNATED GRANTS COME FROM  
FUNDS ESTABLISHED TO PROVIDE LONG TERM, CONSISTENT SUPPORT FOR ONE OR  
MORE CHARITIES OR INITIATIVES. THESE GRANTS REPRESENT A PAYOUT OF OUR  
BOARD APPROVED SPENDING POLICY RATE FOR PERMANENT FUNDS TO DONOR  
DESIGNATED CHARITIES. PROGRAM RELATED EXPENSES TO SUPPORT AND  
STRENGTHEN NONPROFITS AND THE COMMUNITY.

EXPENSES \$ 701,567. INCLUDING GRANTS OF \$ 569,539. REVENUE \$ 32,415.

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

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

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

THE PROCESS FOR DETERMINING COMPENSATION OF THE COMMUNITY FOUNDATION'S PRESIDENT AND CEO, OFFICERS, AND KEY EMPLOYEES INCLUDES COMPARING THE COMPENSATION PAID BY THE COMMUNITY FOUNDATION TO COMPENSATION OF OTHER ORGANIZATIONS AS REPORTED ON THE IRS FORM 990, THE USE OF COMPENSATION SURVEYS AND STUDIES, AND APPROVAL BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

A COPY OF THE MOST RECENT IRS FORM 990 CAN BE FOUND ON THE COMMUNITY FOUNDATION'S WEBSITE. PRIOR YEAR TAX RETURNS ARE AVAILABLE UPON REQUEST.

Name of the organization <b>CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>15-0626910</b>
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FORM 990, PART VI, SECTION C, LINE 19:

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

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	151,479.
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FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE MEETS WITH THE AUDITORS AT THE CONCLUSION OF THE AUDIT TO REVIEW THE RESULTS. EXECUTIVE SESSIONS ARE HELD WITH THE AUDITORS. THE AUDIT COMMITTEE IS RESPONSIBLE FOR MAKING A RECOMMENDATION AS TO THE EXTERNAL AUDIT FIRM AND THE BOARD VOTES ON THE AUDIT COMMITTEE'S RECOMMENDATION.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CNY PHILANTHROPY CENTER, LLC - 26-4462686 431 E. FAYETTE ST. SYRACUSE, NY 13202	HOLD THE REAL PROPERTY AT 431 E. FAYETTE STREET	NEW YORK	114,268.	4,696,747.	CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No



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

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

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

**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)			







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

For calendar year 2016 or other tax year beginning APR 1, 2016, and ending MAR 31, 2017

**2016**

▶ Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>CENTRAL NEW YORK COMMUNITY FOUNDATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>431 E. FAYETTE STREET, NO. 100</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>SYRACUSE, NY 13202</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>15-0626910</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>900099</b></p>
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**C** Book value of all assets at end of year: **224,930,389.**

**F** Group exemption number (See instructions.)

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

**H** Describe the organization's primary unrelated business activity. ▶ **INVESTMENT ACTIVITY**

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>	<b>-1,796.</b>	<b>-1,796.</b>
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	<b>-1,796.</b>	<b>-1,796.</b>

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

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>0.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>-1,796.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 1</b>	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>-1,796.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>-1,796.</b>

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>	0.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b> Subtract line 41e from line 40	<b>42</b>	0.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	0.
<b>45a</b> Payments: A 2015 overpayment credited to 2016	<b>45a</b>	
<b>b</b> 2016 estimated tax payments	<b>45b</b>	
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	0.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>50</b>	

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

<b>51</b> At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> 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
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

**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)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GAIL M. KINSELLA	GAIL M. KINSELLA			P00087834
	Firm's name <b>BONADIO &amp; CO., LLP</b>	Firm's address <b>432 NORTH FRANKLIN STREET</b>			Firm's EIN <b>16-1131146</b>
	Firm's address <b>SYRACUSE, NY 13204</b>	Phone no. <b>315-476-4004</b>			

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

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

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

(see instructions)

1. Description of property

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

2. Rent received or accrued

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

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

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

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

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

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

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

**Nonexempt Controlled Organizations**

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

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

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

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

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

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

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

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