

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

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

C Name of organization: COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY INC
 Doing business as: _____
 Number and street (or P O box if mail is not delivered to street address): 80 WASHINGTON STREET NO 201 Room/suite: _____
 City or town, state or province, country, and ZIP or foreign postal code: POUGHKEEPSIE, NY 12601

D Employer identification number: 23-7026859
E Telephone number: (845) 452-3077
G Gross receipts \$ 31,071,439

F Name and address of principal officer: MARCH GALLAGHER, 80 WASHINGTON STREET NO 201, POUGHKEEPSIE, NY 12601
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: WWW.COMMUNITYFOUNDATIONS.HV.ORG

K Form of organization: Corporation Trust Association Other ▶ _____
L Year of formation: 1969 **M** State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 THE ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES FOR THE 2018 FISCAL YEAR WERE TO HOLD DONOR FUNDS, INVEST THEM PRUDENTLY AND MAKE GRANT DISTRIBUTIONS TO NONPROFITS FOR CHARITABLE PURPOSES. OUR THREE MAIN PROGRAM AREAS ARE AS FOLLOWS: GRANTMAKING, DONOR RELATIONS, AND NONPROFIT TECHNICAL ASSISTANCE.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	9
6 Total number of volunteers (estimate if necessary)	6	170
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,857,292	19,424,900
9 Program service revenue (Part VIII, line 2g)	70,345	78,623
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,575,024	2,049,616
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,073	-45,245
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,485,588	21,507,894
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,704,431	14,332,484
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	636,713	714,994
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 227,591		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	718,839	852,384
18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 25)	4,059,983	15,899,862
19 Revenue less expenses—subtract line 18 from line 12	3,425,605	5,608,032

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	61,628,582	74,447,465
21 Total liabilities (Part X, line 26)	8,883,586	14,573,514
22 Net assets or fund balances—subtract line 21 from line 20	52,744,996	59,873,951

Part II Signature Block

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

Sign Here
 Signature of officer: _____ Date: 2018-12-04
 MARCH GALLAGHER, PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: GARRETT M HIGGINS
 Preparer's signature: GARRETT M HIGGINS
 Date: 2018-11-30
 Check if self-employed
 PTIN: P00543209
 Firm's name: PKF O'CONNOR DAVIES LLP
 Firm's EIN: 27-1728945
 Firm's address: 500 MAMARONECK AVENUE
 Phone no: (914) 381-8900
 HARRISON, NY 105281633

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 OUR MISSION IS TO STRENGTHEN OUR COMMUNITIES BY OFFERING DONORS THE MEANS TO ESTABLISH CHARITABLE LEGACIES BY MAKING GRANTS, AND BY PROVIDING LEADERSHIP TO ADDRESS COMMUNITY NEEDS IN A MANNER THAT IS RESPONSIBLE, RESPONSIVE, AND LASTING

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 No
 If "Yes," describe these new services on Schedule O

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

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

4a (Code) (Expenses \$ 14,824,307 including grants of \$ 14,332,484) (Revenue \$ 78,623)
 See Additional Data

4b (Code) (Expenses \$ 460,431 including grants of \$) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ 94,179 including grants of \$) (Revenue \$)
 See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 15,378,917

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (21); 1b Enter the number of voting members included in line 1a, above, who are independent (21); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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

Table with 3 columns: Question, Yes, No. Rows include: 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain 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 (ROKSOLANA GERAMITA 80 WASHINGTON STREET NO 201 POUGHKEEPSIE, NY 12601 (845) 452-3077)

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	297,909				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	19,126,991				
	g Noncash contributions included in lines 1a-1f \$ _____		2,663,962				
	h Total. Add lines 1a-1f		19,424,900				
Program Service Revenue			Business Code				
	2a ADMINISTRATIVE FEES		561000	78,623	78,623		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		78,623					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,968,431		1,968,431	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		9,525,090			
		c Gain or (loss)		9,443,905			
		d Net gain or (loss)		81,185	81,185		81,185
	8a Gross income from fundraising events (not including \$ 297,909 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	74,395			
		c Net income or (loss) from fundraising events		119,640	-45,245		-45,245
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
11a Miscellaneous Revenue		Business Code					
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			21,507,894	78,623	0	2,004,371	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	14,028,755	14,028,755		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	303,729	303,729		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	452,690	316,883	45,268	90,539
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	161,810	113,267	16,181	32,362
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	3,226	2,259	322	645
9 Other employee benefits.	47,732	33,412	4,773	9,547
10 Payroll taxes.	49,536	34,675	4,954	9,907
11 Fees for services (non-employees)				
a Management.				
b Legal.	8,368		8,368	
c Accounting.	35,500		35,500	
d Lobbying.	3,000		3,000	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	62,003		62,003	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	19,311		1,311	18,000
12 Advertising and promotion.	88,771		52,375	36,396
13 Office expenses.	51,974	21,834	23,902	6,238
14 Information technology.	46,630	32,641	4,663	9,326
15 Royalties.				
16 Occupancy.	51,786	36,250	5,179	10,357
17 Travel.	7,266		4,287	2,979
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	16,128		16,128	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	6,473	4,531	647	1,295
23 Insurance.	4,493		4,493	
24 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.)				
a PROGRAM EXPENSES	450,681	450,681		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	15,899,862	15,378,917	293,354	227,591
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	359,991	1	305,869
	2 Savings and temporary cash investments	4,067,342	2	10,087,190
	3 Pledges and grants receivable, net	148,530	3	1,738,861
	4 Accounts receivable, net	115,014	4	100,486
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	34,237	9	32,977
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	55,060		
	b Less accumulated depreciation	43,644		
		14,760	10c	11,416
	11 Investments—publicly traded securities	56,206,474	11	61,529,971
	12 Investments—other securities See Part IV, line 11	682,234	12	640,695
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	61,628,582	16	74,447,465	
Liabilities	17 Accounts payable and accrued expenses	25,392	17	27,068
	18 Grants payable	458,000	18	5,401,324
	19 Deferred revenue	63,086	19	59,342
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D	8,337,108	21	9,085,780
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	8,883,586	26	14,573,514
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	52,062,762	27	57,494,395
	28 Temporarily restricted net assets	682,234	28	2,379,556
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	52,744,996	33	59,873,951
	34 Total liabilities and net assets/fund balances	61,628,582	34	74,447,465

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	21,507,894
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,899,862
3	Revenue less expenses Subtract line 2 from line 1	3	5,608,032
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,744,996
5	Net unrealized gains (losses) on investments	5	1,559,017
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	-38,094
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	59,873,951

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	2a		No
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
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	2c	Yes	
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?	3a		No
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	3b		

Additional Data

Software ID:

Software Version:

EIN: 23-7026859

Name: COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY INC

Form 990 (2017)

Form 990, Part III, Line 4a:

GRANT-MAKING ADMINISTRATION OF CHARITABLE FUNDS TO MEET COMMUNITY NEEDS BY MAKING GRANTS TO NONPROFITS FOR CHARITABLE PURPOSES DURING 2018, \$15.6 MILLION WAS GRANTED WITH APPROXIMATELY 40% OF GRANTS MADE FOR THE PURPOSE OF HEALTH AND HUMAN SERVICE RELATED ACTIVITIES, 6% FOR EDUCATIONAL PURPOSES, 41% FOR ARTS AND CULTURE, AND THE REMAINING GRANTS A MIX OF COMMUNITY IMPROVEMENT, ANIMAL WELFARE, AND FAITH BASED ORGANIZATIONS' CHARITABLE ACTIVITIES

Form 990, Part III, Line 4b:

DONOR RELATIONS WORKING WITH DONORS TO CONNECT THEM TO THE CAUSES THEY CARE ABOUT MOST BRINGING DONORS TOGETHER TO FUND PROGRAMS AND AGENCIES THAT ACHIEVE THEIR PHILANTHROPIC GOALS SERVICES INCLUDE RESEARCHING NONPROFITS AND CAUSES, PROVIDING SEMINARS ON TOPICS AND COMMUNITY NEEDS, ASSISTING DONORS IN STRUCTURING THEIR FUNDS AND ESTATE PLANS TO ACHIEVE THEIR PHILANTHROPIC GOALS, AND ANSWERING QUESTIONS ABOUT CHARITABLE GIVING

Form 990, Part III, Line 4c:

NONPROFIT TECHNICAL ASSISTANCE PROVIDING SEMINARS, BOARD AND EXECUTIVE COUNSELLING AND INFORMATION ON A WIDE RANGE OF TOPICS ABOUT MANAGING NONPROFITS INCLUDING BOARD GOVERNANCE, FINANCIAL MANAGEMENT, COMPLIANCE, USING DATA TO IMPROVE PROGRAMS AND FUNDRAISING, ENDOWMENT, CREATING AND IMPLEMENTING PLANNED GIVING PROGRAMS WITH THEIR OWN DONORS, AND GRANT-WRITING

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
KIMBERLEY S WILLIAMS CHAIR	1 00	X		X				0	0	0
BRENDA K SANTORO CPA VICE CHAIR, AUDIT	1 00	X		X				0	0	0
STEVEN R TINKELMAN VICE CHAIR, INVESTMENTS	1 00	X		X				0	0	0
ELEANOR CHARWAT VICE CHAIR, GOVERNANCE	1 00	X		X				0	0	0
JEFFREY D WOOD VICE CHAIR, GRANTS	1 00	X		X				0	0	0
NATHANIEL S PRENTICE VICE CHAIR, PUTNAM	1 00	X		X				0	0	0
THOMAS J MURPHY VICE CHAIR, DEVELOPMENT	1 00	X		X				0	0	0
CHARLES A FRENI JR VICE CHAIR, DUTCHESS	1 00	X		X				0	0	0
DARLENE L PFEIFFER VICE CHAIR, ULSTER	1 00	X		X				0	0	0
WILLIAM A BRENNER CPA VICE CHAIR, FINANCE / TREASURER	1 00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
PETER KRULEWICH SECRETARY	1 00	X		X				0	0	0
AZIZ AHSAN ESQ TRUSTEE	1 00	X						0	0	0
MELLANY BAGTAS TRUSTEE (THRU 05/17/2018)	1 00	X						0	0	0
ELLEN L BAKER ESQ TRUSTEE	1 00	X						0	0	0
PETER J BRENT TRUSTEE	1 00	X						0	0	0
YU-SHIN CHEN TRUSTEE	1 00	X						0	0	0
JAMES F DAVENPORT TRUSTEE (THRU 10/24/2017)	1 00	X						0	0	0
MICHAEL FLEISCHER TRUSTEE	1 00	X						0	0	0
KEVIN HAMILTON TRUSTEE	1 00	X						0	0	0
KENNETH KEARNEY TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
CORA MALLORY-DAVIS TRUSTEE	1 00	X						0	0	0
ANN C MEAGHER TRUSTEE (THRU 02/20/18)	1 00	X						0	0	0
CHARLES SIMON TRUSTEE	1 00	X						0	0	0
ARTHUR R UPRIGHT TRUSTEE	1 00	X						0	0	0
MARCH GALLAGHER PRESIDENT & CEO	40 00			X				133,952	0	3,341
ROKSOLANA GERAMITA CFO	40 00			X				87,352	0	4,272
SALLY J CROSS CFRE VICE PRESIDENT, PHILANTHROPY	40 00			X				81,402	0	3,543
KEVIN QUILTY VICE PRESIDENT, ULSTER	40 00			X				74,014	0	4,631
NANCY ROSSI BROWNELL VICE PRESIDENT, PUTNAM	20 00			X				36,927	0	726

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY INC

Employer identification number
23-7026859

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,733,783	7,642,241	3,524,562	4,857,292	19,424,900	40,182,778
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,733,783	7,642,241	3,524,562	4,857,292	19,424,900	40,182,778
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,889,756
6	Public support. Subtract line 5 from line 4						24,293,022

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Gross amount from line 4	4,733,783	7,642,241	3,524,562	4,857,292	19,424,900	40,182,778
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	962,104	1,373,727	1,768,118	1,680,772	1,968,431	7,753,152
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						47,935,930
12	Gross receipts from related activities, etc (see instructions)					12	267,370

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

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	50.680 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	62.490 %

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 23-7026859

Name: COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047
2017
Open to Public Inspection

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.

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 the organization COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY INC	Employer identification number 23-7026859
--	--

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

Yes No

4-Year Averaging Period Under section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		3,000
j Total Add lines 1c through 1i			3,000
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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

Return Reference	Explanation
PART II-B, LINE 1	VAN SCOYOC ASSOCIATES, INC \$3,000 CFHV PARTNERS WITH OTHER COMMUNITY FOUNDATIONS TO RAISE AWARENESS ABOUT THE ACTIVITIES AND VALUE OF COMMUNITY FOUNDATIONS NATIONALLY

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

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY INC

Employer identification number
23-7026859

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	124	
2 Aggregate value of contributions to (during year)	14,097,803	
3 Aggregate value of grants from (during year)	11,672,971	
4 Aggregate value at end of year	20,171,679	

- 5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1** Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

- 3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
- 4** Number of states where property subject to conservation easement is located ► _____
- 5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____
- 7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____
- 8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
- b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i)** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- (ii)** Assets included in Form 990, Part X ► \$ _____
- 2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
- a** Revenue included on Form 990, Part VIII, line 1 ► \$ _____
- b** Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that 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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	38,606,214	33,307,705	30,029,070	25,760,346	21,858,683
b Contributions	2,127,661	2,281,914	956,495	5,535,662	1,566,145
c Net investment earnings, gains, and losses	2,778,718	4,848,663	-246,257	514,144	3,881,084
d Grants or scholarships	1,145,321	1,396,770	1,131,858	1,032,750	1,101,532
e Other expenditures for facilities and programs					
f Administrative expenses	467,868	435,298	421,306	421,828	444,034
g End of year balance	41,899,404	38,606,214	29,186,144	30,355,574	25,760,346

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 98 790 %
 - b** Permanent endowment ▶ 0 %
 - c** Temporarily restricted endowment ▶ 1 210 %
- 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 type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
- b** If "Yes" on 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				
b Buildings				
c Leasehold improvements				
d Equipment		55,060	43,644	11,416
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				11,416

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII Investments—Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	

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.

1	Total revenue, gains, and other support per audited financial statements	1	23,226,025
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,559,017
b	Donated services and use of facilities	2b	101,477
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	119,640
e	Add lines 2a through 2d	2e	1,780,134
3	Subtract line 2e from line 1	3	21,445,891
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	62,003
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	62,003
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	21,507,894

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	16,055,531
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	101,477
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	119,640
e	Add lines 2a through 2d	2e	221,117
3	Subtract line 2e from line 1	3	15,834,414
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	62,003
b	Other (Describe in Part XIII)	4b	3,445
c	Add lines 4a and 4b	4c	65,448
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	15,899,862

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 23-7026859

Name: COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	AGENCY FUNDS REPRESENT ASSETS HELD FOR INVESTMENTS ON BEHALF OF OTHER UNRELATED ORGANIZATIONS BECAUSE THE FUNDS ARE CUSTODIAL AND POOLED AND INVESTED ALONG WITH THE FOUNDATIONS' INVESTMENTS ON BEHALF OF SUCH ORGANIZATIONS, A LIABILITY IS RECORDED EQUAL TO THE UNDERLYING ASSETS THE ADDITIONS, EXPENSES, GAINS, AND LOSSES ARE NOT REPORTED IN THE STATEMENT OF ACTIVITIES

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE FOUNDATION MAINTAINS VARIOUS DONOR-DESIGNATED ENDOWMENT FUNDS AND BOARD DESIGNATED ENDOWMENT FUNDS WHOSE PURPOSE IS TO PROVIDE LONG TERM SUPPORT FOR ITS CHARITABLE PROGRAMS AND OPERATIONS AS REQUIRED BY U S GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE FOUNDATIONS RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED MANAGEMENT HAS DETERMINED THAT THE FOUNDATIONS HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE THE FOUNDATIONS IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO JUNE 30, 2015

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 119,640

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 119,640

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	PRIOR YEAR GRANT REFUNDS AND CANCELLATIONS NETTED AGAINST GRANT EXPENSE 3,445

Supplemental Information

Return Reference	Explanation
PART V, LINE 1	IN 2017, THE ENDOWMENT FUNDS WERE REDEFINED RESULTING IN AN OPENING BALANCE DIFFERENCE BETWEEN FY2016 AND FY2017

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY INC

Employer identification number

23-7026859

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a)Event #1	(b) Event #2	(c)Other events	(d)
		GARDEN PARTY (event type)	RODRIGUEZ FOUNDATION EVENT (event type)	5 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	188,388	74,350	109,566	372,304
	2 Less Contributions	156,888	46,850	94,171	297,909
	3 Gross income (line 1 minus line 2)	31,500	27,500	15,395	74,395
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			1,528	1,528
	7 Food and beverages	8,850	29,400	2,003	40,253
	8 Entertainment	640			640
	9 Other direct expenses	37,063		40,156	77,219
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				119,640
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-45,245	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
Revenue	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
------------------	-------------

**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY INC

**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.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number
23-7026859

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 127

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIP AWARDS	175	303,729			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	GRANTS ARE MONITORED IN A NUMBER OF WAYS STAFF MONITORS THE TAX STATUS, GOVERNANCE, LEADERSHIP AND FINANCIAL POSITION OF GRANTEEES BY REVIEWING IRS FILINGS FOR EACH GRANTEE APPLYING FOR A COMPETITIVE GRANT STAFF REVIEWS LOCAL AND NATIONAL NONPROFIT NEWS, CHECKS GUIDESTAR, CHARITY NAVIGATOR AND THE BETTER BUSINESS BUREAU ON A PERIODIC BASIS COMPETITIVE GRANTS AND DONOR ADVISED FUND GRANTS OVER \$50,000 ARE MADE SUBJECT TO A GRANT AGREEMENT AND ARE REQUIRED TO FILE FOLLOW UP REPORTS WHICH ARE REVIEWED BY STAFF SMALLER GRANTS RECOMMENDED FROM DONOR FUNDS AND DESIGNATED FOR GENERAL OPERATING SUPPORT DO NOT REQUIRE THE EXECUTION OF A GRANT AGREEMENT OR FOLLOW UP REPORT FINALLY, STAFF CONDUCTS SITE VISITS TO A VARIETY OF GRANTEEES AWARDED GRANTS BOTH COMPETITIVELY AND THROUGH DONOR RECOMMENDATIONS ALL PROPOSED GRANTS ARE VETTED BY STAFF TO ENSURE THEY MEET THE CRITERIA, THE ORGANIZATION IS IN GOOD LEGAL STANDING AND THE PROPOSED GRANTS ARE FOR A CHARITABLE PURPOSE THE SELECTION OF WHO RECEIVES ASSISTANCE DEPENDS ON THE TYPE OF FUND ALL GRANT RECOMMENDATIONS ARE REVIEWED BY THE BOARD, OR THE EXECUTIVE COMMITTEE OF THE BOARD IF ACTING BETWEEN BOARD MEETINGS ANY REVIEWING BOARD OR EXECUTIVE COMMITTEE MEMBER MAY REQUEST THAT A GRANT BE WITHHELD FOR FURTHER DUE DILIGENCE AND/OR BOARD APPROVAL STAFF IS DELEGATED THE AUTHORITY TO APPROVE GRANT RECOMMENDATIONS FROM DONOR ADVISED FUNDS AND PROJECT FUND GRANTS UP TO \$50,000 WITH BOARD REVIEW STAFF IS DELEGATED THE AUTHORITY TO MAKE GRANTS, WITH REVIEW BY THE BOARD, FROM FUNDS VETTED BY A SEPARATE COMMITTEE, AGENCY FUND DISTRIBUTIONS, AND DESIGNATED FUND DISTRIBUTIONS ALL GRANT DISTRIBUTIONS ARE RATIFIED BY THE BOARD COMPETITIVE GRANTS FROM FIELD OF INTEREST FUNDS SUCH AS FARM FRESH FOOD AND COMMUNITY GRANTS ARE REVIEWED BY A COMMITTEE OF COMMUNITY VOLUNTEERS, GRADED AND DISCUSSED IN A MEETING BEFORE RECOMMENDATIONS ARE MADE TO THE BOARD FOR APPROVAL

Additional Data

Software ID:
Software Version:
EIN: 23-7026859
Name: COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AKINDALE REHABILITATION & LAND CONSERVATION FUND 323 QUAKER HILL ROAD PAWLING, NY 12564	20-1822473	501(C)(3)	31,429				FOR CARE OF HORSES
ALICE CURTIS DESMOND & HAMILTON FISH LIBRARY 472 ROUTE 403 GARRISON, NY 10524	13-2933774	501(C)(3)	8,940				SUPPORT FOR NEW COMMUNITY COMPUTER CENTER AND INNOVATION AND LEARNING CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN CANCER SOCIETY - HUDSON VALLEY REGION 121 EXECUTIVE DRIVE NEW WINDSOR, NY 12553	13-1788491	501(C)(3)	11,856				GENERAL SUPPORT
AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC 125 BROAD ST 18TH FLOOR NEW YORK, NY 10004	13-6213516	501(C)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN RED CROSS OF THE MID-HUDSON VALLEY 4 JEFFERSON STREET SUITE 302 POUGHKEEPSIE, NY 12601	53-0196605	501(C)(3)	10,439				GENERAL SUPPORT
ANGEL FOOD EAST 207 ALBANY AVENUE KINGSTON, NY 12401	14-1747271	501(C)(3)	8,000				HOME-DELIVERED MEALS FOR PEOPLE LIVING WITH HIV+/AIDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ARLINGTON CENTRAL SCHOOL DISTRICT 144 TODD HILL ROAD LAGRANGEVILLE, NY 12540	14-6001847	CITY OF LAGRANGEVILL	7,189				GENERAL SUPPORT, FIELD TRIPS
ARTS MID-HUDSON 696 DUTCHESS TURNPIKE SUITE F POUGHKEEPSIE, NY 12603	14-6035153	501(C)(3)	6,746				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ASCENSION HOLY TRINITY MISSION CENTER FOOD PANTRIES PO BOX 9 WEST PARK, NY 12493	13-1623985	501(C)(3)	6,000				"EQUIPMENT TO IMPROVE CAPACITY" PROGRAM
BARDAVON 1869 OPERA HOUSE INC 35 MARKET STREET POUGHKEEPSIE, NY 12601	14-1585490	501(C)(3)	71,365				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BEACON CITY SCHOOL DISTRICT 10 EDUCATION DRIVE BEACON, NY 12508	14-6001231	CITY OF BEACON	12,134				GENERAL SUPPORT, FIELD TRIPS
BEACON HEBREW ALLIANCE 331 VERPLANCK AVENUE BEACON, NY 125080007	14-6039468	501(C)(3)	14,468				FOR PROGRAMMATIC PURPOSES RELATED TO PRESERVING AND STRENGTHENING JEWISH CULTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BERKSHIRE TACONIC COMMUNITY FOUNDATION 800 NORTH MAIN STREET SHEFFIELD, MA 012570400	06-1254469	501(C)(3)	25,205				DOWNEY-ALEXANDER FAMILY FUND
BOY SCOUTS OF AMERICA - HUDSON VALLEY COUNCIL 6 JEANNE DRIVE NEWBURGH, NY 12550	14-1338385	501(C)(3)	22,251				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 AND GIRLS CLUB OF NEWBURGH 285 LIBERTY STREET NEWBURGH, NY 12550	14-1506144	501(C)(3)	33,224				GENERAL SUPPORT FOR POUGHKEEPSIE PROGRAM
CATHARINE STREET COMMUNITY CENTER 69 CATHARINE STREET POUGHKEEPSIE, NY 12601	14-6037154	501(C)(3)	21,000				SCHOOL READINESS SKILLS BUILDING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTER FOR GOVERNMENTAL RESEARCH 1 SOUTH WASHINGTON STREET SUITE 400 400 ROCHESTER, NY 146141135	16-0754774	501(C)(3)	10,000				MID-HUDSON VALLEY COMMUNITY PROFILES - YEAR 8
CHILDREN'S HOME OF POUGHKEEPSIE 10 CHILDRENS WAY POUGHKEEPSIE, NY 126011437	14-1364662	501(C)(3)	18,464				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHRIST EPISCOPAL CHURCH 20 CARROLL STREET POUGHKEEPSIE, NY 12601	14-1416683	501(C)(3)	13,300				GENERAL SUPPORT, SUMMER CAMP SUPPORT
CITY OF KINGSTON 420 BROADWAY KINGSTON, NY 12401	14-6002267	CITY OF KINGSTON	10,000				FOR THE ARTS POSITION MATCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CLINTON COMMUNITY LIBRARY 1215 CENTRE ROAD RHINEBECK, NY 12572	14-1699640	501(C)(3)	26,500				GENERAL SUPPORT, SUMMER READING PROGRAM
COLUMBIA MEMORIAL HEALTH 71 PROSPECT AVE HUDSON, NY 12534	14-1338373	501(C)(3)	7,500				BREAST CANCER SUPPORT AND WELLNESS SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMON GROUND FARM PO BOX 148 BEACON, NY 12508	01-0574675	501(C)(3)	27,000				FOOD SYSTEMS CHANGE THROUGH FRESH FOOD ACCESS, FRESH FOOD MURAL PROJECT
COMMUNITY ACTION PARTNERSHIP FOR DUTCHESS COUNTY INC 77 CANNON STREET POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	116,334				CARE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY FAMILY DEVELOPMENT 269 MILL STREET POUGHKEEPSIE, NY 12601	14-1779480	501(C)(3)	6,500				ENHANCING ORGANIZATIONAL CAPACITY
COMMUNITY VOICES HEARD 115 EAST 106TH STREET NEW YORK, NY 10029	13-3901997	501(C)(3)	150,000				GENERAL OPERATING SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CONGREGATION SCHOMRE ISRAEL OF POUGHKEEPSIE 18 PARK AVENUE POUGHKEEPSIE, NY 12603	14-6039550	501(C)(3)	7,000				FOR PROGRAMMATIC PURPOSES RELATED TO PRESERVING AND STRENGTHENING JEWISH CULTURE
CORNELL COOPERATIVE EXTENSION DUTCHESS COUNTY 2715 RT 44 SUITE 1 MILLBROOK, NY 125455510	14-6036882	501(C)(3)	30,883				SUPPORT FOR PROGRAMS SERVING UNDERPRIVILEGED DUTCHESS COUNTY YOUTH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CORNELL UNIVERSITY PO BOX 2600 ITHACA, NY 14851	15-0532082	501(C)(3)	10,000				GENERAL SUPPORT
CORNERSTONE FAMILY HEALTHCARE 147 LAKE STREET NEWBURGH, NY 12550	06-1036715	501(C)(3)	45,000				GAP CARE- ORANGE/ ROCKLAND/SULLIVAN COUNTIES 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 217415030	13-3433452	501(C)(3)	5,150				GENERAL SUPPORT IN REFUGEE CAMPS
DUTCHESS COMMUNITY COLLEGE FOUNDATION INC 53 PENDELL ROAD POUGHKEEPSIE, NY 126011512	22-2484101	501(C)(3)	11,250				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DUTCHESS COUNTY HISTORICAL SOCIETY PO BOX 88 POUGHKEEPSIE, NY 126020088	14-1505142	501(C)(3)	11,939				GENERAL SUPPORT
DUTCHESS COUNTY SPCA 636 VIOLET AVENUE HYDE PARK, NY 12538	14-1340058	501(C)(3)	22,959				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DUTCHESS OUTREACH INC 29 N HAMILTON ST STE 223 POUGHKEEPSIE, NY 126012541	22-2339537	501(C)(3)	42,531				GENERAL SUPPORT
ELEANOR ROOSEVELT CENTER AT VAL-KILL 106 VALKILL PARK ROAD HYDE PARK, NY 12538	14-1590637	501(C)(3)	17,213				GENERAL SUPPORT, PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EXODUS TRANSITIONAL COMMUNITY 85 CANNON ST POUGHKEEPSIE, NY 12601	31-1731465	501(C)(3)	24,000				EXPANDED CAPACITY THROUGH TRANSPORTATION, EMERGENCY HOUSING FUND
FAMILY OF WOODSTOCK INC 39 JOHN STREET KINGSTON, NY 12402	14-1537663	501(C)(3)	1,151,634				GENERAL SUPPORT, EMERGENCY ASSISTANCE, FOOD PANTRY,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAMILY SERVICES INC 29 NORTH HAMILTON STREET POUGHKEEPSIE, NY 12601	14-1338399	501(C)(3)	32,816				GENERAL SUPPORT
FOOD BANK OF THE HUDSON VALLEY 195 HUDSON STREET CORNWALLONHUDSON, NY 125201619	22-2470885	501(C)(3)	173,682				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FOUNDATION FOR VASSAR BROTHERS MEDICAL CENTER 45 READE PLACE POUGHKEEPSIE, NY 12601	14-1736429	501(C)(3)	112,441				GENERAL SUPPORT
FRANCISCAN FRIARS OF THE ATONEMENT - GRAYMOOR 1350 ROUTE 9 GARRISON, NY 105240301	14-1344809	501(C)(3)	10,439				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GRACE SMITH HOUSE 1 BROOKSIDE AVENUE POUGHKEEPSIE, NY 12601	14-1626657	501(C)(3)	7,141				GENERAL SUPPORT
HABITAT FOR HUMANITY OF DUTCHESS COUNTY 45 CATHARINE STREET POUGHKEEPSIE, NY 12601	14-1767037	501(C)(3)	7,500				GENERAL SUPPORT, AFFORDABLE HOME OWNERSHIP SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA INC PO BOX 745 NEW YORK, NY 10101	23-7312335	501(C)(3)	15,117				HADASSAH MEDICAL CENTER/HOSPITAL ROUND BUILDING
HEALTHLINKNY INC 49 COURT STREET SUITE 300 BINGHAMPTON, NY 13901	26-2813468	501(C)(3)	15,000				SUPPORTS REGIONAL HEALTH ASSESSMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HILLSIDE FOOD OUTREACH 39 OLD RIDGEBURY ROAD SUITE 16 DANBURY, CT 06810	01-0712431	501(C)(3)	20,000				HEALTHY PLATE/HEALTHY COMMUNITY - PUTNAM COUNTY
HOWLAND CHAMBER MUSIC CIRCLE PO BOX 224 CHELSEA, NY 125120224	14-1812997	501(C)(3)	11,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HUDSON RIVER HOUSING INC 313 MILL STREET POUGHKEEPSIE, NY 12601	22-2456648	501(C)(3)	20,000				ENRICHMENT PROGRAM FOR HOMELESS YOUTH
HUDSON RIVER SLOOP CLEARWATER INC 724 WOLCOTT AVENUE BEACON, NY 12508	14-6049022	501(C)(3)	5,751				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HUDSON VALLEY LGBTQ COMMUNITY CENTER INC PO BOX 3994 KINGSTON, NY 12402	20-3721531	501(C)(3)	750,000				GENERAL OPERATING SUPPORT
HUDSON VALLEY MENTAL HEALTH INC 29 N HAMILTON STREET POUGHKEEPSIE, NY 12601	20-3842923	501(C)(3)	6,250				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HUDSON VALLEY SEED PO BOX 223 BEACON, NY 12508	46-3267308	501(C)(3)	23,499				GROWING HEALTHY KIDS
HYDE PARK CENTRAL SCHOOL DISTRICT 11 BOICE ROAD HYDE PARK, NY 12538	14-6001592	CITY OF HYDE PARK	12,106				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HYDE PARK LITTLE LEAGUE PO BOX 60 HYDE PARK, NY 12538	14-1756427	501(C)(3)	13,000				BALL FIELD IMPROVEMENTS
ISLAMIC CENTER OF THE CAPITAL DISTRICT 21 LANSING ROAD SCHENECTADY, NY 12304	23-7426268	501(C)(3)	10,000				PURCHASE VAN FOR REFUGEE TRANSPORTATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JEWISH FAMILY SERVICE OF ORANGE COUNTY 720 ROUTE 17M MIDDLETOWN, NY 10940	14-1731791	501(C)(3)	10,000				CARE FUND
JEWISH FEDERATION OF DUTCHESS COUNTY INC PO BOX 2525 POUGHKEEPSIE, NY 12603	14-1751875	501(C)(3)	17,653				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JEWISH FEDERATION OF ULSTER COUNTY 1 ALBANY AVENUE SUITE G10 KINGSTON, NY 12401	14-1374486	501(C)(3)	15,500				REHER CENTER FOR IMMIGRANT CULTURE
JEWISH RECONSTRUCTIONIST CAMPING CORPORATION 1299 CHURCH ROAD WYNCOTE, NY 19095	36-4478803	501(C)(3)	5,180				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
JOHN HOPKINS MEDICINE 550N BROADWAY SUITE 727 BALTIMORE, MD 21218	52-0595110	501(C)(3)	15,000				FOR NEUROSURGERY RESEARCH
KIAWAH ISLAND NATURAL HABITAT CONSERVANCY 80 KESTREL COURT KIAWAH ISLAND, SC 29455	58-2359979	501(C)(3)	100,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KINGSTON MIDTOWN RISING 29 PEARL STREET KINGSTON, NY 12401	81-1665183	501(C)(3)	175,000				FOR FACILITY UPGRADES
LEGAL SERVICES OF THE HUDSON VALLEY 90 MAPLE AVENUE WHITE PLAINS, NY 10601	13-6265606	501(C)(3)	12,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LUCKY ORPHANS HORSE RESCUE INC 2699 NY-22 DOVER PLAINS, NY 12522	26-2729197	501(C)(3)	7,500				GENERAL SUPPORT
MEDIATION CENTER OF DUTCHESS COUNTY INC 205 SOUTH AVENUE STE 200 POUGHKEEPSIE, NY 12601	14-1762932	501(C)(3)	14,125				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MID-HUDSON CHILDREN'S MUSEUM 75 NORTH WATER STREET POUGHKEEPSIE, NY 12601	22-3021355	501(C)(3)	5,500				GENERAL SUPPORT
MID-HUDSON CIVIC CENTER 14 CIVIC CENTER PLAZA POUGHKEEPSIE, NY 126013118	51-0151858	501(C)(3)	71,232				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MID-HUDSON HERITAGE CENTER 317 MAIN STREET POUGHKEEPSIE, NY 12601	45-2487236	501(C)(3)	30,000				EXECUTIVE DIRECTOR POSITION
MID-HUDSON WORKSHOP FOR THE DISABLED INC 188 WASHINGTON STREET POUGHKEEPSIE, NY 12601	14-1395427	501(C)(3)	25,000				MID-HUDSON WORKSHOP FOR THE DISABLED ROOF REPLACEMENT PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MIDHUDSON REGIONAL HOSPITAL FUND 241 NORTH ROAD POUGHKEEPSIE, NY 12601	13-4095845	501(C)(3)	6,491				GENERAL SUPPORT
MILES OF HOPE BREAST CANCER FOUNDATION PO BOX 405 LAGRANGEVILLE, NY 12540	13-4281796	501(C)(3)	25,493				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MILL STREET LOFT INC 45 PERSHING AVENUE POUGHKEEPSIE, NY 12601	22-2538177	501(C)(3)	14,700				GENERAL SUPPORT, ARTS FOR HEALING PROGRAM
NAROPA UNIVERSITY 2130 ARAPAHOE AVE BOULDER, CO 80302	84-1029228	501(C)(3)	22,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVE NEWARK, NJ 07112	22-3452311	501(C)(3)	6,000				GENERAL SUPPORT
NORTH EAST COMMUNITY CENTER 51 SOUTH CENTER STREET MILLERTON, NY 12546	14-1736237	501(C)(3)	23,000				NECC FRESH FOOD PANTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NUBIAN DIRECTIONS II INC 248 MAIN STREET POUGHKEEPSIE, NY 12601	14-1777760	501(C)(3)	17,000				SUPPORT FOR PROGRAMS SERVING UNDERPRIVILEGED DUTCHESS COUNTY YOUTH
NYC MAMMAS GIVE BACK 60 PROSPECT AVENUE MONTCLAIR, NJ 07042	47-3629864	501(C)(3)	6,000				SUPPORT FOR CHILDREN WITH POSSIBLE LIFE THREATENING DISEASES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PEOPLE'S PLACE 17 ST JAMES STREET KINGSTON, NY 12401	14-1701360	501(C)(3)	423,175				BAG SUMMER HUNGER IN ULSTER COUNTY, PATCH'S PANTRY, GENERAL SUPPORT
PHILLIES BRIDGE FARM PROJECT INC 45 PHILLIES BRIDGE ROAD NEW PALTZ, NY 12561	14-1816094	501(C)(3)	20,000				CHALLENGE GRANT, PHILLIES BRIDGE FARM PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PLANNED PARENTHOOD OF THE MID-HUDSON VALLEY INC 178 CHURCH STREET POUGHKEEPSIE, NY 12601	14-1344810	501(C)(3)	52,850				GENERAL SUPPORT
POUGHKEEPSIE FARM PROJECT PO BOX 3143 POUGHKEEPSIE, NY 126033143	14-1813679	501(C)(3)	25,000				SUPPORT FOR TRACTOR, FOOD SHARE PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
POUGHKEEPSIE MIDDLE SCHOOL 55 COLLEGE AVENUE POUGHKEEPSIE, NY 12603	14-6004158	501(C)(3)	6,500				FOR LAPTOPS FOR LEARNING, FIELD TRIPS
POUGHKEEPSIE PUBLIC LIBRARY DISTRICT 93 MARKET STREET POUGHKEEPSIE, NY 12601	14-1701733	501(C)(3)	10,000				BIG READ & LITTLE READ, PROGRAM SUPPORT, GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PRIMROSE HILL SCHOOL 23 SPRING BROOK PARK RHINEBECK, NY 12572	47-1840473	501(C)(3)	36,000				GENERAL SUPPORT
PUBLIC POLICY AND EDUCATION FUND OF NY 94 CENTRAL AVE ALBANY, NY 12206	13-3364209	501(C)(3)	750,000				PROJECT SUPPORT TO SUPPORT CITIZEN ACTION OF THE HUDSON VALLEY C3 ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RADIO KINGSTON CORPORATION 535 FIFTH AVENUE 33 FLOOR NEW YORK, NY 10017	82-1753945	501(C)(3)	6,876,375				GENERAL SUPPORT, FOR STATION PURCHASE AND RENOVATION
RDC LOAVES AND FISHES INC 7 MARKET STREET DOVER PLAINS, NY 12522	27-3477999	501(C)(3)	17,715				CENTER OF COMPASSION FEED OUR PETS PROGRAM, FOOD PANTRY/BACKPACK PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REACH OUT ARTS 60 EDDY ROAD VERBANK, NY 12585	20-0711890	501(C)(3)	49,750				GENERAL SUPPORT
REBUILDING TOGETHER DUTCHESS COUNTY PO BOX 3695 POUGHKEEPSIE, NY 12603	22-3153808	501(C)(3)	8,500				HOME SAFETY AND FIRE PREVENTION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET 10TH FLOOR NEW YORK, NY 10036	13-3615533	501(C)(3)	30,000				FOR FUND FOR SHARED INSIGHT'S LISTEN FOR GOOD INITIATIVE
RURAL & MIGRANT MINISTRY INC PO BOX 4757 POUGHKEEPSIE, NY 126024757	22-2527596	501(C)(3)	5,489				2017 YOUTH EMPOWERMENT PROGRAM/ SUMMER LEADERSHIP CAMP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SAGEARTS 61 PROSPECT ST NEW PALTZ, NY 12561	47-1821461	501(C)(3)	10,000				SUPPORT FOR HOLOCAUST FILM PROJECT
SAINT COLUMBA PARISH ROMAN CATHOLIC CHURCH PO BOX 428 HOPEWELL JUNCTION, NY 12533	14-1757547	501(C)(3)	11,100				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SCHUMACHER CENTER FOR A NEW ECONOMICS 140 JUG END RD GREAT BARRINGTON, MA 01258	46-1421645	501(C)(3)	10,000				GENERAL SUPPORT
SECOND CHANCE FOODS 1388 ROUTE 52 FISHKILL, NY 12524	81-0996695	501(C)(3)	11,570				EQUIPMENT TO IMPROVE OFFICE OPERATIONS, FARM TO FOOD PANTRY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SOUTHERN POVERTY LAW CENTER INC 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	5,500				GENERAL SUPPORT
SPARROW'S NEST OF THE HUDSON VALLEY 942 ROUTE 376 SUITE 217 WAPPINGERS FALLS, NY 12590	46-2573747	501(C)(3)	5,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SPECIAL OLYMPICS NEW YORK - HUDSON VALLEY REGION 1207 ROUTE 9 SUITE 1-C WAPPINGERS FALLS, NY 12590	23-7061382	501(C)(3)	5,856				GENERAL SUPPORT
ST MARY'S-ST JOSEPH'S PARISH 231 CHURCH STREET POUGHKEEPSIE, NY 12601	14-1340116	501(C)(3)	13,897				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 THOMAS EPISCOPAL CHURCH 40 LEEDSVILLE ROAD AMENIA, NY 12501	14-1496937	501(C)(3)	10,000				THE GIVING GARDEN AT FOOD OF LIFE/COMIDA DE VIDA PANTRY
STANFORD FREE LIBRARY 14 CREAMERY ROAD STANFORDVILLE, NY 12581	14-1492555	501(C)(3)	16,987				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STRINGENDO INC - ORCHESTRA SCHOOL OF THE HUDSON VALLEY 1580 ROUTE 376 WAPPINGERS FALLS, NY 12590	26-0535130	501(C)(3)	6,000				PROGRAM SUPPORT
SUNY NEW PALTZ FOUNDATION INC 1 HAWK DRIVE NEW PALTZ, NY 125612447	22-2141645	501(C)(3)	8,000				PROGRAMMING FOR CHILDREN AT THE DORSKY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SUPPORT CONNECTION INC 40 TRIANGLE CENTER SUITE 100 YORKTOWN HEIGHTS, NY 10598	13-3900612	501(C)(3)	15,000				PEER TO PEER PROGRAM, YOGA FOR WOMEN WITH BREAST CANCER
TEMPLE BETH-EL 118 GRAND AVENUE POUGHKEEPSIE, NY 12603	14-1467426	501(C)(3)	24,609				FOR PROGRAMMATIC PURPOSES RELATED TO PRESERVING AND STRENGTHENING JEWISH CULTURE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ART EFFECT 42 CATHARINE STREET POUGHKEEPSIE, NY 12601	14-1775746	501(C)(3)	24,000				SUPPORT FOR PROGRAMS SERVING UNDERPRIVILEGED DUTCHESS COUNTY YOUTH
THE CENTER FOR PERFORMING ARTS AT RHINEBECK 661 ROUTE 308 RHINEBECK, NY 125720148	22-3051271	501(C)(3)	107,248				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 CENTER FOR THE PREVENTION OF CHILD ABUSE 35 VAN WAGNER ROAD POUGHKEEPSIE, NY 12603	14-1584091	501(C)(3)	9,350				GENERAL SUPPORT
THE GOOD WORK INSTITUTE 65 ST JAMES STREET KINGSTON, NY 12401	47-3091614	501(C)(3)	30,000				SUPPORT FOR KINGSTON BUILDING RENOVATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 HYGEIA FOUNDATION FOR HEALTH SCIENCE AND THE ENVIRONMENT INC PO BOX 1176 NEW CANAAN, CT 06840	13-2893033	501(C)(3)	100,000				GENERAL OPERATING SUPPORT
THE REAL SKILLS NETWORK INC 29 N HAMILTON ST STE 113 POUGHKEEPSIE, NY 12601	26-1086662	501(C)(3)	52,000				PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 ROOSEVELT INSTITUTE 570 LEXINGTON AVENUE 5TH FLOOR NEW YORK, NY 10022	23-7213592	501(C)(3)	10,300				THE GOODMAN INITIATIVE FOR AMERICAN YOUTH
THE WASSAIC PROJECT PO BOX 220 WASSAIC, NY 125920200	27-2691962	501(C)(3)	11,165				WASSAIC PROJECT ART SCOUTS CAMP, WASSAIC PROJECT ART NEST, FACILITY UPGRADES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THINK DUTCHESS ALLIANCE FOR BUSINESS 3 NEPTUNE ROAD POUGHKEEPSIE, NY 12601	27-3106797	501(C)(3)	14,250				GENERAL SUPPORT
ULSTER COUNTY HISTORICAL SOCIETY PO BOX 279 STONE RIDGE, NY 124840279	14-1456816	501(C)(3)	20,000				GENERAL SUPPORT FOR OPERATING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITARIAN UNIVERSALIST FELLOWSHIP 67 S RANDOLPH AVE POUGHKEEPSIE, NY 12601	14-6025106	501(C)(3)	8,000				GENERAL SUPPORT
UNITED MITOCHONDRIAL DISEASE FOUNDATION 8085 SALTSBURG ROAD PITTSBURGH, PA 15239	25-1767180	501(C)(3)	8,000				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 OF THE DUTCHESS-ORANGE REGION 75 MARKET STREET POUGHKEEPSIE, NY 126014015	14-1344805	501(C)(3)	9,000				GENERAL SUPPORT
VASSAR COLLEGE 124 RAYMOND AVENUE BOX 1 POUGHKEEPSIE, NY 12604	14-1338587	501(C)(3)	10,167				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 TEMPLE 140 HOOKER AVENUE POUGHKEEPSIE, NY 12601	14-1422084	501(C)(3)	10,285				FOR PROGRAMMATIC PURPOSES RELATED TO PRESERVING AND STRENGTHENING JEWISH CULTURE
VASSAR-WARNER HOME 52 SOUTH HAMILTON STREET POUGHKEEPSIE, NY 12601	23-7334637	501(C)(3)	11,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VOLUNTEER FIREMAN'S HALL AND MUSEUM OF KINGSTON 265 FAIR STREET KINGSTON, NY 12401	22-2365342	501(C)(3)	25,000				RESTORE THE HISTORIC WILTWYCK FIRE HOUSE
WALKWAY OVER THE HUDSON 80 WASHINGTON STREET SUITE 300 POUGHKEEPSIE, NY 12602	14-1753502	501(C)(3)	16,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WOODSTOCK FILM FESTIVAL PO BOX 1406 WOODSTOCK, NY 12498	14-1824425	501(C)(3)	100,000				PROJECT SUPPORT GRANT FOR YOUTH FILM LAB
YMCA OF KINGSTON AND ULSTER COUNTY 507 BROADWAY KINGSTON, NY 12401	14-1338342	501(C)(3)	13,500				FARM PROJECT, IFH MOBILE FARM STAND AND TRAINING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YWCA OF WHITE PLAINS AND CENTRAL WESTCHESTER 515 NORTH STREET WHITE PLAINS, NY 10605	13-1740519	501(C)(3)	7,500				ENCORE PLUS BREAST CANCER SUPPORT SERVICES

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY INC

Employer identification number
23-7026859

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	31	2,663,962	AVG SELLING PRICE
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** 0

	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 is not required to be used for exempt purposes for the entire holding period?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY INC

Employer identification number

23-7026859

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION IS COMPLETE AND ACCURATE MANAGEMENT CONFERS WITH THE OUTSIDE ACCOUNTING FIRM IN THE PREPARATION OF THE FORM 990 WHEN THE 990 HAS BEEN PREPARED, MANAGEMENT REVIEWS IT WITH THE OUTSIDE ACCOUNTING FIRM IT IS THEN PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND SUBSEQUENTLY TO THE BOARD OF TRUSTEES FOR APPROVAL ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>A THE COMMUNITY FOUNDATIONS CODE OF CONDUCT (CODE) WHICH INCLUDES OUR CONFLICT OF INTEREST POLICY APPLIES TO THE FOLLOWING MEMBERS OF THE COMMUNITY 1) INDIVIDUALS WHO ARE PAID BY THE FOUNDATIONS WHEN THEY ARE WORKING FOR THE FOUNDATIONS, INCLUDING OFFICERS AND STAFF, 2) CONSULTANTS, VENDORS, AND CONTRACTORS WHEN THEY ARE DOING BUSINESS WITH THE FOUNDATIONS , 3) TRUSTEES, 4) ADVISORY BOARD MEMBERS, AND 5) INDIVIDUALS WHO PERFORM SERVICES FOR THE FOUNDATIONS AS VOLUNTEERS THE CODE REFERS TO ALL THESE PERSONS COLLECTIVELY AS "MEMBERS OF THE FOUNDATIONS' COMMUNITY OR "COMMUNITY MEMBERS " B STAFF, BOARD AND VOLUNTEERS MUST READ AND EXECUTE A CONFIRMATION AND DISCLOSURE AS A PART OF THE CONFLICT OF INTEREST POLICY EACH YEAR A POTENTIAL CONFLICTS REVIEW IS CONDUCTED ANNUALLY FOR TRUSTEES AND STAFF AND MONITORED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY AND BY STAFF ON AN ONGOING BASIS THROUGHOUT THE YEAR WITH RESPECT TO GRANT REVIEW AND CONTRACTUAL RELATIONSHIPS REVIEW OF CONFLICTS BY VOLUNTEERS IS MONITORED BY STAFF ON AN ONGOING BASIS THROUGH THE GRANT REVIEW PROCESS C ANNUAL DISCLOSURES STATEMENTS ARE FILED AND COLLECTED THE ADVISORY BOARDS AND GRANT COMMITTEE VOLUNTEERS EXECUTE THEM ANNUALLY AT THE TIME OF GRANT REVIEWS D PROCEDURES FOR CONFLICTS REQUIRE THE CONFLICTED COMMUNITY MEMBER TO DISCLOSE THE CONFLICT IN WRITING, RECUSE THEMSELVES FROM DECISION MAKING ON THE MATTER, FORGO PARTICIPATION IN DISCUSSION ON THE TOPIC AND ABSTAIN FROM VOTES CONFLICTS ARE DOCUMENTED IN MINUTES OF DECISION MAKING BOARDS AND COMMITTEES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE GOVERNANCE COMMITTEE SURVEYS THE BOARD OF TRUSTEES ANNUALLY TO EVALUATE THE PRESIDENT & CEO USING A SURVEY MAILED TO EACH MEMBER. ONCE COMPLETED, THE RESULTS ARE COMPILED BY THE GOVERNANCE COMMITTEE CHAIR AND CHAIR OF THE BOARD. THE GOVERNANCE COMMITTEE THEN REPORTS ITS FINDINGS TO THE BOARD OF TRUSTEES AND TO THE PRESIDENT AND CEO. THE STAFF ALSO REVIEWED THE PRESIDENT & CEO, ANSWERS TO A SURVEY WERE COMPILED BY AN UNAFFILIATED NONPROFIT EXECUTIVE DIRECTOR AND SHARED WITH THE CEO. IN SETTING COMPENSATION FOR THE PRESIDENT & CEO THE BOARD OF TRUSTEES DISCUSSES AND APPROVES. INFORMATION USED TO MAKE THIS RECOMMENDATION INCLUDES AMOUNT AVAILABLE IN THE APPROVED OPERATING BUDGET, EXPERIENCE OF THE PRESIDENT & CEO, AND COMPENSATION DATA FROM THE COUNCIL ON FOUNDATIONS FOR SIMILAR SIZED COMMUNITY FOUNDATIONS NATIONALLY AND REGIONALLY. LOCAL AND REGIONAL NONPROFIT COMPENSATION DATA IS ALSO TAKEN INTO ACCOUNT WHERE AVAILABLE. THE PROCEDURE USED TO RECOMMEND AND APPROVE COMPENSATION MUST BE CAPTURED IN THE MINUTES OF THE BOARD OF TRUSTEES MEETINGS. THE LAST REVIEW OF THE PRESIDENT & CEO WAS CONDUCTED SEPTEMBER 2017. THE UPCOMING REVIEW WILL TAKE PLACE IN THE FALL OF 2018. COMPENSATION FOR STAFF IS DECIDED BY THE PRESIDENT & CEO BASED ON AN ANNUAL EVALUATION OF STAFF PERFORMANCE. THIS INCLUDES CONSIDERATION OF A COST OF LIVING ADJUSTMENT AND MERIT RAISE IF WARRANTED. THE GROSS AMOUNT FOR RAISES ARE APPROVED BY THE BOARD OF TRUSTEES AS A PART OF THE ANNUAL OPERATING BUDGET. COMPENSATION DATA FROM THE COUNCIL ON FOUNDATIONS AND OTHER REGIONAL DATA IS REFERENCED. A DEFICIENCY IN COMPETITIVE STAFF SALARIES WAS IDENTIFIED IN AN ANNUAL REVIEW AND RESULTED IN THE IMPLEMENTATION OF MID-YEAR SALARY ADJUSTMENTS IN JANUARY, 2018 FOR SEVERAL POSITIONS. ANNUAL STAFF PERFORMANCE REVIEWS WERE CONDUCTED IN AUGUST OF 2018 WITH SALARY ADJUSTMENTS MADE ON THE ONE YEAR ANNIVERSARY OF THE LAST INCREASE IN SALARY OR TITLE CHANGE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 80 WASHINGTON STREET, POUGHKEEPSIE, NY 12601 OR BY CALLING THE ORGANIZATION DIRECTLY AT (845) 452-3077

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF LIFE INSURANCE POLICIES -45,799 CHANGE IN VALUE OF CHARITABLE REMAINDER UNITRUST 4,260 PRIOR YEAR GRANT REFUNDS AND CANCELLATIONS NETTED AGAINST GRANT EXPENSE 3,445

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2017

**Open to Public
Inspection**

- ▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY INC

Employer identification number

23-7026859

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
(1) COMMUNITY FOUNDATIONS REAL ESTATE LLC 80 WASHINGTON STREET SUITE 201 POUGHKEEPSIE, NY 12601 47-2901304	REAL ESTATE	NY	0	0	COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY 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
(1) FOUNDATION FOR COMMUNITY HEALTH INC 478 CORNWALL BRIDGE ROAD SHARON, CT 06069 20-0057897	GRANTMAKING	CT	501(C)(3)	LINE 12A, I	N/A		No

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)