

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

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- 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) Room/suite
80 WASHINGTON STREET NO 201
City or town, state or province, country, and ZIP or foreign postal code
POUGHKEEPSIE, NY 12601
F Name and address of principal officer
NEVILL SMYTHE
80 WASHINGTON STREET NO 201
POUGHKEEPSIE, NY 12601

D Employer identification number
23-7026859
E Telephone number
(845) 452-3077
G Gross receipts \$ 40,866,192

I Tax-exempt status 501(c)(3) 501(c) () (Insert no) 4947(a)(1) or 527
J Website: WWW.COMMUNITYFOUNDATIONS.HV.ORG

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

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 2018 (Part V, line 2a) | 5 | 9 |
| 6 Total number of volunteers (estimate if necessary) | 6 | 265 |
| 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) | 19,424,900 | 30,386,593 |
| 9 Program service revenue (Part VIII, line 2g) | 78,623 | 81,945 |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 2,049,616 | 2,675,818 |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | -45,245 | -55,835 |
| 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 21,507,894 | 33,088,521 |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 14,332,484 | 27,337,592 |
| 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) | 714,994 | 839,060 |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶109,747 | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 852,384 | 734,584 |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | 15,899,862 | 28,911,236 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 5,608,032 | 4,177,285 |
| | Beginning of Current Year | End of Year |
| 20 Total assets (Part X, line 16) | 74,447,465 | 83,677,901 |
| 21 Total liabilities (Part X, line 26) | 14,573,514 | 20,886,513 |
| 22 Net assets or fund balances Subtract line 21 from line 20 | 59,873,951 | 62,791,388 |

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: 2019-12-04
NEVILL SMYTHE INTERIM PRESIDENT & CEO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: PKF O'CONNOR DAVIES LLP
Preparer's signature: [Signature]
Date: 2019-12-03
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
HARRISON, NY 105281633
Phone no: (914) 381-8900

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 \$ 27,798,753 including grants of \$ 27,337,592) (Revenue \$ 81,945)
See Additional Data

4b (Code) (Expenses \$ 431,725 including grants of \$) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 88,307 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 ▶ 28,318,785

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

| | | | | | |
|--|--|------------|---|-----|----|
| 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | 2a | 9 | | |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | 2b | | Yes | |
| 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? | | 3a | | | No |
| b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | | 3b | | | |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | 4a | | | No |
| b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) | | | | | |
| 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | 5a | | | No |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | 5b | | | No |
| c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | 5c | | | |
| 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | | 6a | | | No |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | 6b | | | |
| 7 Organizations that may receive deductible contributions under section 170(c). | | | | | |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | 7a | | Yes | |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided? | | 7b | | Yes | |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | 7c | | | No |
| d If "Yes," indicate the number of Forms 8282 filed during the year | | 7d | | | |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | 7e | | | No |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | 7f | | | No |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | 7g | | | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | 7h | | | |
| 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | | 8 | | | No |
| 9a Did the sponsoring organization make any taxable distributions under section 4966? | | 9a | | | No |
| b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | 9b | | | No |
| 10 Section 501(c)(7) organizations. Enter | | | | | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | | 10a | | | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | 10b | | | |
| 11 Section 501(c)(12) organizations. Enter | | | | | |
| a Gross income from members or shareholders | | 11a | | | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | 11b | | | |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | 12a | | | |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | 12b | | | |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | |
| a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | | 13a | | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | 13b | | | |
| c Enter the amount of reserves on hand | | 13c | | | |
| 14a Did the organization receive any payments for indoor tanning services during the tax year? | | 14a | | | No |
| b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | | 14b | | | |
| 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N | | 15 | | | No |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O | | 16 | | | No |

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



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; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 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 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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; 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.

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1f (Contributions, Gifts, Grants and Other Similar Amounts) and 1g (Noncash contributions included).

Table for Program Service Revenue with columns for Business Code and revenue amounts. Rows include 2a-2f and 2g Total.

Main revenue table with 5 main columns. Rows include 3 (Investment income), 4 (Income from investment of tax-exempt bond proceeds), 5 (Royalties), 6a-6d (Gross rents), 7a-7d (Gross amount from sales of assets other than inventory), 8a-8c (Gross income from fundraising events), 9a-9c (Gross income from gaming activities), 10a-10c (Gross sales of inventory), 11a-11d (Miscellaneous Revenue), and 12 Total revenue.

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. | 26,951,005 | 26,951,005 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22. | 386,587 | 386,587 | | |
| 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. | 498,297 | 338,842 | 124,574 | 34,881 |
| 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. | 216,819 | 147,437 | 54,205 | 15,177 |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions). | 4,017 | 2,732 | 1,004 | 281 |
| 9 Other employee benefits. | 65,860 | 44,785 | 16,465 | 4,610 |
| 10 Payroll taxes. | 54,067 | 36,765 | 13,517 | 3,785 |
| 11 Fees for services (non-employees): | | | | |
| a Management. | | | | |
| b Legal. | 10,749 | | 10,749 | |
| c Accounting. | 34,000 | | 34,000 | |
| d Lobbying. | 4,550 | | 4,550 | |
| e Professional fundraising services. See Part IV, line 17. | | | | |
| f Investment management fees. | 65,733 | | 65,733 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O). | 15,574 | | 15,574 | |
| 12 Advertising and promotion. | 98,492 | | 60,984 | 37,508 |
| 13 Office expenses. | 62,430 | 31,473 | 27,945 | 3,012 |
| 14 Information technology. | 45,685 | 30,425 | 12,132 | 3,128 |
| 15 Royalties. | | | | |
| 16 Occupancy. | 53,241 | 36,210 | 13,308 | 3,723 |
| 17 Travel. | 8,550 | | 5,294 | 3,256 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. | | | | |
| 19 Conferences, conventions, and meetings. | 18,902 | 2,405 | 16,497 | |
| 20 Interest. | | | | |
| 21 Payments to affiliates. | | | | |
| 22 Depreciation, depletion, and amortization. | 5,517 | 3,752 | 1,379 | 386 |
| 23 Insurance. | 4,794 | | 4,794 | |
| 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 | 306,367 | 306,367 | | |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e. | 28,911,236 | 28,318,785 | 482,704 | 109,747 |
| 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 | 305,869 | 1 | 335,879 |
| | 2 Savings and temporary cash investments | 10,087,190 | 2 | 17,140,793 |
| | 3 Pledges and grants receivable, net | 1,738,861 | 3 | 750,000 |
| | 4 Accounts receivable, net | 100,486 | 4 | 105,901 |
| | 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 | 32,977 | 9 | 67,373 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 56,026 | | |
| | b Less accumulated depreciation | 45,063 | | |
| | | 11,416 | 10c | 10,963 |
| | 11 Investments—publicly traded securities | 61,529,971 | 11 | 64,605,774 |
| | 12 Investments—other securities See Part IV, line 11 | 640,695 | 12 | 661,218 |
| | 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) | 74,447,465 | 16 | 83,677,901 | |
| Liabilities | 17 Accounts payable and accrued expenses | 27,068 | 17 | 57,042 |
| | 18 Grants payable | 5,401,324 | 18 | 11,333,105 |
| | 19 Deferred revenue | 59,342 | 19 | 58,218 |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 9,085,780 | 21 | 9,438,148 |
| | 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 | 14,573,514 | 26 | 20,886,513 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 57,494,395 | 27 | 61,410,796 |
| | 28 Temporarily restricted net assets | 2,379,556 | 28 | 1,380,592 |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 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 | 59,873,951 | 33 | 62,791,388 | |
| 34 Total liabilities and net assets/fund balances | 74,447,465 | 34 | 83,677,901 | |

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 | 33,088,521 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 28,911,236 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 4,177,285 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 59,873,951 |
| 5 | Net unrealized gains (losses) on investments | 5 | -1,283,996 |
| 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 | 24,148 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 62,791,388 |

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain 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
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

| | Yes | No |
|-----------|-----|----|
| 2a | | No |
| 2b | Yes | |
| 2c | Yes | |
| 3a | | No |
| 3b | | |

Additional Data

Software ID:

Software Version:

EIN: 23-7026859

Name: COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY INC

Form 990 (2018)

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 2019, \$27.7 MILLION WAS GRANTED WITH APPROXIMATELY 24% OF GRANTS MADE FOR THE PURPOSE OF HEALTH AND HUMAN SERVICE RELATED ACTIVITIES, 32% FOR ARTS AND CULTURE, 35% FOR COMMUNITY INVOLVEMENT, 4% FOR EDUCATIONAL PURPOSES, AND THE REMAINING GRANTS A MIX OF 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 DONOR BASES, 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 (THRU 6/24/19) | 1 00 | X | | X | | | | 0 | 0 | 0 |
| JEFFREY D WOOD VICE CHAIR, GRANTS | 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 |
| 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 |
| ELLEN L BAKER ESQ TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| PETER J BRENT TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MARYBETH CALE TRUSTEE (THRU 6/24/19) | 1 00 | X | | | | | | 0 | 0 | 0 |
| YU-SHIN CHEN TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| LINDA B CLARKE TRUSTEE | 1 00 | X | | | | | | 0 | 0 | 0 |
| MICHAEL FLEISCHER TRUSTEE (THRU 3/4/19) | 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 |
| MYRNA SAMETH TRUSTEE | 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 (THRU 6/30/19) | 40 00 | | | X | | | | 141,400 | 0 | 14,072 |
| ROKSOLANA GERAMITA CFO | 40 00 | | | X | | | | 102,165 | 0 | 4,710 |
| SALLY J CROSS CFRE VICE PRESIDENT, PHILANTHROPY | 40 00 | | | X | | | | 89,265 | 0 | 4,860 |
| KEVIN QUILTY VICE PRESIDENT, ULSTER | 40 00 | | | X | | | | 80,165 | 0 | 2,740 |
| NANCY ROSSI BROWNELL VICE PRESIDENT, PUTNAM | 20 00 | | | X | | | | 38,432 | 0 | 0 |

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

2018

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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|----------|---|-----------|-----------|-----------|------------|------------|------------|
| 1 | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.") | 7,642,241 | 3,524,562 | 4,857,292 | 19,424,900 | 30,386,593 | 65,835,588 |
| 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 | 7,642,241 | 3,524,562 | 4,857,292 | 19,424,900 | 30,386,593 | 65,835,588 |
| 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) | | | | | | 37,885,276 |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 27,950,312 |

Section B. Total Support

| | Calendar year (or fiscal year beginning in) ▶ | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018 | (f)Total |
|-----------|--|-----------|-----------|-----------|------------|------------|------------|
| 7 | Amounts from line 4 | 7,642,241 | 3,524,562 | 4,857,292 | 19,424,900 | 30,386,593 | 65,835,588 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,373,727 | 1,768,118 | 1,680,772 | 1,968,431 | 2,272,325 | 9,063,373 |
| 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 | | | | | | 74,898,961 |
| 12 | Gross receipts from related activities, etc (see instructions) | | | | | 12 | 349,315 |

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 2018 (line 6, column (f) divided by line 11, column (f)) | 14 | 37.320 % |
| 15 | Public support percentage for 2017 Schedule A, Part II, line 14 | 15 | 50.680 % |

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (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 2018 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 | Public support percentage from 2017 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | | |
|-----------|--|-----------|--|
| 17 | Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 | Investment income percentage from 2017 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2018. 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—2017. 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> | Yes | No |
| 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

- 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 2018 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-2018 | (iii) Distributable Amount for 2018 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2018 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions | | | |
| 3 Excess distributions carryover, if any, to 2018 | | | |
| a From 2013. | | | |
| b From 2014. | | | |
| c From 2015. | | | |
| d From 2016. | | | |
| e From 2017. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2018 distributable amount | | | |
| i Carryover from 2013 not applied (see instructions) | | | |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f | | | |
| 4 Distributions for 2018 from Section D, line 7 | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2018 distributable amount | | | |
| c Remainder Subtract lines 4a and 4b from 4 | | | |
| 5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c | | | |
| 8 Breakdown of line 7 | | | |
| a Excess from 2014. | | | |
| b Excess from 2015. | | | |
| c Excess from 2016. | | | |
| d Excess from 2017. | | | |
| e Excess from 2018. | | | |

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

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

OMB No 1545-0047

2018
Open to Public Inspection

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

- Section 501(c)(3) organizations Complete Parts I-A and 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 | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | Over \$17,000,000 | \$1,000,000 | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000 | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000 | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000 | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000 | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (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 | | 4,550 |
| j Total Add lines 1c through 1i | | | 4,550 |
| 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 \$4,550 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.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
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 | 138 | |
| 2 Aggregate value of contributions to (during year) | 26,596,746 | |
| 3 Aggregate value of grants from (during year) | 23,751,994 | |
| 4 Aggregate value at end of year | 23,033,018 | |

- 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 7/25/06, and not on a historic structure listed in the National Register | 2d | |

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

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

- 1a** If the organization elected, as permitted under 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 | 41,899,404 | 38,606,214 | 33,307,705 | 30,029,070 | 25,760,346 |
| b Contributions | 1,130,735 | 2,127,661 | 2,281,914 | 956,495 | 5,535,662 |
| c Net investment earnings, gains, and losses | 1,026,903 | 2,778,718 | 4,848,663 | -246,257 | 514,144 |
| d Grants or scholarships | 1,425,756 | 1,145,321 | 1,396,770 | 1,131,858 | 1,032,750 |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 474,410 | 467,868 | 435,298 | 421,306 | 421,828 |
| g End of year balance | 42,156,876 | 41,899,404 | 38,606,214 | 29,186,144 | 30,355,574 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 98 610 %
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶ 1 390 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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 | | 56,026 | 45,063 | 10,963 |
| e Other | | | | |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶ | | | | 10,963 |

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 | 31,958,043 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains (losses) on investments | 2a | -1,283,996 |
| b | Donated services and use of facilities | 2b | 163,416 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII) | 2d | 55,835 |
| e | Add lines 2a through 2d | 2e | -1,064,745 |
| 3 | Subtract line 2e from line 1 | 3 | 33,022,788 |
| 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 | 65,733 |
| b | Other (Describe in Part XIII) | 4b | |
| c | Add lines 4a and 4b | 4c | 65,733 |
| 5 | Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12) | 5 | 33,088,521 |

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 | 29,030,503 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | 163,416 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII) | 2d | 56,767 |
| e | Add lines 2a through 2d | 2e | 220,183 |
| 3 | Subtract line 2e from line 1 | 3 | 28,810,320 |
| 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 | 65,733 |
| b | Other (Describe in Part XIII) | 4b | 35,183 |
| c | Add lines 4a and 4b | 4c | 100,916 |
| 5 | Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18) | 5 | 28,911,236 |

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 | |
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Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
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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, 2016 |

Supplemental Information

| Return Reference | Explanation |
|--------------------------------------|--|
| PART XI, LINE 2D - OTHER ADJUSTMENTS | SPECIAL EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 55,835 |

Supplemental Information

| Return Reference | Explanation |
|--|--|
| PART XII, LINE 2D - OTHER ADJUSTMENTS | SPECIAL EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 55,835 LOSS ON DISPOSAL OF ASSET REPORTED IN PART XI, LINE 9 932 |

Supplemental Information

| Return Reference | Explanation |
|---------------------------------------|--|
| PART XII, LINE 4B - OTHER ADJUSTMENTS | PRIOR YEAR GRANT REFUNDS AND CANCELLATIONS NETTED AGAINST GRANT EXPENSE 35,183 |

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2018

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.

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

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 | | | |
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| 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.

| Revenue | | (a)Event #1 | (b) Event #2 | (c)Other events | (d) |
|---|--|-------------------------------------|---|----------------------------|---|
| | | GARDEN PARTY (event type) | RODRIGUEZ FOUNDATION EVENT (event type) | 3 (total number) | Total events (add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 184,222 | 84,665 | 77,538 | 346,425 |
| | 2 Less Contributions | 150,795 | 60,965 | 74,372 | 286,132 |
| | 3 Gross income (line 1 minus line 2) | 33,427 | 23,700 | 3,166 | 60,293 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 19,801 | | | 19,801 |
| | 7 Food and beverages | 14,875 | 29,400 | | 44,275 |
| | 8 Entertainment | 1,190 | | | 1,190 |
| | 9 Other direct expenses | 18,878 | | 31,984 | 50,862 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | 116,128 |
| 11 Net income summary Subtract line 10 from line 3, column (d) ▶ | | | | -55,835 | |

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.

| Revenue | | (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 | | | | |
| | 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 | 13a | % |
| b | An outside facility | 13b | % |

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 |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY INC

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...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 124
3 Enter total number of other organizations listed in the line 1 table 1

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 | 194 | 386,587 | | | |
| (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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ADIRONDACK FOUNDATION PO BOX 288 LAKE PLACID, NY 12946 | 16-1535724 | 501(C)(3) | 48,261 | | | | GENERAL OPERATING SUPPORT |
| AKINDALE REHABILITATION & LAND CONSERVATION FUND 323 QUAKER HILL ROAD PAWLING, NY 12564 | 20-1822473 | 501(C)(3) | 31,337 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN CANCER SOCIETY - HUDSON VALLEY REGION 121 EXECUTIVE DRIVE NEW WINDSOR, NY 12553 | 13-1788491 | 501(C)(3) | 12,130 | | | | GENERAL OPERATING SUPPORT |
| AMERICAN CIVIL LIBERTIES UNION FOUNDATION INC 125 BROAD ST 18TH FLOOR NEW YORK, NY 10004 | 13-6213516 | 501(C)(3) | 7,600 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN CONSERVATIVE UNION FOUNDATION 201 N UNION ST SUITE 370 ALEXANDRIA, VA 223142650 | 52-1294680 | 501(C)(3) | 6,698 | | | | GENERAL OPERATING SUPPORT |
| AMERICAN JEWISH WORLD SERVICE INC 45 W 36TH STREET 11TH FL NEW YORK, NY 10018 | 22-2584370 | 501(C)(3) | 9,180 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| AMERICAN RED CROSS OF THE MID-HUDSON VALLEY 4 JEFFERSON STREET SUITE 302 POUGHKEEPSIE, NY 12601 | 53-0196605 | 501(C)(3) | 10,897 | | | | GENERAL OPERATING SUPPORT |
| ANIMAL RESCUE FOUNDATION INC PO BOX 1129 BEACON, NY 12508 | 14-1730869 | 501(C)(3) | 6,016 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BARDAVON 1869 OPERA HOUSE INC 35 MARKET STREET POUGHKEEPSIE, NY 12601 | 14-1585490 | 501(C)(3) | 209,802 | | | | GENERAL OPERATING SUPPORT |
| BERKSHIRE TACONIC COMMUNITY FOUNDATION 800 NORTH MAIN STREET PO BOX 400 SHEFFIELD, MA 012570400 | 06-1254469 | 501(C)(3) | 15,000 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BOY SCOUTS OF AMERICA - HUDSON VALLEY COUNCIL 6 JEANNE DRIVE NEWBURGH, NY 12550 | 14-1338385 | 501(C)(3) | 66,954 | | | | GENERAL OPERATING SUPPORT |
| BOYS AND GIRLS CLUB OF NEWBURGH 285 LIBERTY STREET NEWBURGH, NY 12550 | 14-1506144 | 501(C)(3) | 12,500 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CANCER SUPPORT TEAM INC 2900 WESTCHESTER AVENUE SUITE 103 PURCHASE, NY 10577 | 13-2938964 | 501(C)(3) | 6,000 | | | | GENERAL OPERATING SUPPORT |
| CARY INSTITUTE OF ECOSYSTEM STUDIES 2801 SHARON TURNPIKE PO BOX AB MILLBROOK, NY 12545 | 22-3232968 | 501(C)(3) | 7,250 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CENTER FOR GOVERNMENTAL RESEARCH 1 SOUTH WASHINGTON STREET SUITE 400 400 ROCHESTER, NY 146141135 | 16-0754774 | 501(C)(3) | 12,200 | | | | GENERAL OPERATING SUPPORT |
| CHILDREN'S HOME OF POUGHKEEPSIE 10 CHILDRENS WAY POUGHKEEPSIE, NY 126011437 | 14-1364662 | 501(C)(3) | 21,789 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CHRIST EPISCOPAL CHURCH 20 CARROLL STREET POUGHKEEPSIE, NY 12601 | 14-1416683 | 501(C)(3) | 9,750 | | | | GENERAL OPERATING SUPPORT |
| CITY OF KINGSTON 420 BROADWAY KINGSTON, NY 12401 | 14-6002267 | CITY OF KINGSTON | 461,715 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CLINTON COMMUNITY LIBRARY 1215 CENTRE ROAD RHINEBECK, NY 12572 | 14-1699640 | 501(C)(3) | 25,000 | | | | GENERAL OPERATING SUPPORT |
| COMMON GROUND FARM PO BOX 148 BEACON, NY 12508 | 01-0574675 | 501(C)(3) | 31,185 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY ACTION PARTNERSHIP FOR DUTCHESS COUNTY INC 77 CANNON STREET POUGHKEEPSIE, NY 12601 | 14-1611857 | 501(C)(3) | 84,184 | | | | GENERAL OPERATING SUPPORT |
| COMMUNITY FAMILY DEVELOPMENT 269 MILL STREET POUGHKEEPSIE, NY 12601 | 14-1779480 | 501(C)(3) | 8,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COMMUNITY HOUSING INNOVATIONS INC 75 S BROADWAY SUITE 340 WHITE PLAINS, NY 10601 | 13-3627750 | 501(C)(3) | 20,000 | | | | GENERAL OPERATING SUPPORT |
| CORNELL COOPERATIVE EXTENSION DUTCHESS COUNTY 2715 RT 44 SUITE 1 MILLBROOK, NY 125455510 | 14-6036882 | 501(C)(3) | 18,855 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CORNERSTONE FAMILY HEALTHCARE 147 LAKE STREET NEWBURGH, NY 12550 | 06-1036715 | 501(C)(3) | 45,000 | | | | GENERAL OPERATING SUPPORT |
| COUNCIL ON ADDICTION PREVENTION AND EDUCATION OF DUTCHESS COUNTY 807 ROUTE 52 ROOM 28 FISHKILL, NY 12524 | 22-2804639 | 501(C)(3) | 11,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| COUNTY OF ULSTER 244 FAIR STREET PO BOX 1800 KINGSTON, NY 12402 | 14-6002575 | COUNTY OF ULSTER | 4,100,000 | | | | GENERAL OPERATING SUPPORT |
| DUTCHESS COMMUNITY COLLEGE 53 PENDELL ROAD POUGHKEEPSIE, NY 12601 | 14-6012314 | 501(C)(3) | 12,000 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DUTCHESS COMMUNITY COLLEGE FOUNDATION INC 53 PENDELL ROAD POUGHKEEPSIE, NY 126011512 | 22-2484101 | 501(C)(3) | 10,000 | | | | GENERAL OPERATING SUPPORT |
| DUTCHESS COUNTY ART ASSOCIATION INC 55 NOXON STREET POUGHKEEPSIE, NY 12601 | 14-6027959 | 501(C)(3) | 23,200 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DUTCHESS COUNTY HISTORICAL SOCIETY PO BOX 88 POUGHKEEPSIE, NY 126020088 | 14-1505142 | 501(C)(3) | 14,897 | | | | GENERAL OPERATING SUPPORT |
| DUTCHESS COUNTY SPCA 636 VIOLET AVENUE HYDE PARK, NY 12538 | 14-1340058 | 501(C)(3) | 27,951 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DUTCHESS OUTREACH INC 29 N HAMILTON ST STE 223 POUGHKEEPSIE, NY 126012541 | 22-2339537 | 501(C)(3) | 36,664 | | | | GENERAL OPERATING SUPPORT |
| EAST FISHKILL COMMUNITY LIBRARY 348 ROUTE 376 HOPEWELL JUNCTION, NY 12533 | 14-1495851 | 501(C)(3) | 6,500 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ELEANOR ROOSEVELT CENTER AT VAL-KILL 106 VALKILL PARK ROAD PO BOX 255 HYDE PARK, NY 12538 | 14-1590637 | 501(C)(3) | 6,725 | | | | GENERAL OPERATING SUPPORT |
| FALL KILL CREATIVE ARTS WORKS 485 MAIN STREET POUGHKEEPSIE, NY 12601 | 45-2487236 | 501(C)(3) | 5,079 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FAMILY OF WOODSTOCK INC 39 JOHN STREET PO BOX 3516 KINGSTON, NY 12402 | 14-1537663 | 501(C)(3) | 298,784 | | | | GENERAL OPERATING SUPPORT |
| FAMILY SERVICES INC 29 N HAMILTON STREET 109 POUGHKEEPSIE, NY 12601 | 14-1338399 | 501(C)(3) | 31,750 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FOOD BANK OF THE HUDSON VALLEY 195 HUDSON STREET CORNWALLONHUDSON, NY 125201619 | 22-2470885 | 501(C)(3) | 108,239 | | | | GENERAL OPERATING SUPPORT |
| FOUNDATION FOR VASSAR BROTHERS MEDICAL CENTER 45 READE PLACE POUGHKEEPSIE, NY 12601 | 14-1736429 | 501(C)(3) | 64,424 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRANCISCAN FRIARS OF THE ATONEMENT - GRAYMOOR 1350 ROUTE 9 PO BOX 300 GARRISON, NY 105240301 | 14-1344809 | 501(C)(3) | 11,147 | | | | GENERAL OPERATING SUPPORT |
| FRANKLIN PIERCE UNIVERSITY 40 UNIVERSITY DRIVE RINDGE, NH 034610060 | 02-0263136 | 501(C)(3) | 12,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRIENDS OF SENIORS OF DUTCHESS COUNTY INC 9 VASSAR STREET SUITE 24 POUGHKEEPSIE, NY 126013022 | 20-1714419 | 501(C)(3) | 24,100 | | | | GENERAL OPERATING SUPPORT |
| GRACE SMITH HOUSE 1 BROOKSIDE AVENUE POUGHKEEPSIE, NY 12601 | 14-1626657 | 501(C)(3) | 11,823 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HABITAT FOR HUMANITY OF DUTCHESS COUNTY 45 CATHARINE STREET POUGHKEEPSIE, NY 12601 | 14-1767037 | 501(C)(3) | 5,750 | | | | GENERAL OPERATING SUPPORT |
| HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA INC PO BOX 745 NEW YORK, NY 101010745 | 23-7312335 | 501(C)(3) | 18,763 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HARRIET TUBMAN ACADEMIC SKILLS AND ENRICHMENT PROGRAM 21 WILLIAMS STREET POUGHKEEPSIE, NY 12601 | 14-1792116 | 501(C)(3) | 13,500 | | | | GENERAL OPERATING SUPPORT |
| HAWTHORNE VALLEY ASSOCIATION INC 327 COUNTY ROUTE 21C GHENT, NY 12075 | 13-2722428 | 501(C)(3) | 27,400 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242 | 38-1374230 | 501(C)(3) | 6,698 | | | | GENERAL OPERATING SUPPORT |
| HILLSIDE FOOD OUTREACH 39 OLD RIDGEBURY ROAD SUITE 16 DANBURY, CT 06810 | 01-0712431 | 501(C)(3) | 20,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HOWLAND CHAMBER MUSIC CIRCLE PO BOX 224 CHELSEA, NY 125120224 | 14-1812997 | 501(C)(3) | 15,100 | | | | GENERAL OPERATING SUPPORT |
| HUDSON RIVER HOUSING INC 313 MILL STREET POUGHKEEPSIE, NY 12601 | 22-2456648 | 501(C)(3) | 13,200 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HUDSON VALLEY CURRENT PO BOX 444 ACCORD, NY 12404 | 46-4836595 | 501(C)(3) | 750,000 | | | | GENERAL OPERATING SUPPORT |
| HUDSON VALLEY SEED PO BOX 223 BEACON, NY 12508 | 46-3267308 | 501(C)(3) | 23,600 | | | | GENERAL OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JAZZ POWER INITIATIVE 5030 BROADWAY SUITE 657 NEW YORK, NY 10034 | 06-1722131 | 501(C)(3) | 6,000 | | | | GENERAL OPERATING SUPPORT |
| JEWISH FEDERATION OF DUTCHESS COUNTY INC PO BOX 2525 POUGHKEEPSIE, NY 126032525 | 14-1751875 | 501(C)(3) | 23,079 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JEWISH FEDERATION OF ULSTER COUNTY 1 ALBANY AVENUE SUITE G10 KINGSTON, NY 12401 | 14-1374486 | 501(C)(3) | 5,180 | | | | GENERAL OPERATING SUPPORT |
| KIAWAH CONSERVANCY 80 KESTREL COURT KIAWAH ISLAND, SC 29455 | 58-2359979 | 501(C)(3) | 50,000 | | | | GENERAL OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KINGSTON CITY LAND BANK 420 BROADWAY KINGSTON, NY 12401 | 85-0542587 | CITY OF KINGSTON | 1,048,221 | | | | GENERAL OPERATING SUPPORT |
| KINGSTON HIGH SCHOOL 403 BROADWAY KINGSTON, NY 12401 | 14-6012395 | 501(C)(3) | 6,066 | | | | GENERAL OPERATING SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| KINGSTON YMCA FARM PROJECT 507 BROADWAY KINGSTON, NY 12401 | 14-1338342 | 501(C)(3) | 14,298 | | | | GENERAL OPERATING SUPPORT |
| LEGAL SERVICES OF THE HUDSON VALLEY 90 MAPLE AVENUE WHITE PLAINS, NY 10601 | 13-6265606 | 501(C)(3) | 11,750 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LOMONTVILLE FIRE DEPARTMENT INC 2394 HURLEY MOUNTAIN RD KINGSTON, NY 12401 | 20-3121415 | 501(C)(4) | 15,000 | | | | GENERAL OPERATING SUPPORT |
| LUCKY ORPHANS HORSE RESCUE INC 2699 NY-22 DOVER PLAINS, NY 12522 | 26-2729197 | 501(C)(3) | 7,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MARIST COLLEGE 3399 NORTH ROAD POUGHKEEPSIE, NY 12601 | 14-1442493 | 501(C)(3) | 103,375 | | | | GENERAL OPERATING SUPPORT |
| MEDIATION CENTER OF DUTCHESS COUNTY INC 205 SOUTH AVENUE STE 200 POUGHKEEPSIE, NY 12601 | 14-1762932 | 501(C)(3) | 10,000 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10021 | 13-1924236 | 501(C)(3) | 6,698 | | | | GENERAL OPERATING SUPPORT |
| MID-HUDSON CHILDREN'S MUSEUM 75 NORTH WATER STREET POUGHKEEPSIE, NY 12601 | 22-3021355 | 501(C)(3) | 5,600 | | | | GENERAL OPERATING SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MID-HUDSON CIVIC CENTER 14 CIVIC CENTER PLAZA POUGHKEEPSIE, NY 126013118 | 51-0151858 | 501(C)(3) | 81,744 | | | | GENERAL OPERATING SUPPORT |
| MILES OF HOPE BREAST CANCER FOUNDATION PO BOX 405 LAGRANGEVILLE, NY 12540 | 13-4281796 | 501(C)(3) | 14,919 | | | | GENERAL OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MOHONK PRESERVE INC PO BOX 715 NEW PALTZ, NY 125610715 | 14-1609484 | 501(C)(3) | 27,300 | | | | GENERAL OPERATING SUPPORT |
| NEW YORK COMMUNITY TRUST 909 THIRD AVENUE 22ND FLOOR NEW YORK, NY 10022 | 13-3062214 | 501(C)(3) | 145,000 | | | | GENERAL OPERATING SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEWARK BETH ISRAEL MEDICAL CENTER 201 LYONS AVE NEWARK, NJ 07112 | 22-3452311 | 501(C)(3) | 6,000 | | | | GENERAL OPERATING SUPPORT |
| NORTH EAST COMMUNITY CENTER 51 SOUTH CENTER STREET PO BOX 35 MILLERTON, NY 12546 | 14-1736237 | 501(C)(3) | 31,825 | | | | GENERAL OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NUBIAN DIRECTIONS II INC 248 MAIN STREET POUGHKEEPSIE, NY 12601 | 14-1777760 | 501(C)(3) | 12,000 | | | | GENERAL OPERATING SUPPORT |
| O POSITIVE FESTIVALS INC PO BOX 3083 KINGSTON, NY 124023083 | 90-0882142 | 501(C)(3) | 26,951 | | | | GENERAL OPERATING SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ORVILLE A TODD MIDDLE SCHOOL 11 CROFT ROAD POUGHKEEPSIE, NY 12603 | 14-6001846 | 501(C)(3) | 5,886 | | | | GENERAL OPERATING SUPPORT |
| PHILLIES BRIDGE FARM PROJECT INC 45 PHILLIES BRIDGE ROAD NEW PALTZ, NY 12561 | 14-1816094 | 501(C)(3) | 16,478 | | | | GENERAL OPERATING SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PLANNED PARENTHOOD OF THE MID-HUDSON VALLEY INC 178 CHURCH STREET POUGHKEEPSIE, NY 12601 | 14-1344810 | 501(C)(3) | 59,700 | | | | GENERAL OPERATING SUPPORT |
| PLEASANT VALLEY FREE LIBRARY 1584 MAIN STREET PLEASANT VALLEY, NY 12569 | 14-1496653 | 501(C)(3) | 252,600 | | | | GENERAL OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| POUGHKEEPSIE FARM PROJECT PO BOX 3143 POUGHKEEPSIE, NY 126033143 | 14-1813679 | 501(C)(3) | 30,400 | | | | GENERAL OPERATING SUPPORT |
| POUGHKEEPSIE HIGH SCHOOL 70 FORBUS STREET POUGHKEEPSIE, NY 12601 | 14-6004158 | 501(C)(3) | 5,490 | | | | GENERAL OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PREMIER CARES FOUNDATION PO BOX 93 PLEASANT VALLEY, NY 12569 | 45-0990732 | 501(C)(3) | 6,177 | | | | GENERAL OPERATING SUPPORT |
| PRIMROSE HILL SCHOOL 23 SPRING BROOK PARK RHINEBECK, NY 12572 | 47-1840473 | 501(C)(3) | 57,250 | | | | GENERAL OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PUTNAM COMMUNITY ACTION PARTNERSHIP 121 MAIN STREET BREWSTER, NY 10509 | 13-2547122 | 501(C)(3) | 14,500 | | | | GENERAL OPERATING SUPPORT |
| RADIO KINGSTON CORPORATION 535 FIFTH AVENUE 33 FLOOR NEW YORK, NY 10017 | 82-1753945 | 501(C)(3) | 7,960,000 | | | | GENERAL OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RDC LOAVES AND FISHES INC 7 MARKET STREET PO BOX 665 DOVER PLAINS, NY 12522 | 27-3477999 | 501(C)(3) | 15,000 | | | | GENERAL OPERATING SUPPORT |
| REACH OUT ARTS 60 EDDY ROAD VERBANK, NY 12585 | 20-0711890 | 501(C)(3) | 50,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RISE UP KINGSTON 40 ABRUYN STREET KINGSTON, NY 12401 | 82-4823109 | 501(C)(3) | 600,000 | | | | GENERAL OPERATING SUPPORT |
| RONDOUT VALLEY HIGH SCHOOL 122 KYSERIKE ROAD PO BOX 9 ACCORD, NY 12404 | 14-6011242 | 501(C)(3) | 5,910 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RURAL & MIGRANT MINISTRY INC PO BOX 4757 POUGHKEEPSIE, NY 126024757 | 22-2527596 | 501(C)(3) | 5,624 | | | | GENERAL OPERATING SUPPORT |
| RVHHC INC PO BOX 725 STONE RIDGE, NY 12484 | 45-5172061 | 501(C)(3) | 200,000 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| RYAN MCELROY CHILDREN'S CANCER FOUNDATION 450 GARDNER HOLLOW ROAD POUGHQUAG, NY 12570 | 14-1810853 | 501(C)(3) | 6,665 | | | | GENERAL OPERATING SUPPORT |
| SALVATION ARMY - POUGHKEEPSIE CORPS 19 PERSHING AVENUE POUGHKEEPSIE, NY 12601 | 13-5562351 | 501(C)(3) | 6,948 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SCHOOL EMPOWERMENT NETWORK 420 ATLANTIC AVENUE BROOKLYN, NY 11217 | 47-4058445 | 501(C)(3) | 93,121 | | | | GENERAL OPERATING SUPPORT |
| SECOND CHANCE FOODS PO BOX 93 CARMEL, NY 10512 | 81-0996695 | 501(C)(3) | 14,000 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SPARROW'S NEST OF THE HUDSON VALLEY 942 ROUTE 376 SUITE 217 WAPPINGERS FALLS, NY 12590 | 46-2573747 | 501(C)(3) | 6,000 | | | | GENERAL OPERATING SUPPORT |
| ST MARY'S CHURCH 1209 ROUTE 9W MARLBORO, NY 12542 | 81-2388915 | 501(C)(3) | 20,000 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST MARY'S-ST JOSEPH'S PARISH 231 CHURCH STREET POUGHKEEPSIE, NY 12601 | 14-1340116 | 501(C)(3) | 14,079 | | | | GENERAL OPERATING SUPPORT |
| ST THOMAS EPISCOPAL CHURCH 40 LEEDSVILLE ROAD AMENIA, NY 12501 | 14-1496937 | 501(C)(3) | 10,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| STANFORD FREE LIBRARY 14 CREAMERY ROAD STANFORDVILLE, NY 12581 | 14-1492555 | 501(C)(3) | 19,485 | | | | GENERAL OPERATING SUPPORT |
| STOCKADE WORKS PO BOX 3999 KINGSTON, NY 12402 | 81-3059800 | 501(C)(3) | 250,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| STONE RIDGE LIBRARY FOUNDATION INC 3700 MAIN STREET PO BOX 188 STONE RIDGE, NY 12484 | 30-0376256 | 501(C)(3) | 20,000 | | | | GENERAL OPERATING SUPPORT |
| SUPPORT CONNECTION INC 40 TRIANGLE CENTER SUITE 100 YORKTOWN HEIGHTS, NY 10598 | 13-3900612 | 501(C)(3) | 18,000 | | | | GENERAL OPERATING SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TEMPLE BETH-EL 118 GRAND AVENUE POUGHKEEPSIE, NY 12603 | 14-1467426 | 501(C)(3) | 30,785 | | | | GENERAL OPERATING SUPPORT |
| THE ART EFFECT 45 PERSHING AVENUE POUGHKEEPSIE, NY 12601 | 22-2538177 | 501(C)(3) | 54,850 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE CENTER FOR PERFORMING ARTS AT RHINEBECK 661 ROUTE 308 RHINEBECK, NY 125720148 | 22-3051271 | 501(C)(3) | 159,223 | | | | GENERAL OPERATING SUPPORT |
| THE CENTER FOR THE PREVENTION OF CHILD ABUSE 35 VAN WAGNER ROAD POUGHKEEPSIE, NY 12603 | 14-1584091 | 501(C)(3) | 20,320 | | | | GENERAL OPERATING SUPPORT |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE GOOD WORK INSTITUTE 65 ST JAMES STREET KINGSTON, NY 12401 | 47-3091614 | 501(C)(3) | 851,000 | | | | GENERAL OPERATING SUPPORT |
| THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002 | 23-7327730 | 501(C)(3) | 6,698 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE NRA FOUNDATION INC 11250 WAPLES MILL RD FAIRFAX, VA 22030 | 52-1710886 | 501(C)(3) | 6,698 | | | | GENERAL OPERATING SUPPORT |
| THE REAL SKILLS NETWORK INC 29 N HAMILTON ST STE 113 POUGHKEEPSIE, NY 12601 | 26-1086662 | 501(C)(3) | 50,000 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE WASSAIC PROJECT PO BOX 220 WASSAIC, NY 125920200 | 27-2691962 | 501(C)(3) | 6,000 | | | | GENERAL OPERATING SUPPORT |
| TOGETHER WE RISE 580 W LAMBERT RD UNIT A BREA, CA 92821 | 26-3043727 | 501(C)(3) | 8,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRUSTEES OF COLUMBIA UNIVERSITY 516 WEST 168TH STREET 3RD FLOOR NEW YORK, NY 10032 | 13-5598093 | 501(C)(3) | 50,000 | | | | GENERAL OPERATING SUPPORT |
| ULSTER COMMUNITY COLLEGE FOUNDATION INC PO BOX 557 CLINTON 206 STONE RIDGE, NY 12484 | 14-1796265 | 501(C)(3) | 28,600 | | | | GENERAL OPERATING SUPPORT |

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

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ULSTER LITERACY ASSOCIATION 480 AARON COURT KINGSTON, NY 12401 | 22-2484450 | 501(C)(3) | 5,637 | | | | GENERAL OPERATING SUPPORT |
| UNITED WAY OF THE DUTCHESS-ORANGE REGION 75 MARKET STREET POUGHKEEPSIE, NY 126014015 | 14-1344805 | 501(C)(3) | 8,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED WAY OF ULSTER COUNTY 450 ALBANY AVENUE KINGSTON, NY 12401 | 14-1409654 | 501(C)(3) | 2,250,000 | | | | GENERAL OPERATING SUPPORT |
| URBAN JUSTICE CENTER 40 RECTOR STREET 9TH FLOOR NEW YORK, NY 10006 | 13-3442022 | 501(C)(3) | 10,000 | | | | 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 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VASSAR-WARNER HOME 52 S HAMILTON STREET POUGHKEEPSIE, NY 12601 | 23-7334637 | 501(C)(3) | 10,000 | | | | GENERAL OPERATING SUPPORT |
| VILLAGE HALLOWEEN PARADE INC 118 LA BERGERIE LANE RED HOOK, NY 125712913 | 13-3020055 | 501(C)(3) | 10,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WALKWAY OVER THE HUDSON 80 WASHINGTON STREET SUITE 300 POUGHKEEPSIE, NY 12602 | 14-1753502 | 501(C)(3) | 51,000 | | | | GENERAL OPERATING SUPPORT |
| YMCA OF KINGSTON AND ULSTER COUNTY 507 BROADWAY KINGSTON, NY 12401 | 14-1338342 | 501(C)(3) | 4,550,000 | | | | 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 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UPSTATE FILMS LIMITED PO BOX 324 RHINEBECK, NY 12572 | 14-1546573 | 501(C)(3) | 25,000 | | | | GENERAL OPERATING SUPPORT |

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY INC

Employer identification number
23-7026859

Part I Questions Regarding Compensation

| | | Yes | No | | |
|--|--|--|----|--|--|
| <p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table> | <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | |
| <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) | | | | |
| <p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p> | 1b | | | | |
| <p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p> | 2 | | | | |
| <p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table> | <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | |
| <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee | | | | |
| <p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p> | 4a | | No | | |
| | 4b | | No | | |
| | 4c | | No | | |
| <p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p> | 5a | | No | | |
| | 5b | | No | | |
| <p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p> | 6a | | No | | |
| | 6b | | No | | |
| <p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p> | 7 | Yes | | | |
| <p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p> | 8 | | No | | |
| <p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p> | 9 | | | | |

Part III Supplemental Information

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

| Return Reference | Explanation |
|------------------|--|
| PART I, LINE 7 | MARCH GALLAGHER, PRESIDENT & CEO, RECEIVED A DISCRETIONARY BONUS IN THE AMOUNT OF \$2,500 INCLUDED IN HER 2018 W-2 |



**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

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 | 35 | 3,134,032 | 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** 1

| | 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**

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.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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 | 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 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 IN FALL 2018 THERE WILL NOT BE A REVIEW IN 2019 AS THERE IS AN INTERIM PRESIDENT IN PLACE 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 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 |

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 -79,963 CHANGE IN VALUE OF CHARITABLE REMAINDER UNITRUST 69,860 PRIOR YEAR GRANT REFUNDS AND CANCELLATIONS NETTED AGAINST GRANT EXPENSE 35,183 LOSS ON DISPOSAL OF ASSET -932 |

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

2018

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

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

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

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e) Are all partners section 501(c)(3) organizations? | | (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 | | Yes | No | |
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Part VII **Supplemental Information**

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

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