

Form **990**

**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2017**

Open to Public

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2017 calendar year or tax year beginning **07 01 17** and ending **06 30 18**

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

**B** Name of organization **UNITED WAY OF THE DUTCHESS-ORANGE REGION, INC.**

**D** Employer identification number

**06-1045698**

Doing business as  
Number and street (or P.O. box if mail is not delivered to street address)

**75 MARKET STREET**

Room/suite

**Telephone number**

**845-471-1900**

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

**POUGHKEEPSIE NY 12601**

**G** Gross receipt \$ **3,244,356**

**F** Name and address of principal officer:

**JEANNIE MONTANO**

**75 MARKET ST**

**POUGHKEEPSIE**

**NY 12601**

**H(a)** Is this a group return for subsidiaries?  Yes  No

**H(b)** Are all subsidiaries included?  Yes  No

If "No," attach a list (see instructions)

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

**J** Website: **WWW.UWDOR.ORG**

**H(c)** Gross exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1987** **M** State of legal domicile: **NY**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:

**TO FIGHT FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY.**

**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 22**

**4** Number of independent voting members of the governing body (Part VI, line 1b)

**4 22**

**5** Total number of individuals employed in calendar year 2017 (Part V, line 2a)

**5 22**

**6** Total number of volunteers (estimate if necessary)

**6 1953**

**7a** Total unrelated business revenue from Part VIII, column (C), line 12

**7a 0**

**b** Net unrelated business taxable income from Form 990-T, line 34

**7b 0**

**8** Contributions and grants (Part VIII, line 1h)

Prior Year	Current Year
<b>2,514,145</b>	<b>2,040,876</b>

**9** Program service revenue (Part VIII, line 2g)

**0**

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

**152,560 196,883**

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

**144,769 162,376**

**12** Total revenue - add lines 8 through 11 (must equal Part VIII column (A), line 12)

**2,811,474 2,400,135**

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)

**1,407,551 1,215,387**

**14** Benefits paid to or for members (Part IX, column (A), line 4)

**0**

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 6-10)

**1,140,082 1,066,334**

**16a** Professional fundraising fees (Part IX, column (A), line 11e)

**0**

**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **451,389**

**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

**530,311 478,050**

**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

**3,077,944 2,759,771**

**19** Revenue less expenses. Subtract line 18 from line 12

**-266,470 -359,636**

**20** Total assets (Part X, line 16)

Beginning of Current Year	End of Year
<b>5,493,082</b>	<b>5,073,484</b>

**21** Total liabilities (Part X, line 26)

**493,043 352,814**

**22** Net assets or fund balances. Subtract line 21 from line 20

**5,000,039 4,720,670**

**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

**JEANNIE MONTANO**

Date

**PRESIDENT & CEO**

Type or print name and title

Print/Type preparer's name

**BRENDA E. SANTORO**

Preparer's signature

Date

**11/13/18**

Check  if PTIN

self-employed **P00305062**

**Paid**

**Preparer Use Only**

Firm's name ▶ **D'ARCANGELO & O., LL**

Firm's EIN ▶ **13-2550103**

**510 HAIGHT AVE.**

Firm's address ▶ **POUGHKEEPSIE, NY 12603**

Phone no. **845-473-7774**

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to an item line in this Part III 

1 Briefly describe the organization's mission:

**TO FIGHT FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY PERSON IN OUR COMMUNITY.**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 \$ **600,044** including grants of \$ **326,350**) (Revenue \$ )**HEALTH**

UNITED WAY STRIVES TO HELP CHILDREN AND YOUNG ADULTS IDENTIFY AND PURSUE HEALTHY LIFESTYLES BY IMPROVING ACCESS TO NUTRITIOUS FOODS AND PROVIDING EDUCATION ABOUT NUTRITION AND THE IMPORTANCE OF A HEALTHY DIET. UNITED WAY ALSO ARMS STUDENTS WITH THE KNOWLEDGE AND SKILLS TO IDENTIFY AND PREVENT INSTANCES OF DOMESTIC VIOLENCE, BULLYING AND ABUSE.

4b (Code: ) (Expenses \$ **961,541** including grants of \$ **522,960**) (Revenue \$ )**INCOME**

THE PROGRAMS ARE GEARED TO HELP INDIVIDUALS AND FAMILIES BECOME FINANCIALLY STABLE AND INDEPENDENT. UNITED WAY STRIVES TO GUARANTEE SENIORS AND LOW-INCOME INDIVIDUALS ACCESS TO FREE, RELIABLE TAX PREPARATION SERVICES AND HELPS TO EDUCATE THEM ABOUT OTHER PROGRAMS AVAILABLE TO HELP STRETCH LIMITED RESOURCES. WE PROVIDE ACCESS TO SOURCES TO ASSIST LOW-INCOME WORKERS THROUGH A HARDSHIP TO PREVENT THEM FROM FALLING INTO A FINANCIAL CRISIS AND TO PROGRAMS THAT TEACH CHILDREN AND ADULTS THE SKILLS NECESSARY TO BECOME FINANCIALLY STABLE.

4c (Code: ) (Expenses \$ **417,896** including grants of \$ **227,284**) (Revenue \$ )**EDUCATION**

UNITED WAY FOCUSES ON CHILDREN AND YOUTH TO HELP THEM ACHIEVE THEIR POTENTIAL THROUGH EDUCATION. SERVICES PROVIDED THROUGH PARTNER ORGANIZATIONS INCLUDE ADMINISTERING, SCREENING AND INTERVENTION IN A CHILD'S EARLY YEARS SO THAT CHILDREN ENTER SCHOOL READY TO SUCCEED. WE SUPPORT FAMILIES AND CAREGIVERS WITH EDUCATION ABOUT HOW CHILDREN AND YOUTH LEARN SO THAT ECONOMIC STATUS WILL NOT BE A BARRIER TO SUCCESS. UNITED WAY HELPS ADDRESS LITERACY NEEDS AT AN EARLY AGE SO CHILDREN CAN DEVELOP IN THE WORLD AROUND THEM AS WELL AS PROVIDE SAFE ENVIRONMENTS WHERE CHILDREN CAN LEARN LEADERSHIP SKILLS.

4d Other program services (Describe in Schedule O.)

Expenses \$ **138,793** including grants of \$ **138,793** Revenue \$4e Total program service expenses **2,118,274**

**Part IV Checklist of Required Schedules**

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

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

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

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

Check if Schedule O contains a response or note to an item in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<input checked="" type="checkbox"/>	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note.</i> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<input checked="" type="checkbox"/>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8888-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<input checked="" type="checkbox"/>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	Organizations that may receive deductible contributions under section 170(e).		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<input checked="" type="checkbox"/>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<input checked="" type="checkbox"/>
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<input checked="" type="checkbox"/>
<b>8</b>	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?		<input checked="" type="checkbox"/>
<b>9</b>	Sponsoring organizations maintaining donor advised funds.		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4968?		<input checked="" type="checkbox"/>
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<input checked="" type="checkbox"/>
<b>10</b>	Section 501(c)(7) organizations. Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	Section 501(c)(12) organizations. Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	Section 501(c)(29) qualified nonprofit health insurance issuers.		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <i>Note.</i> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
<b>14b</b>	If "Yes" has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to an line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	22		
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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

	Yes	No
10a		<input checked="" type="checkbox"/>
10a		<input checked="" type="checkbox"/>
b		
10b		
11a	<input checked="" type="checkbox"/>	
11a	<input checked="" type="checkbox"/>	
b		
12a	<input checked="" type="checkbox"/>	
12a	<input checked="" type="checkbox"/>	
b	<input checked="" type="checkbox"/>	
12b	<input checked="" type="checkbox"/>	
c	<input checked="" type="checkbox"/>	
12c	<input checked="" type="checkbox"/>	
13	<input checked="" type="checkbox"/>	
13	<input checked="" type="checkbox"/>	
14	<input checked="" type="checkbox"/>	
14	<input checked="" type="checkbox"/>	
15		
15a	<input checked="" type="checkbox"/>	
15a	<input checked="" type="checkbox"/>	
b	<input checked="" type="checkbox"/>	
15b	<input checked="" type="checkbox"/>	
16a		<input checked="" type="checkbox"/>
16a		<input checked="" type="checkbox"/>
b		
16b		

**Section C. Disclosure**

17	List the states with which a copy of this Form 990 is required to be filed: <b>NY</b>
18	Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records: <b>SUBAN MANNING 75 MARKET STREET NY 12601 845-471-1900</b>

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) DAVID JOLLY	2.00								
BOARD CHAIR	0.00	X		X		0	0	0	
(2) BARRY ROTHFELD	2.00								
PAST CHAIR	0.00	X		X		0	0	0	
(3) KEVIN CLEARY	2.00								
VICE CHAIR	0.00	X		X		0	0	0	
(4) ARTHUR DEDOMINICIS	2.00								
CO-TREASURER	0.00	X		X		0	0	0	
(5) MICHELLE S. O'REILLY	2.00								
CO-TREASURER	0.00	X		X		0	0	0	
(6) FRED CLARKE	2.00								
SECRETARY	0.00	X		X		0	0	0	
(7) PHILIP S. DERASMO	2.00								
BOARD MEMBER	0.00	X				0	0	0	
(8) MELISSA GAEKE	2.00								
BOARD MEMBER	0.00	X				0	0	0	
(9) MICHAEL GILFEATHER	2.00								
BOARD MEMBER	0.00	X				0	0	0	
(10) MAUREEN HALAHAN	2.00								
BOARD MEMBER	0.00	X				0	0	0	
(11) SUSAN HOWELL	2.00								
BOARD MEMBER	0.00	X				0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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-21099-MISC)	(E) Reportable compensation from related organizations (W-21099-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			
(12) STEVEN V. LAST BOARD MEMBER	2.00 0.00						0	0	0
(13) RICHARD MAYFIELD BOARD MEMBER	2.00 0.00						0	0	0
(14) MICHAEL MAZZUCA BOARD MEMBER	2.00 0.00						0	0	0
(15) SHARON MCGINNIS BOARD MEMBER	2.00 0.00						0	0	0
(16) TIMOTHY M. MORPHY BOARD MEMBER	2.00 0.00						0	0	0
(17) JULIA PAGONE BOARD MEMBER	2.00 0.00						0	0	0
(18) MATTHEW IAN RAQUET BOARD MEMBER	2.00 0.00						0	0	0
(19) ALLAN J. ROSA BOARD MEMBER	2.00 0.00						0	0	0
<b>1b Sub-total</b>									
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>223,132</b>		<b>39,454</b>
<b>d Total add lines 1b and 1c</b>							<b>223,132</b>		<b>39,454</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(20) SCOTT SWEENEY	2.00								
BOARD MEMBER	0.00	X				0	0	0	
(21) MELANIE VETTER	2.00								
BOARD MEMBER	0.00	X				0	0	0	
(22) BRIAN M. WALSH	2.00								
BOARD MEMBER	0.00	X				0	0	0	
(23) JEANNIE MONTANO	40.00								
PRESIDENT & CEO	0.00			X		135,311	0	24,775	
(24) SUSAN MANNING	40.00								
DIR FINANCE EFF 4/17	0.00			X		61,757	0	12,594	
(25) CAROLYN ZAZZARINO	40.00								
VP FINANCE THRU 4/17	0.00			X		26,064	0	2,085	
<b>1b Sub-total</b>						<b>223,132</b>		<b>39,454</b>	
<b>c Total from continuation sheets to Part VII, Section A</b>									
<b>d Total add lines 1b and 1c</b>									

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	724			
	b Membership dues				
	c Fundraising events				
	d Related organizations				
	e Government grants (contributions)	197,523			
	f All other contributions, gifts, grants, and similar amounts not included above	1,842,639			
	g Noncash contributions included in lines 1a-1f	\$ 147,958			
	<b>h Total. Add lines 1a-1f</b>	<b>2,040,876</b>			
<b>Program Service Revenue</b>	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	<b>Total. Add lines 2a-2f</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)	76,684			76,684
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross rents				
	b Less: rental exps.				
	c Rental inc. or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets				
	(i) Securities	912,944			
	(ii) Other				
	b Less: cost or other basis & sales exps.	792,745			
	c Gain or (loss)	120,199			
	d Net gain or (loss)	120,199	120,199		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	199,691			
	b Less: direct expenses	51,476			
c Net income or (loss) from fundraising events	148,215			148,215	
9a Gross income from gaming activities. See Part IV, line 19					
b Less: direct expenses					
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold					
c Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>					
11a MISCELLANEOUS INCOME	14,161	14,161			
b					
c					
d All other revenue					
e Total. Add lines 11a-11d	14,161				
<b>12 Total revenue. See instructions.</b>	<b>2,400,135</b>	<b>134,360</b>	<b>0</b>	<b>224,899</b>	

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,215,387	1,215,387		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	257,922	158,881	61,771	37,270
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	612,189	323,655	71,924	216,610
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,756	18,128	2,741	13,887
<b>9</b> Other employee benefits	84,500	45,886	7,950	30,664
<b>10</b> Payroll taxes	76,967	41,410	11,742	23,815
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	2,668	1,629	344	695
<b>c</b> Accounting	41,500	25,341	5,352	10,807
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	35,212	35,212		
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	40,385	34,219	1,880	4,286
<b>12</b> Advertising and promotion	17,388	12,071	277	5,040
<b>13</b> Office expenses	55,249	22,951	3,917	28,381
<b>14</b> Information technology	45,542	27,894	2,171	15,477
<b>15</b> Royalties				
<b>16</b> Occupancy	66,857	42,878	7,949	16,030
<b>17</b> Travel	12,674	7,363	630	4,681
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public official				
<b>19</b> Conferences, conventions, and meetings	13,205	6,847	800	5,558
<b>20</b> Interest	1,669	1,014	217	438
<b>21</b> Payments to affiliates	28,013	17,018	3,642	7,353
<b>22</b> Depreciation, depletion, and amortization	35,640	22,857	4,237	8,546
<b>23</b> Insurance	17,895	10,872	2,225	4,817
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER PROGRAM COSTS	44,205	44,205		
<b>b</b> CAMPAIGN ADMIN FEES	14,741			14,741
<b>c</b> DUES & SUBSCRIPTIONS	5,207	2,556	238	2,413
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,759,771	2,118,274	190,108	451,389
<b>26</b> 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 followin SOP 98-2 ASC 958-720				

**Balance Sheet**Check if Schedule O contains a response or note to an item in this Part X 

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	407,036	1	269,393
	2	Savings and temporary cash investments	328,656	2	178,484
	3	Pledges and grants receivable, net	897,968	3	697,184
	4	Accounts receivable, net	16,737	4	13,312
	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	19,289	9	28,318
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 880,388		
	b	Less: accumulated depreciation	10b 569,906	346,122	10c 310,482
	11	Investments—publicly traded securities	3,406,248	11	3,532,612
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
15	Other assets. See Part IV, line 11	71,026	15	43,699	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	<b>5,493,082</b>	<b>16</b>	<b>5,073,484</b>	
Liabilities	17	Accounts payable and accrued expenses	180,673	17	152,114
	18	Grants payable	271,000	18	176,159
	19	Deferred revenue	1,120	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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	40,250	25	24,541
	26	<b>Total liabilities.</b> Add lines 17 through 25	<b>493,043</b>	<b>26</b>	<b>352,814</b>
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	3,658,169	27	3,368,451
	28	Temporarily restricted net assets	1,058,127	28	1,068,476
	29	Permanently restricted net assets	283,743	29	283,743
	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	<b>Total net assets or fund balances</b>	<b>5,000,039</b>	<b>33</b>	<b>4,720,670</b>	
34	<b>Total liabilities and net assets/fund balances</b>	<b>5,493,082</b>	<b>34</b>	<b>5,073,484</b>	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,400,135
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,759,771
3	Revenue less expenses. Subtract line 2 from line 1	3	-359,636
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,000,039
5	Net unrealized gains (losses) on investments	5	80,267
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33 column B)	10	4,720,670

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to an 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		X
2b	X	
2c	X	
3a		X
3b		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury  
Internal Revenue Service

➔ Attach to Form 990 or Form 990-EZ.

➔ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **UNITED WAY OF THE DUTCHESS-ORANGE REGION, INC.**

Employer identification number  
**06-1045698**

**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 section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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 documents?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						



**Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,789,604	2,740,926	2,596,925	2,655,101	2,189,091	12,971,647
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,789,604	2,740,926	2,596,925	2,655,101	2,189,091	12,971,647
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						363,419
<b>6</b> Public support. Subtract line 5 from line 4.						12,608,232

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4	2,789,604	2,740,926	2,596,925	2,655,101	2,189,091	12,971,647
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	41,849	65,513	91,903	68,265	76,684	344,213
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	59,869	10,097	6,501	3,810	14,161	94,438
<b>11 Total support.</b> Add lines 7 through 10						13,410,298
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	14,161
<b>13</b> 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.						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	94.02 %
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14	15	94.46 %
<b>16a</b> 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input checked="" type="checkbox"/>
<b>b</b> 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
<b>17a</b> 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
<b>b</b> 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
<b>18</b> Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 Value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 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

Table with 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2016 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part VI**

**Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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.		
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.		
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.		
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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
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).		
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).		
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.		
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.		
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.		
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 10b below.		
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.)		

**Part IV** **Supporting Organizations** *continued*

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

**Section B. Test I Supporting Organizations**

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

**Section C. Test II Supporting Organizations**

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

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

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

**Section E. Tests III Functional-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a** The organization satisfied the Activities Test. Complete line 2 below.
  - b** The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

	Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3 Parent of Supported Organizations. Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income table with columns (A) Prior Year and (B) Current Year (optional). Rows include Net short-term capital gain, Recoveries of prior-year distributions, Other gross income, Add lines 1 through 3, Depreciation and depletion, 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, Other expenses, and Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).

Section B - Minimum Asset Amount table with columns (A) Prior Year and (B) Current Year (optional). Rows include Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year), Average monthly value of securities, Average monthly cash balances, Fair market value of other non-exempt-use assets, Total add lines 1a, 1b, and 1c, Discount claimed for blockage or other factors (explain in detail in Part VI), Apportioned indebtedness allocable to non-exempt-use assets, Subtract line 2 from line 1d, Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions), Net value of non-exempt-use assets (subtract line 4 from line 3), Multiplier (line 5 by .035), Recoveries of prior-year distributions, and Minimum Asset Amount (add line 7 to line 6).

Section C - Distributable Amount table with column Current Year. Rows include Adjusted net income for prior year from Section A, line 8, Column A; Enter 85% of line 1; Minimum asset amount for prior year from Section B, line 8, Column A; Enter greater of line 2 or line 3; Income tax imposed in prior year; and Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part VII** The III Non-Functionall, Inte rated 509 a 3 Su ortin, Or anizations *continued*

**Section D - Distributions**

Current Year

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

**Section E - Distribution Allocations (see instructions)**

(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
-----------------------------	--	---

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



**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 an additional information. See instructions.

**PART II, LINE 10 - OTHER INCOME DETAIL**

**ADMINISTRATIVE FEES** \$ 59,869

**MISCELLANEOUS INCOME** \$ 34,569

**SCHEDULE D  
(Form 990)**

**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.

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

See Instructions to Form 990

For more information concerning this form, see the instructions and the Internal Revenue Manual.

Name of the organization

**UNITED WAY OF THE DUTCHESS-ORANGE  
REGION, INC.**

Employer identification number

**05-1245598**

**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	1	
2 Aggregate value of contributions to (during year)		2,040,873
3 Aggregate value of grants from (during year)		1,215,387
4 Aggregate value at end of year	3,000	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring an impermissible private benefit?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part II Conservation Easements.**

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

**Part V** Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,333,860	2,100,600	2,189,823	2,953,119	2,046,516
b Contributions					
c Net investment earnings, gains, and losses	148,903	291,631	-31,197	17,335	357,743
d Grants or scholarships					
e Other expenditures for facilities and programs	120,000	58,371	58,026	180,631	51,140
f Administrative expenses					
g End of year balance	2,362,763	2,333,860	2,100,600	2,189,823	2,353,119

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ 43.73%
  - b Permanent endowment ▶ 12.01%
  - c Temporarily restricted endowment ▶ 44.26%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | X   |    |
| (ii) related organizations  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,000		12,000
b Buildings		80,000	64,000	16,000
c Leasehold improvements		691,888	435,246	256,642
d Equipment		96,500	70,660	25,840
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 310,482

**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) CAPITAL LEASE OBLIGATIONS	24,541
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column b must equal Form 990, Part X, col. B line 26.)	24,541

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	2,392,002
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	80,267	
b	Donated services and use of facilities	2b	33,129	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	51,476	
e	Add lines 2a through 2d		2e	164,872
3	Subtract line 2e from line 1		3	2,227,130
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	35,212	
b	Other (Describe in Part XIII.)	4b	137,793	
c	Add lines 4a and 4b		4c	173,005
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,400,135

**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	2,671,371
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	10,097	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	74,508	
e	Add lines 2a through 2d		2e	84,605
3	Subtract line 2e from line 1		3	2,586,766
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	35,212	
b	Other (Describe in Part XIII.)	4b	137,793	
c	Add lines 4a and 4b		4c	173,005
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 16.)		5	2,759,771

**Part XIII** Supplemental Information.

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

**PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS**

THE ORGANIZATION'S INTENDED USE OF ITS ENDOWMENT FUNDS IS TO PROVIDE LONG TERM SUPPORT FOR THE ORGANIZATION'S PROGRAMS.

**PART X - FIN 48 FOOTNOTE**

MANAGEMENT HAS DETERMINED THAT THE UNITED WAY HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

SPECIAL EVENT EXPENSES \$ 51,476

**PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER**

Part XIII Supplemental information continued

DONOR DESIGNATED AMOUNTS \$ 137,793

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENT EXPENSES \$ 74,508

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATED AMOUNTS \$ 137,793



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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

**2017**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 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](http://www.irs.gov/Form990) for the latest instructions.

Name of the organization **UNITED WAY OF THE DUTCHESS-ORANGE REGION, INC.**

Employer identification number  
**06-1045698**

**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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

**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.

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.....

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

	(a) Event #1 <b>CELEBRATION OF</b> <small>(event type)</small>	(b) Event #2 <b>ANNUAL KICKOFF</b> <small>(event type)</small>	(c) Other events <b>NONE</b> <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
<b>Revenue</b>				
1 Gross receipts	140,201	50,869		191,070
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	140,201	50,869		191,070
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	33,607	9,872		43,479
10 Direct expense summary. Add lines 4 through 9 in column (d)				43,479
11 Net income summary. Subtract line 10 from line 3, column (d)				147,591

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

	(a) Bingo	(b) Pull tab/ instant bingo/ progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
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 to be distributed to other exempt organizations or sent 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.

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

➤ Attach to Form 990.

➤ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization **UNITED WAY OF THE DUTCHESS-ORANGE  
REGION, INC.**

Employer identification number  
**06-1045698**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE LARKSPUR CA 94939	94-3067804		10,585				DONOR DIRECTED
(2)	AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY VA 20151	54-1517707		8,424				DONOR DIRECTED
(3)	ASTOR SERVICES FOR CHILDREN & FAMI PO BOX 5005 RHINEBECK NY 12572	14-1397918		20,000				EDUCATION
(4)	BIG BROTHERS BIG SISTERS OF ORANGE PO BOX 426 VAILS GATE NY 12584	14-1597893		15,000				HEALTH
(5)	BOYS & GIRLS CLUB OF NEWBURGH, INC. 285 LIBERTY STREET NEWBURGH NY 12550	14-1506144		45,000				EDUCATION
(6)	CATHARINE STREET COMMUNITY CENTER, 69 CATHARINE STREET POUGHKEEPSIE NY 12601	14-6037154		25,000				EDUCATION
(7)	CATHOLIC CHARITIES COMMUNITY SERVI 1011 FIRST AVENUE 6TH FLOOR NEW YORK NY 10022	46-1341563		15,000				INCOME
(8)	CATHOLIC CHARITIES COMMUNITY SERVI 27 MATTHEWS STREET GOSHEN NY 10924	32-0151827		10,000				INCOME
(9)	CENTER FOR GOVERNMENT RESEARCH 1 SOUTH WASHINGTON ST., SUITE 400 ROCHESTER NY 14614	16-0754774		10,000				INCOME

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **39**
- 3 Enter total number of other organizations listed in the line 1 table **0**

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

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Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2017**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY OF THE DUTCHESS-ORANGE  
REGION, INC.**

Employer identification number  
**06-1045698**

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

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

**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 an recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CENTER FOR THE PREVENTION OF CHILD 35 VAN WAGNER RD. POUGHKEEPSIE NY 12603	14-1584091		10,000				HEALTH
(2)	CENTER FOR THE PREVENTION OF CHILD 35 VAN WAGNER RD. POUGHKEEPSIE NY 12603	14-1584091		20,000				HEALTH
(3)	COMMUNITY HEALTH CHARITIES OF NY P.O. BOX 759093 BALTIMORE MD 21275	22-2570476		15,393				DONOR DIRECTED
(4)	CORNELL COOPERATIVE EXTENSION DUTC 2715 ROUTE 44, SUITE 1 MILLBROOK NY 12545	14-6036882		10,000				HEALTH
(5)	CORNERSTONE 2570 ROUTE 9W NORTH CORNWALL NY 12518	06-1036715		8,000				INCOME
(6)	DUTCHESS COUNTY COMMUNITY ACTION 77 CANNON ST. POUGHKEEPSIE NY 12601	14-1611857		25,000				INCOME
(7)	DUTCHESS COUNTY COMMUNITY ACTION A 77 CANNON ST. POUGHKEEPSIE NY 12601	14-1611857		26,000				INCOME
(8)	DUTCHESS COUNTY COMMUNITY ACTION 77 CANNON ST. POUGHKEEPSIE NY 12601	14-1611857		15,000				INCOME
(9)	DUTCHESS OUTREACH, INC. 29 N. HAMILTON ST., SUITE 222 POUGHKEEPSIE NY 12601	22-2339537		12,000				INCOME

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

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

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2017**

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Name of the organization  
**UNITED WAY OF THE DUTCHESS-ORANGE  
REGION, INC.**

Employer identification number  
**06-1045698**

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EXODUS TRANSITIONAL COMMUNITY 2271 THIRD AVENUE NEW YORK NY 10035	31-1731465		20,000				INCOME
(2) FAMILY SERVICES INC. 29 NORTH HAMILTON STREET POUGHKEEPSIE NY 12601	14-1338399		10,000				HEALTH
(3) FAMILY SERVICES INC. 29 NORTH HAMILTON STREET POUGHKEEPSIE NY 12601	14-1338399		20,000				HEALTH
(4) GIRLS ON THE RUN HUDSON VALLEY 237 HUDSON STREET, OFFICE A CORNWALL ON HUDSON NY 12520	45-5480024		10,000				HEALTH
(5) GLOBAL IMPACT 1199 NORTH FAIRFAX STREET, SUITE 3 ALEXANDRIA VA 22314	52-1273585		5,991				DONOR DIRECTED
(6) GRACE SMITH HOUSE INC. 1 BROOKSIDE AVENUE POUGHKEEPSIE NY 12601	14-1626657		10,000				EDUCATION
(7) GRACE SMITH HOUSE INC. 1 BROOKSIDE AVENUE POUGHKEEPSIE NY 12601	14-1626657		35,000				HEALTH
(8) GRACE SMITH HOUSE INC. 1 BROOKSIDE AVENUE POUGHKEEPSIE NY 12601	14-1626657		15,000				INCOME
(9) HONORENG, INC. 38 SEWARD AVENUE MIDDLETOWN NY 10940	14-1596731		20,000				HEALTH

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

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

Schedule I (Form 990) (2017)



**SCHEDULE I  
(Form 990)**

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY OF THE DUTCHESS-ORANGE  
REGION, INC.**

Employer identification number  
**06-1045698**

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

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

**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 an recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HUDSON RIVER HOUSING 313 MILL STREET POUGHKEEPSIE NY 12601	22-2456648		20,000				HEALTH
(2)	HUDSON RIVER HOUSING 313 MILL STREET POUGHKEEPSIE NY 12601	22-2456648		15,000				INCOME
(3)	HUDSON RIVER HOUSING 313 MILL STREET POUGHKEEPSIE NY 12601	22-2456648		25,000				INCOME
(4)	HUDSON VALLEY SEED, INC. P.O. BOX 223 BEACON NY 12508	46-3267308		10,000				EDUCATION
(5)	HUDSON VALLEY SEED, INC. P.O. BOX 223 BEACON NY 12508	46-3267308		35,000				HEALTH
(6)	JEWISH FAMILY SERVICES 720 ROUTE 17 M MIDDLETOWN NY 10940	14-1731791		10,000				INCOME
(7)	LEGAL SERVICES OF THE HUDSON VALLE 331 MAIN ST., 2ND FLOOR, SUITE 200 POUGHKEEPSIE NY 12601	13-6265606		18,000				INCOME
(8)	LITERACY CONNECTIONS OF THE HUDSO 325 MAIN STREET POUGHKEEPSIE NY 12601	14-1710952		45,000				EDUCATION
(9)	MENTAL HEALTH ASSOCIATION OF ORANG 73 JAMES P. KELLY WAY MIDDLETOWN NY 10940	14-6024124		10,000				HEALTH

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

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

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

**2017**

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Attach to Form 990.

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Name of the organization **UNITED WAY OF THE DUTCHESS-ORANGE  
REGION, INC.**

Employer identification number  
**06-1045698**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NEWBURGH ARMORY UNITY CENTER 321 SOUTH WILLIAM STREET NEWBURGH NY 12550	27-4649035		20,000				EDUCATION
(2)	NORTHEAST COMMUNITY COUNCIL INC P.O. BOX 35 MILLERTON NY 12546	14-1736237		10,000				HEALTH
(3)	NORTHEAST COMMUNITY COUNCIL INC P.O. BOX 35 MILLERTON NY 12546	14-1736237		10,000				INCOME
(4)	DOUGHKEEPSIE FARM PROJECT P.O. BOX 3143 DOUGHKEEPSIE NY 12603	14-1813679		25,000				HEALTH
(5)	R.E.A.L. SKILLS 29 NORTH HAMILTON STREET DOUGHKEEPSIE NY 12601	26-1086662		10,000				EDUCATION
(6)	RED HOOK COMMUNITY CENTER 59 FISK STREET RED HOOK NY 12571	47-2883913		10,000				HEALTH
(7)	REGIONAL FOOD BANK OF NORTHEAST 965 ALBANY SHAKER ROAD LATHAM NY 12110	68-0480736		7,321				DONOR DIRECTED
(8)	REGIONAL FOOD BANK OF NORTHEAST 965 ALBANY SHAKER ROAD LATHAM NY 12110	68-0480736		20,000				HEALTH
(9)	SAFE HOMES OF ORANGE COUNTY PO BOX 649 NEWBURGH NY 12550	14-1679391		15,000				EDUCATION

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

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

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
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Name of the organization **UNITED WAY OF THE DUTCHESS-ORANGE  
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Employer identification number  
**06-1045698**

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

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SAFE HOMES OF ORANGE COUNTY PO BOX 649 NEWBURGH NY 12550	14-1679391		25,000				HEALTH
(2)	SAFE HOMES OF ORANGE COUNTY PO BOX 649 NEWBURGH NY 12550	14-1679391		7,000				INCOME
(3)	THE ART EFFECT (FORMERLY SPARK MED) 45 PERSHING AVENUE POUGHKEEPSIE NY 12601	22-2538177		10,000				HEALTH
(4)	THE NATIONAL ALLIANCE FOR MENTAL I PO BOX 787 POUGHKEEPSIE NY 12602	11-2622795		10,000				HEALTH
(5)	UNITED WAY OF WESTCHESTER PUTNAM 336 CENTRAL PARK AVE. WHITE PLAINS NY 10601	13-1997636		42,682				DONOR DIRECTED
(6)	UNITED WAY OF WESTCHESTER PUTNAM 336 CENTRAL PARK AVE. WHITE PLAINS NY 10601	13-1997636		8,500				DONOR DIRECTED
(7)	UNITED WAY OF WESTCHESTER PUTNAM 336 CENTRAL PARK AVE. WHITE PLAINS NY 10601	13-1997636		10,000				INCOME
(8)	UNITED WAY OF WESTCHESTER PUTNAM 336 CENTRAL PARK AVE. WHITE PLAINS NY 10601	13-1997636		24,000				INCOME
(9)	VASSAR COLLEGE URBAN EDUCATION INIT 124 RAYMOND AVE., BOX 709 POUGHKEEPSIE NY 12604	14-1338587		25,000				EDUCATION

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

**Part 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					
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.

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

**APPLICANT IS REQUIRED TO FILL OUT A COMMUNITY IMPACT APPLICATION.**

**APPLICATIONS ARE REVIEWED BY AREA COUNCIL VOLUNTEERS. IF APPROVED FOR FUNDING, THE APPLICANT MUST SIGN A PARTNERSHIP AGREEMENT IN ADDITION TO A CONTRACT.**

**THE PARTNERSHIP AGREEMENT REQUIRES THAT THE AGENCY (1) BE A 501(C)(3) ORGANIZATION, (2) SUBMIT AUDITED FINANCIAL STATEMENTS AND FORM 990, (3) SUBMIT A MID-YEAR REVIEW REPORT, AND (4) PROVIDE AN ACCOUNTING OF HOW THE FUNDS WERE SPENT.**

**THE COUNCIL RESERVES THE RIGHT TO OBSERVE FUNDED PROGRAMS.**

**SCHEDULE J**  
**(Form 990)**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF THE DUTCHESS-ORANGE REGION, INC.**

Employer identification number

**06-1045698**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nonizable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JEANNIE MONTANO PRESIDENT & CEO	(i)	135,311	0		24,775	0	160,086	0
	(ii)	0	0		0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							



**Part II** 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 an additional information.

Area with horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

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Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/Form990) for the latest information.

Name of the organization **UNITED WAY OF THE DUTCHESS-ORANGE REGION, INC.**

Employer identification number  
**06-1045698**

**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 VII, 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	<input checked="" type="checkbox"/>		141,627	THRIFT SHOP VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	<input checked="" type="checkbox"/>	2	6,331	FMV
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**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		<input checked="" type="checkbox"/>
31		<input checked="" type="checkbox"/>
32a		<input checked="" type="checkbox"/>

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**PART I**

**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.

Area with horizontal dotted lines for supplemental information.

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

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Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY OF THE DUTCHESS-ORANGE  
REGION, INC.**

Employer identification number  
**06-1045698**

**FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT**

**DONOR DIRECTED GIFTS- GRANTS TO 501(C) (3) CHARITIES DIRECTED BY THE  
ORGANIZATION'S DONORS.**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

**THE DIRECTOR OF FINANCE AND ADMINISTRATION, TOGETHER WITH THE INDEPENDENT  
ACCOUNTING FIRM, PREPARES THE FORM 990. IT IS PRESENTED TO AND REVIEWED IN  
DETAIL WITH THE AUDIT AND FINANCE COMMITTEES FOR ACCURACY AND COMPLETENESS.  
THE AUDIT COMMITTEE AUTHORIZES IT TO BE PRESENTED TO THE EXECUTIVE  
COMMITTEE WITH A RECOMMENDATION TO FILE. THE CHAIRMAN OF THE AUDIT  
COMMITTEE PRESENTS THE 990 TO THE EXECUTIVE COMMITTEE LINKING THE DATA TO  
THE ANNUAL AUDIT REPORT. THE EXECUTIVE COMMITTEE AUTHORIZES THE RELEASE OF  
THE 990 TO THE FULL BOARD WITH A RECOMMENDATION TO FILE. THE RETURN IS  
DISTRIBUTED TO THE BOARD MEMBERS FOR REVIEW AND DISCUSSION AT A  
BOARD MEETING. A RESOLUTION IS ADOPTED TO APPROVE THE FILING OF THE RETURN.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

**ANNUALLY ALL MEMBERS OF THE BOARD, OFFICERS AND EMPLOYEES ARE REQUIRED TO  
COMPLETE OR UPDATE AND RECERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST  
POLICY BY SIGNING AND DATING A COPY OF THE POLICY. IN ADDITION EACH VOTE  
SHEET FOR ANY RESOLUTION FOR THE GRANTING OF FUNDS PRESENTED TO THE BOARD  
INCLUDES THE STATEMENT "ARE YOU RELATED TO ANY OF THE RECIPIENTS OR DO YOU  
STAND TO BENEFIT FROM THE RECIPIENTS RECEIVING THESE FUNDS? IF SO, PLEASE  
DISCLOSE, ANY MEMBER WITH A POSITIVE RESPONSE MUST RECUSE THEMSELVES."**

Name of the organization

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UNITED WAY OF THE DUTCHESS-ORANGE

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FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE PRESIDENT AND CEO COMPLETES A SELF-EVALUATION USING A PRE-DETERMINED EVALUATION FORM WITH SEVEN SPECIFIC QUESTIONS. THESE SEVEN QUESTIONS ARE ANSWERED IN WRITTEN ESSAY/BULLET STYLE. A SECOND SECTION IS A SCALE-STYLE FORMAT WITH QUESTIONNAIRE THAT RANKS PERFORMANCE WITHIN A 1-5 FORMAT. THIS EVALUATION IS THEN PRESENTED TO THE BOARD CHAIR BY THE CHAIR OF THE EVALUATION COMMITTEE. THE BOARD CHAIR REQUESTS THE GOVERNANCE COMMITTEE AND BOARD MEMBERS TO COMPLETE AN EVALUATION ON THE PRESIDENT USING THE SAME EVALUATION TOOLS. THESE ARE THEN COMBINED AND THE BOARD CHAIR, THE PAST CHAIR, AND THE CEO MEET TO DISCUSS THE RESULTS. A MUTUAL PLAN IS DEVELOPED FOR NEXT YEAR'S GOALS AND OBJECTIVES. THE CHAIR AND PAST CHAIR DISCUSS THE RESULTS IN EXECUTIVE SESSION WITH THE GOVERNANCE COMMITTEE AND THEN THE FULL BOARD WHERE A BOARD VOTE IS MADE TO ACCEPT THE RECOMMENDATIONS. THE CHAIR AND PAST CHAIR DECIDE ON SALARY INCREASES USING SALARY INFORMATION FROM A NUMBER OF SOURCES. THE PRINCIPAL SOURCE IS THE UWW HUMAN CAPITAL STUDY: EXECUTIVE SALARY REPORT WHICH PROVIDES SALARY COMPARISONS FOR UNITED WAYS OF COMPARABLE SIZE, COMPLEXITY AND LOCATION. OTHER SOURCES USED INCLUDE A SUMMARY OF OTHER LOCAL NON-PROFIT ORGANIZATION'S SALARIES THROUGH COMPARISONS OF 990'S.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

EACH STAFF PERSON COMPLETES A SELF-EVALUATION USING A PRE-DETERMINED EVALUATION FORM. THE FORM IS REVIEWED BY THEIR SUPERVISOR AND THE SUPERVISOR'S COMMENTS ARE ADDED. PERFORMANCE IS SCORED USING A WEIGHTED SYSTEM BASED UPON EACH EMPLOYEE'S JOB DESCRIPTION. THE EVALUATION IS PRESENTED TO THE PRESIDENT FOR REVIEW AND APPROVAL. THE COMPLETED EVALUATION IS DISCUSSED WITH THE EMPLOYEE AND A MUTUAL PLAN IS DEVELOPED

Name of the organization

Employer identification number

UNITED WAY OF THE DUTCHESS-ORANGE

06-1045698

FOR THE NEXT YEAR'S GOALS AND OBJECTIVES. THE PRESIDENT MAKES THE RECOMMENDATION FOR SALARY ADJUSTMENTS AND THEY ARE APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE ORGANIZATIONAL DOCUMENTS ARE A PUBLIC RECORD FILED WITH NYS ATTORNEY GENERAL'S OFFICE. A FINANCIAL OVERVIEW, THE CONFLICT OF INTEREST STATEMENT, WHISTLEBLOWER POLICY, PRIVACY POLICY, CODE OF ETHICS, AUDIT REPORT AND THE ANNUAL REPORT ARE ACCESSIBLE IN THE ACCOUNTABILITY SECTION OF ABOUT US ON OUR WEBSITE. HTTP://WWW.UNDOR.ORG/ACCOUNTABILITY



Form **8868**

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

OMB No. 1545-1709

(Rev. January 2017)

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

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

**Automatic 6-Month Extension of Time.** Only submit original copies needed.

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

Type or print	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF THE DUTCHESS-ORANGE REGION, INC.</b>	Enter filer's identification number see instructions Employer identification number (EIN) or <b>06-1045698</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>75 MARKET STREET</b>	Social security number (SSN)
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>POUGHKEEPSIE NY 12601</b>	

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

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

**SUSAN MANNING**  
**75 MARKET STREET**

The books are in the care of **POUGHKEEPSIE NY 12601**

Telephone No. **845-471-1900**

Fax No.

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

1 I request an automatic 6-month extension of time until **05/15/19**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year \_\_\_\_\_ or
- tax year beginning **07/01/17**, and ending **06/30/18**

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

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

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