

Form **990**

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 07/01/11, and ending 06/30/12

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **UNITED WAY OF MID-HUDSON VALLEY, INC**
 D/B/A **UNITED WAY OF THE DUTCHESS-ORANGE REGION**
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address): **75 MARKET STREET**
 Room/suite:
 City or town, state or country, and ZIP + 4: **POUGHKEEPSIE NY 12601**

D Employer identification number: **06-1045698**

E Telephone number: **845-471-1900**

F Name and address of principal officer:
DONALD HAMMOND
75 MARKET ST
POUGHKEEPSIE NY 12601

G Gross receipts \$: **3,718,043**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates 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**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1987**

M State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BUILD A STRONGER, HEALTHIER COMMUNITY BY RAISING RESOURCES AND DEVELOPING PARTNERSHIPS THAT MAKE A MEASURABLE DIFFERENCE IN PEOPLE'S LIVES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	20	
	4	20	
	5	20	
	6	585	
	7a	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 2,095,306	Current Year: 3,512,602
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,237	58,861
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	110,230	71,357
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,216,773	3,642,820
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,045,973	2,048,520
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	622,285	893,809
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	491,734	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	508,861	881,486
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,177,119	3,823,815
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	39,654	-180,995
	20 Total assets (Part X, line 16)	Beginning of Current Year: 7,409,532	End of Year: 6,982,226
	21 Total liabilities (Part X, line 26)	1,140,244	980,820
	22 Net assets or fund balances. Subtract line 21 from line 20	6,269,288	6,001,406

Part II Signature Block

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

Sign Here

Signature of officer: **DONALD HAMMOND** Date: _____
 Type or print name and title: **PRESIDENT AND CEO**

Paid Preparer Use Only

Print/Type preparer's name: **BRENDA K. SANTORO** Preparer's signature: *Brenda K. Santoro* Date: **02/08/13** Check if self-employed PTIN: **P00305062**

Firm's name: **D'ARCANGELO & CO., LLP** Firm's EIN: **13-2550103**
 Firm's address: **510 HAIGHT AVE. POUGHKEEPSIE, NY 12603** Phone no.: **845-473-7774**

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

TO BUILD A STRONGER, HEALTHIER COMMUNITY BY RAISING RESOURCES AND DEVELOPING PARTNERSHIPS THAT MAKE A MEASURABLE DIFFERENCE IN PEOPLE'S LIVES.

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 and section 4947(a)(1) trusts 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 \$ **937,415** including grants of \$ **613,811**) (Revenue \$)

HEALTH

UNITED WAY STRIVES TO IMPROVE PEOPLE'S HEALTH AND WELLNESS BY IMPROVING PARENT AND CAREGIVER KNOWLEDGE OF CHILD DEVELOPMENT BY PROVIDING ACCESS TO PARENT-CHILD SCREENINGS AND HOME VISITATION PROGRAMS WITH TRAINED PROFESSIONALS. WE ASSIST PROGRAMS THAT SUPPORT AND STRENGTHEN FAMILIES IN ORDER TO REDUCE DOMESTIC AND FAMILY VIOLENCE. WE INCREASE THE AVAILABILITY OF NUTRITIOUS FOOD THROUGH THE SUPPORT OF LOCAL FOOD PROGRAMS AND ENCOURAGE A HEALTHY COMMUNITY THROUGH VOLUNTEERISM.

4b (Code:) (Expenses \$ **660,333** including grants of \$ **432,380**) (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 \$ **624,406** including grants of \$ **408,855**) (Revenue \$)

EDUCATION

UNITED WAY FOCUSES ON CHILDREN AND YOUTH TO HELP THEM ACHIEVE THEIR POTENTIAL THROUGH EDUCATION. SERVICES PROVIDED THROUGH PARTNER ORGANIZATIONS INCLUDE ADMINISTER 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 \$ **593,474** including grants of \$ **593,474**) (Revenue \$)

4e Total program service expenses **2,815,628**

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; 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, XII, and XIII	<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, XII, and XIII 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 assistance to any organization or entity located outside the United States? 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 assistance to individuals located outside the United States? 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"/>
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?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
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		X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	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		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a	8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a	20		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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 to any question 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	20	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request
- 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, physical address, and telephone number of the person who possesses the books and records of the organization: **SUE MANNING** **75 MARKET STREET**
POUGHKEEPSIE **NY 12601** **845-471-1900**

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

Check if Schedule O contains a response to any question 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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHEILA APPEL BOARD CHAIR	2.00	X		X			0	0	0	
(2) DANIEL ARONZON BOARD MEMBER	1.50	X					0	0	0	
(3) DONNA BENSON BOARD MEMBER	1.00	X					0	0	0	
(4) ANTHONY CAMPOGIORNI BOARD MEMBER	1.00	X					0	0	0	
(5) MARIEL GIL BOARD MEMBER	1.00	X					0	0	0	
(6) BETTY FANELLI SECRETARY	2.00	X		X			0	0	0	
(7) GIANNA FRANCO BOARD MEMBER	1.00	X					0	0	0	
(8) DENISE GORSKI CHAIR, PLANNING COMM	1.00	X					0	0	0	
(9) STEVE HOWELL FIRST VICE-CHAIR	2.00	X		X			0	0	0	
(10) DAVE JOLLY BOARD MEMBER	1.00	X					0	0	0	
(11) ASHOK MANDAVA BOARD MEMBER	1.00	X					0	0	0	
(12) TYRONE MUSE CHAIR, DEVELOP COMM	2.00	X					0	0	0	
(13) CHARLIE O'MARA TREASURER	2.00	X		X			0	0	0	
(14) DIANE PASSARO BOARD MEMBER	1.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BARRY ROTHFELD BOARD MEMBER	1.00	X						0	0	0
(16) MARK TRAVERS BOARD MEMBER	1.00	X						0	0	0
(17) JON SELANDER BOARD MEMBER	1.00	X						0	0	0
(18) DAVE WEAVING BOARD MEMBER	2.00	X						0	0	0
(19) DONALD HAMMOND PRESIDENT & CEO	40.00			X				70,389	0	12,389
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								70,389		12,389
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								70,389		12,389

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

	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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INNOVATION MANAGEMENT CONSULTING PRIVATE NEW CITY NY 10956	CONSULTING	104,125

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 **1**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	312,233				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	385,979				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,814,390				
	g Noncash contributions included in lines 1a-1f:		\$ 146,939				
	h Total. Add lines 1a-1f			3,512,602			
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		42,931			42,931	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental exps.					
		c Rental inc. or (loss)					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis & sales exps.					
		c Gain or (loss)					
		d Net gain or (loss)			15,930	10,367	5,563
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		99,132			
		b Less: direct expenses	b	72,786			
		c Net income or (loss) from fundraising events			26,346		26,346
	9a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
11a ADMINISTRATIVE INCOME			45,011	45,011			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			45,011				
12 Total revenue. See instructions.			3,642,820	55,378	0	74,840	

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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,007,438	2,007,438		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	41,082	41,082		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	154,575	63,731	43,857	46,987
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	547,057	229,536	154,918	162,603
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,970	11,948	9,159	10,863
9 Other employee benefits	92,075	34,409	26,379	31,287
10 Payroll taxes	68,132	27,923	19,231	20,978
11 Fees for services (non-employees):				
a Management				
b Legal	4,891	2,448	1,023	1,420
c Accounting	63,800	31,931	13,341	18,528
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	15,644	15,644		
g Other	216,949	30,129	140,040	46,780
12 Advertising and promotion	87,532	76,628	5,343	5,561
13 Office expenses	113,308	51,095	20,312	41,901
14 Information technology	81,868	33,261	18,054	30,553
15 Royalties				
16 Occupancy	86,817	47,567	14,108	25,142
17 Travel	28,757	18,469	5,674	4,614
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	53,801	29,762	13,148	10,891
20 Interest				
21 Payments to affiliates	30,031	13,154	7,507	9,370
22 Depreciation, depletion, and amortization	66,820	36,611	10,858	19,351
23 Insurance	22,737	8,416	11,558	2,763
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	8,531	4,446	1,943	2,142
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,823,815	2,815,628	516,453	491,734
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	1,508,624	1	1,328,342
	2	Savings and temporary cash investments	1,921,594	2	1,923,131
	3	Pledges and grants receivable, net	1,411,115	3	1,334,722
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,769	9	26,591
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 929,399		
	b	Less: accumulated depreciation	10b 563,458	10c 420,083	365,941
	11	Investments—publicly traded securities	2,076,876	11	1,991,083
	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	59,471	15	12,416
16	Total assets. Add lines 1 through 15 (must equal line 34)	7,409,532	16	6,982,226	
Liabilities	17	Accounts payable and accrued expenses	168,312	17	194,125
	18	Grants payable	800,761	18	654,937
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	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	171,171	25	131,758
	26	Total liabilities. Add lines 17 through 25	1,140,244	26	980,820
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	5,082,656	27	4,876,047
	28	Temporarily restricted net assets	902,889	28	841,616
	29	Permanently restricted net assets	283,743	29	283,743
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	6,269,288	33	6,001,406	
34	Total liabilities and net assets/fund balances	7,409,532	34	6,982,226	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,642,820
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,823,815
3	Revenue less expenses. Subtract line 2 from line 1	3	-180,995
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,269,288
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-86,887
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,001,406

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

Open to Public Inspection

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

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC D/B/A UNITED WAY OF THE

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 11, 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.)
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 X 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 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.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11 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 that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III—Functionally integrated d Type III—Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s).

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Rows: (A), (B), (C), (D), (E), Total

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

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,686,166	2,298,271	1,865,553	2,095,306	3,512,602	11,457,898
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,686,166	2,298,271	1,865,553	2,095,306	3,512,602	11,457,898
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						11,457,898

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,686,166	2,298,271	1,865,553	2,095,306	3,512,602	11,457,898
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,593	18,244	9,746	11,237	42,931	108,751
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	95,871	169,482	163,694	110,230	71,357	610,634
11 Total support. Add lines 7 through 10						12,177,283
12 Gross receipts from related activities, etc. (see instructions)					12	45,011
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	94.09%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	93.56%
16a 33 1/3% support test—2011. 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 33 1/3% support test—2010. 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"/>		
17a 10%-facts-and-circumstances test—2011. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a** 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b** 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20** Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

SPECIAL EVENTS	\$	292,500
ADMINISTRATIVE FEES	\$	313,392
MISCELLANEOUS	\$	2,233
GAMING INCOME	\$	2,509

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

**UNITED WAY OF MID-HUDSON VALLEY, INC
D/B/A UNITED WAY OF THE**

Employer identification number

06-1045698

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	7	
2 Aggregate contributions to (during year)	145,042	3,258,360
3 Aggregate grants from (during year)	117,995	2,048,520
4 Aggregate value at end of year	110,552	
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 impermissible private benefit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 an 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 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, 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 XIV, 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" to 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 XIV, 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) Revenues included in 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 Revenues included in 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 XIV.

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" to 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 XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	1,976,655				
b Contributions		2,039,636			
c Net investment earnings, gains, and losses	-59,056	-7,719			
d Grants or scholarships	2,500				
e Other expenditures for facilities and programs	50,977	55,262			
f Administrative expenses					
g End of year balance	1,864,122	1,976,655			

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

- a Board designated or quasi-endowment ▶ 42.64 %
- b Permanent endowment ▶ 15.22 %
- c Temporarily restricted endowment ▶ 42.14 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment. 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		587,273	271,029	316,244
d Equipment		250,126	228,429	21,697
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 365,941

Part VII Investments—Other Securities. 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)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ENERGY PENETRATION FUND PAYABLES	131,758
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	131,758

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,642,820
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,823,815
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-180,995
4	Net unrealized gains (losses) on investments	4	-86,887
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	0
9	Total adjustments (net). Add lines 4 through 8	9	-86,887
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-267,882

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,019,602
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-86,887
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	72,787
e	Add lines 2a through 2d	2e	-14,100
3	Subtract line 2e from line 1	3	3,033,702
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	15,644
b	Other (Describe in Part XIV.)	4b	593,474
c	Add lines 4a and 4b	4c	609,118
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,642,820

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,287,484
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	-520,687
e	Add lines 2a through 2d	2e	-520,687
3	Subtract line 2e from line 1	3	3,808,171
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	15,644
b	Other (Describe in Part XIV.)	4b	0
c	Add lines 4a and 4b	4c	15,644
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,823,815

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

THE UNITED WAY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC 740-10 WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE UNITED WAY IS REQUIRED TO DETERMINE WHETHER THE BENEFITS OF ITS TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON AUDIT BASED ON THE TECHNICAL MERITS

Part XIV Supplemental Information (continued)

OF THE TAX POSITION. THE PROVISIONS OF ASC 740-10 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, AND DISCLOSURE. THE UNITED WAY DID NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2012 AND IS NOT AWARE OF ANY VIOLATIONS OF ITS TAX-EXEMPT STATUS. UNITED WAY INCLUDES INTEREST AND PENALTIES, IF ANY, IN THE STATEMENT OF ACTIVITIES UNDER A SEPARATE CAPTION. AS OF JUNE 30, 2012, FOR UNITED WAY'S AND ITS PREDECESSOR ENTITIES THE FISCAL YEARS ENDED 2009 AND LATER ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES.

DONOR DESIGNATED AMOUNTS	\$	-593,474
SPECIAL EVENTS EXPENSE	\$	-72,787
DONOR DESIGNATED CONTRIBUTIONS	\$	593,474

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

SPECIAL EVENTS EXPENSE	\$	72,787
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PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DONOR DESIGNATED AMOUNTS	\$	593,474
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PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENTS EXPENSE	\$	72,787
DONOR DESIGNATED CONTRIBUTIONS	\$	-593,474

Part XIV Supplemental Information (continued)

PART XIV - SUPPLEMENTAL FINANCIAL INFORMATION

PART V, LINE 4- INTENDED USE OF ENDOWMENT FUNDS

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

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization **UNITED WAY OF MID-HUDSON VALLEY, INC
D/B/A UNITED WAY OF THE**

Employer identification number
06-1045698

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to 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 ORANGE OPEN <small>(event type)</small>	(b) Event #2 TOUCH A TRUCK <small>(event type)</small>	(c) Other events 2 <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	49,135	18,319	24,829	92,283
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	49,135	18,319	24,829	92,283
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	29,912	10,142	19,473	59,527
	10 Direct expense summary. Add lines 4 through 9 in column (d)				59,527
11 Net income summary. Combine line 3, column (d), and line 10				32,756	

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? 9a Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization

**UNITED WAY OF MID-HUDSON VALLEY, INC
D/B/A UNITED WAY OF THE**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	ASTOR HOME FOR CHILDREN 6339 MILL STREET RHINEBECK NY 12572	14-1397918	3	147,333				EDUCATION
(2)	UNITED WAY OF WESTCHESTER & PUTNAM 336 CENTRAL PARK AVE WHITE PLAINS NY 10601	13-1997636	3	112,682				EDUCATION
(3)	BIG BROTHERS BIG SISTERS 253 SOUTH WILLIAMS STREET NEWBURGH NY 12550	14-1597893	3	32,000				EDUCATION
(4)	NEWBURGH PERFORMING ARTS 62 GRAND ST NEWBURGH NY 12550	02-0715524	3	20,000				EDUCATION
(5)	BOYS & GIRLS CLUBS, INC. - TOWN OF PO BOX 14 CIRCLEVILLE NY 10919	13-3741014	3	18,000				EDUCATION
(6)	LITERACY VOLUNTEERS OF WESTERN OC 70 FULTON STREET MIDDLETOWN NY 10940	22-2562904	3	15,000				EDUCATION
(7)	LITERACY CONNECTIONS OF DUTCHESS CO 29 NORTH HAMILTON ST POUGHKEEPSIE NY 12601	14-1710952	3	12,500				EDUCATION
(8)	NORA CRONIN PRESENTATION ACADEMY 880 JACKSON AVENUE NEW WINDSOR NY 12553	35-2272987	3	12,000				EDUCATION
(9)	CENTER FOR GOVERNMENT RESEARCH 1 SOUTH WASHINGTON ST, SUITE 400 ROCHESTER NY 14614	16-0754774	3	10,000				EDUCATION

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.

2011

Open to Public Inspection

SCHEDULE I (Form 990)
Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **UNITED WAY OF MID-HUDSON VALLEY, INC**
D/B/A UNITED WAY OF THE
 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	SALVATION ARMY - NEWBURGH 234 VAN NESS STREET NEWBURGH NY 12550	13-5562351	3	7,500				EDUCATION
(2)	FOOD BANK OF THE HUDSON VALLEY 965 ALBANY SHAKER RD LATHAM NY 12110	22-2470885	3	90,000				HEALTH
(3)	AMERICAN RED CROSS, DUTCHESS COUNTY 103 HOOKER AVE POUGHKEEPSIE NY 12601	53-0196605	3	66,412				HEALTH
(4)	CHILD ABUSE PREVENTION CENTER 249 HOOKER AVE POUGHKEEPSIE NY 12601	14-1584091	3	65,750				HEALTH
(5)	GRACE SMITH HOUSE, INC. PO BOX 5205 POUGHKEEPSIE NY 12601	14-1626657	3	57,750				HEALTH
(6)	HANDS ON! THE HUDSON VALLEY 7 PINE WOODS ROAD SUITE 3C HYDE PARK NY 12538	14-1561932	3	50,000				HEALTH
(7)	HONOR REG, INC 38 SEWARD AVENUE MIDDLETOWN NY 10940	14-1596731	3	46,090				HEALTH
(8)	MENTAL HEALTH ASSOCIATION 73 COUNTY HIGHWAY 108 MIDDLETOWN NY 10940	14-6024124	3	38,000				HEALTH
(9)	HOUSE OF FAITH MINISTRY PO BOX 1326 WAPPINGERS FALLS NY 12590	26-0121573	3	22,500				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" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

**UNITED WAY OF MID-HUDSON VALLEY, INC
D/B/A UNITED WAY OF THE**

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?
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	CATHOLIC CHARITIES COMMUNITY SERVICE 10114 FIRST AVE NEW YORK NY 10011	13-5562185	3	21,397				HEALTH
(2)	POUGHKEEPSIE FARM PROJECT PO BOX 35 POUGHKEEPSIE NY 12603	14-1813679	3	20,300				HEALTH
(3)	GIRL SCOUTS HEART OF THE HUDSON 2 GREAT OAK LANE PLEASANTVILLE NY 10570	13-2985898	3	15,000				HEALTH
(4)	HOSPICE OF ORANGE & SULLIVAN COUNTY 800 STONY BROOK COURT NEWBURGH NY 12550	14-1703185	3	12,000				HEALTH
(5)	WARWICK VALLEY COMMUNITY CENTER 11 HAMILTON ST WARWICK NY 10990	13-2928443	3	10,000				HEALTH
(6)	YOU ARE BEAUTIFUL PEOPLE, INC. 13 FIRST ST WARWICK NY 10990	20-4817022	3	10,000				HEALTH
(7)	INSPIRE THE CP CENTER 2 FLETCHER STREET GOSHEN NY 10924	14-1456248	3	8,765				HEALTH
(8)	JEWISH FAMILY SERVICE ORANGE COUNTY 720 ROUTE 17M MIDDLETOWN NY 10940	14-1731791	3	8,765				HEALTH
(9)	WASHINGTONVILLE CENTRAL SCHOOL DIST 52 WEST MAIN ST WASHINGTONVILLE NY 10992	14-6001269	GOV	6,500				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.

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC
D/B/A UNITED WAY OF THE

Employer identification number

06-1045698

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

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

Attach to Form 990.

Open to Public
Inspection

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?
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	DUTCHESS COUNTY COMMUNITY ACTION PA 84 CANNON ST POUGHKEEPSIE NY 12601	14-1611857	3	80,000				INCOME
(2)	CORNELL COOPERATIVE 2715 ROUTE 44 FARM & HOME CENTER MILLBROOK NY 12545	14-6036882	3	60,000				INCOME
(3)	ASTOR HOME FOR CHILDREN 6339 MILL STREET RHINEBECK NY 12572	14-1397918	3	50,000				INCOME
(4)	CATHOLIC CHARITIES COMMUNITY SERVICE 10114 FIRST AVE NEW YORK NY 10011	13-5562185	3	50,000				INCOME
(5)	DUTCHESS OUTREACH, INC. 29 NORTH HAMILTON ST #202 POUGHKEEPSIE NY 12601	22-2339537	3	50,000				INCOME
(6)	GRACE SMITH HOUSE, INC. PO BOX 5205 POUGHKEEPSIE NY 12601	14-1626657	3	50,000				INCOME
(7)	CHILD CARE COUNCIL OF ORANGE COUNTY 40 MATTHEWS STREET GOSHEN NY 10924	23-7221671	3	27,880				INCOME
(8)	UNITED WAY OF WESTCHESTER & PUTNAM 336 CENTRAL PARK AVE WHITE PLAINS NY 10601	13-1997636	3	20,000				INCOME
(9)	SAFE HOMES OF ORANGE COUNTY PO BOX 649 NEWBURGH NY 12551	14-1679391	3	10,000				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**

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Employer identification number
06-1045698

**UNITED WAY OF MID-HUDSON VALLEY, INC
D/B/A UNITED WAY OF THE**

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?
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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient 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)	SALVATION ARMY - FORT JERVIS 99 BALL STREET PO BOX 125 FORT JERVIS NY 12771	13-5562351	3	10,000				INCOME
(2)	Y.W.C.A. - ORANGE COUNTY 377 BROADWAY NEWBURGH NY 12550	14-1340010	3	10,000				INCOME
(3)	NORTHEAST COMMUNITY CENTER PO BOX 35 FOUGHKEEPSIE NY 12601	14-1736237	3	8,000				INCOME
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 HOME HEATING ASSISTANCE	12	41,082			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, 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 FUND WERE SPENT.

THE COUNSEL RESERVES THE RIGHT TO OBSERVE FUNDED PROGRAMS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**Open To Public
Inspection**

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.

Name of the organization

**UNITED WAY OF MID-HUDSON VALLEY, INC
D/B/A UNITED WAY OF THE**

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 VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		17,999	THRIFT SHOP VALUES
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	2	128,940	
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 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II

Supplemental Information. Complete this part to 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)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC
D/B/A UNITED WAY OF THE

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 CHIEF FINANCIAL OFFICER, TOGETHER WITH THE INDEPENDENT ACCOUNTING FIRM,
PREPARES THE FORM 990. IT IS PRESENTED TO AND REVIEWED IN DETAIL WITH THE
AUDIT COMMITTEE 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 TOGETHER WITH THE CFO 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 RECEIPIENTS OR DO YOU
STAND TO BENEFIT FROM THE RECEIPIENTS RECEIVING THESE FUNDS? IF SO, PLEASE
DISCLOSE, ANY MEMBER WITH A POSITIVE RESPONSE MUST RECUSE THEMSELVES."

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

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 FIVE SPECIFIC QUESTIONS. THESE FIVE QUESTIONS ARE
 ANSWERED IN WRITTEN ESSAY-STYLE FORMAT. 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. 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 COMPARABLE
 SALARIES FOR UNITED WAYS OF COMPARABLE SIZE, COMPLEXITY AND GEOGRAPHICALLY
 AND OTHER SOURCES ARE USED INCLUDING A SUMMARY OF OTHER LOCAL NON-PROFIT
 ORGANIZATIONS SALARIES THROUGH A COMPARISON OF 990S.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
 EACH STAFF PERSON COMPLETES A SELF-EVALUATION USING A PRE-DETERMINED
 EVALUATION FORM WITH FIVE SPECIFIC QUESTIONS. THESE FIVE QUESTIONS ARE
 ANSWERED IN WRITTEN ESSAY-STYLE FORMAT. 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 PRESIDENT. THE PRESIDENT REQUESTS

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

EACH SUPERVISOR TO REVIEW THE EVALUATION AND PROVIDE COMMENTS A MUTUAL
 PLAN IS DEVELOPED FOR NEXT YEAR'S GOALS AND OBJECTIVES. THE PRESIDENT
 MAKES THE RECOMMENDATIONS 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 FORM, THE
 AUIDT REPORT AND THE ANNUAL REPORT ARE ACCESSIBLE IN THE ACCOUNTABILITY
 SECTION OF ABOUT US ON OUR WEBSITE.
[HTTP://WWW.UWDOR.ORG/ACCOUNTABILITY](http://www.uwdor.org/accountability)

FORM 990, PART XI - ADDITIONAL INFORMATION
 LINE 5 OTHER CHNAGES IN NET ASSETS OR FUND BALANCES
 UNREALIZED LOSSES -86,887

Form **8868**
(Rev. January 2012)

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

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

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. UNITED WAY OF MID-HUDSON VALLEY, INC D/B/A UNITED WAY OF THE	Employer identification number (EIN) or <input checked="" type="checkbox"/> 06-1045698
	Number, street, and room or suite no. If a P.O. box, see instructions. 75 MARKET STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. POUGHKEEPSIE NY 12601	

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	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8069	11
Form 990-T (trust other than above)	06	Form 8870	12

**SUE 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 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02/15/13**, 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 **07/01/11**, and ending **06/30/12**

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 Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
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	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

