		PUB	LIC DISCLOSURE COP	Y - STATE REGIST nization Exempt I	RATION	NO. 02 NCOME T	-93-20 <b>ax</b>	6 OMB No. 1545-0047
Forr	n <b>9</b>	90	Under section 501(c), 527, or 494	-				2022
				curity numbers on this form a			indations	Open to Public
Depa Interr	rtment o Ial Rever	of the Treasury nue Service		Form990 for instructions and				Inspection
			ar year, or tax year beginning	JUL 1, 2022 and	lending J	UN 30, 2	2023	
	heck if	C Name o	f organization			D Employer		tion number
a	pplicable	a.	ED WAY OF THE DUTC	HESS-ORANGE				
	Addres	es REGI	ON, INC.					
	Name chang		usiness as			06-1	045698	3
	Initial return	Number	and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone	number	
	 Final return/	75 M	ARKET STREET	,			471-19	900
	termin ated	-	own, state or province, country, and	ZIP or foreign postal code		G Gross receipts	s \$	2,947,150.
	Ameno		HKEEPSIE, NY 1260			H(a) Is this a	group retu	rn
	Applic dition	F Name a	nd address of principal officer: ${f JEA}$	ANNIE MONTANO			rdinates?	
	pendir		AS C ABOVE			H(b) Are all subo	ordinates inclu	ded? Yes No
ΙT	ax-exe	empt status: [	<b>X</b> 501(c)(3) 501(c) (	) (insert no.) 4947(a)(1)	or 527	] If "No," a	attach a lis	t. See instructions
	Vebsit		UWDOR.ORG			H(c) Group e	xemption r	number
ΚF	orm of	organization: [	X Corporation Trust A	ssociation 🗌 Other	L Year	of formation: 1	987 м з	State of legal domicile: <b>NY</b>
Pa	nrt I	Summary						
-	1	Briefly describ	be the organization's mission or mos	t significant activities: TO F	IGHT F	OR THE I	HEALTH	Ι,
Governance		EDUCATI	ON, AND FINANCIAL	STABILITY OF EVE	ERY PEF	RSON IN	OUR CO	OMMUNITY.
rna	2	Check this bo	if the organization disco	ontinued its operations or dispo	sed of more	than 25% of its	s net asset	S.
ovel	3	Number of vo	ting members of the governing body	(Part VI, line 1a)			3	20
	4	Number of ind	dependent voting members of the go	overning body (Part VI, line 1b)			4	20
8 8	5	Total number	of individuals employed in calendar	year 2022 (Part V, line 2a)			5	18
vitie	6	Total number	of volunteers (estimate if necessary)				6	3494
Activities &			d business revenue from Part VIII, co					0.
_ ◄			business taxable income from Form				7b	0.
						Prior Year		Current Year
e	8	Contributions	and grants (Part VIII, line 1h)			2,276,1		2,031,846.
ň	9	Program serv	ice revenue (Part VIII, line 2g)				0.	0.
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4	l, and 7d)		272,		247,509.
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)		150,		140,388.
	12	Total revenue	- add lines 8 through 11 (must equa	I Part VIII, column (A), line 12)		2,699,1		2,419,743.
	13	Grants and si	milar amounts paid (Part IX, column	(A), lines 1-3)		1,118,		1,041,555.
	14	Benefits paid	to or for members (Part IX, column (	A), line 4)			0.	0.
ş	15		r compensation, employee benefits (			1,021,		1,115,402.
nse	16a	Professional f	undraising fees (Part IX, column (A),	line 11e)			0.	0.
Expenses	b		ing expenses (Part IX, column (D), lir					
ш	17	Other expens	es (Part IX, column (A), lines 11a-11c	l, 11f-24e)		456,	757.	489,892.
	18	Total expense	es. Add lines 13-17 (must equal Part	IX, column (A), line 25)		2,596,		2,646,849.
		Revenue less	expenses. Subtract line 18 from line	12		102,		-227,106.
Net Assets or Fund Balances					Be	ginning of Curre		End of Year
ssets	20					4,976,		5,049,457.
it As	21					323,		504,358.
			fund balances. Subtract line 21 from	1 line 20		4,652,	824.	4,545,099.
	art II	Signatur						
			I declare that I have examined this return				-	nowledge and belief, it is
true,	correc	ct, and complete	. Declaration of preparer (other than offic	er) is based on all information of w	hich preparer	has any knowled	lge.	
		Oimetrus of	ff:					
Sig		Signature of o				Date		
Her	е		MONTANO, PRESIDEN	T & CEO				
		Type or print r		T	I ,			
		Print/Type pre	parer's name	Preparer's signature	!'	Date	Check	] PTIN

	Print/Type preparer's name	Preparer's signature	Date Check DTIN					
Paid	BRENDA K. SANTORO	BRENDA K. SANTORO	11/09/23 self-employed P00305062					
Preparer	Firm's name PRAGER METIS CPAS	, LLC	Firm's EIN 06-1667465					
Use Only	Firm's address 510 HAIGHT AVENUE							
	POUGHKEEPSIE, NY	12603	Phone no. 845-473-7774					
May the IRS discuss this return with the preparer shown above? See instructions 🛛 🚺 Yes 🗌 No								
			000					

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

Brefy describe the organization's measure.         TO FIGHT FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY         PERSON IN OUR COMMUNITY.         Dot the organization undertake any significant program services during the year which were not listed on the proform 500 of 900-227       Uves [X] N         If 'Yea, 'describe these new services on Schedule 0.       Describe the organization's program services complathments for each of its three largest program services, as measured by expenses.         Sectors the organization's program service accomplathments for each of its three largest program services, as measured by expenses.         Sectors the organization's program service accomplathments for each of its three largest program services, as measured by expenses.         Sectors of the organization's program service accomplathments for each of its three largest program services, as measured by expenses.         Sectors of the organization's program service accomplathments for each of its three largest program services, and meaning generating generating and allocations to others, the total expenses, and meaning generating generating and allocations to others. The text program services are required to report the amount of grants and allocations to others. The text program services are program services and program services and program services and program services and program services.         B (code       ] (Generating and and and and generating generating and and allocations to others.         B (code       ] (Generating and and and and generating generating and allocations to others.         B (code       ] (Generating and and and and gener		n 990 (2022) REGION, INC. 06-1045698 Page 2 rt III Statement of Program Service Accomplishments
Brefy describe the organization's measure.         TO FIGHT FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY         PERSON IN OUR COMMUNITY.         Dot the organization undertake any significant program services during the year which were not listed on the proform 500 of 900-227       Uves [X] N         If 'Yea, 'describe these new services on Schedule 0.       Describe the organization's program services complathments for each of its three largest program services, as measured by expenses.         Sectors the organization's program service accomplathments for each of its three largest program services, as measured by expenses.         Sectors the organization's program service accomplathments for each of its three largest program services, as measured by expenses.         Sectors of the organization's program service accomplathments for each of its three largest program services, as measured by expenses.         Sectors of the organization's program service accomplathments for each of its three largest program services, and meaning generating generating and allocations to others, the total expenses, and meaning generating generating and allocations to others. The text program services are required to report the amount of grants and allocations to others. The text program services are program services and program services and program services and program services and program services.         B (code       ] (Generating and and and and generating generating and and allocations to others.         B (code       ] (Generating and and and and generating generating and allocations to others.         B (code       ] (Generating and and and and gener		
PERSON IN OUR COMMUNITY.         Doth the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-527       Image: Significant program services during the year which were not listed on the prior Form 980 or 980-527       Image: Significant program service accompletent of the services of the transmission cases control of the organization program services control of the organization program service accompletent or each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6) organizations are required to report the amount of grants and allocations to others, the total expenses, and measured to the service expended.         a (code:	1	
Did the organization undertake any significant program services during the year which were not listed on the proform 500 or 900.227       Image: Strain		TO FIGHT FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY
<pre>prior from 980 or 980-E27</pre>		PERSON IN OUR COMMUNITY.
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<pre>prior from 980 or 980-E27</pre>	2	Did the organization undertake any significant program services during the year which were not listed on the
<pre>b (code</pre>	-	
<pre>b dive organization scase conducting, or make significant changes in how it conducts, any program services?</pre>		
<pre># 'We', taken the the changes on Schedule 0. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(a) and 501(c)(a) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverue. if any, for each program service reported:</pre>	3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
<pre>Describe the organization's program service accomplishments for each of 1s three largest program services, and measured by expenses. Saction 501(c)(4) and 501(c)(4) conducted responded.  a (code)(expenses</pre>		
<pre>revenue, if any, for each program service reported a (code</pre>	4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
<ul> <li>(cont)(seveness</li></ul>		Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
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UNITED WAY OF THE DUTCHESS-ORANGE Form 990 (2022) REGION, INC.
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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		X
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	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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	6		X
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		v	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		х
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		л
a	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	444		х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	- 12
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>_</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 11	
120	Schedule D. Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		Х
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	18	Х	
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	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X	
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Form	990 (2022) REGION, INC. 06-1045	698	Р	<sub>age</sub> 4
	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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	36		<u> </u>
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	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	Х	L
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с				
	(gambling) winnings to prize winners?	1c	0000	<u> </u>
232004	¥ 12-13-22	Form	<b>990</b>	(2022)

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Form	990 (2022) REGION, INC.		06-1045	698	Р	age <b>5</b>			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)								
					Yes	No			
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	18						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority ove	er, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?		4a		X			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		<u>x</u>			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organizati	on solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts							
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provide	d to the payor?	7a		<u>x</u>			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		┝──			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required							
	to file Form 8282?	1 1		7c		X X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?		7e 7f		X X			
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		orm 1098-C?	7h					
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.			9a					
a									
b				9b					
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
40	amounts due or received from them.)	11b		40					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a					
	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.			40-					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
L	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
a	Enter the amount of reserves the organization is required to maintain by the states in which the	106							
-	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c		14-		x			
				14a					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.			14b		<u> </u>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			45		x			
	excess parachute payment(s) during the year?			15					
40	If "Yes," see the instructions and file Form 4720, Schedule N.	inocre - O		40		x			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?		16					
47	If "Yes," complete Form 4720, Schedule O.	hi viti e e							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			4-					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
00000	If "Yes," complete Form 6069.			Form	900	(2022)			
232005	12-13-22			FULL	000	(2022)			

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232005 12-13-22

-	990 (2022) REGION, INC. 06-1045	608	_	6
				age <b>6</b>
1 41		"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	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 on Schedule 0.			
b	Enter the number of voting members included on 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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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 on Schedule O	9		X
Sec	tion 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?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole
.5	for public inspection. Indicate how you made these available. Check all that apply.	Jiny)	avandi	510
	X       Own website       X       Another's website       X       Upon request       Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	rial	
19	statements available to the public during the tax year.	mail	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	SUSAN MANNING - 845-471-1900			
	75 MARKET STREET, POUGHKEEPSIE, NY 12601			
000000		Form	990	(2022
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Form **990** (2022)

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Form 990 (2		REGION,					06-1
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensation	ated
·	Employees, an	d Independe	ent Contra	ctors			

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

REGION. INC.

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per	Average P						<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)				irecto	Highest compensated sind	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KEVIN CLEARY	2.00								<u> </u>	
CHAIR		X		Х				0.	0.	0.
(2) AMY BERGER	2.00								•	
VICE CHAIR		X		Х				0.	0.	0.
(3) TIMOTHY EISENTRAUT	2.00								0	
2ND VICE CHAIR		Х		Х				0.	0.	0.
(4) SUSAN HOWELL TREASURER	2.00	x		77				0	0	
(5) MICHAEL MAZZUCA	2.00	A		Х				0.	0.	0.
SECRETARY	2.00	х		х				0.	0.	0.
(6) MATTHEW CRUZ	2.00	^		Λ				U •	0.	<u> </u>
BOARD MEMBER	2.00	x						0.	0.	0.
(7) FRED CLARKE	2.00	Δ						0.	0.	0.
BOARD MEMBER	2.00	х						0.	0.	0.
(8) CANDY DAVIES	2.00								0.	
BOARD MEMBER	2.00	х						0.	0.	0.
(9) ARTHUR DEDOMINICIS	2.00							<b>```</b>		
BOARD MEMBER		x						0.	0.	0.
(10) MELISSA GAEKE	2.00								•••	
BOARD MEMBER		x						0.	0.	0.
(11) JULIA KAMMERER	2.00									
BOARD MEMBER		x						0.	0.	0.
(12) TIMOTHY KANE	2.00									
BOARD MEMBER		х						0.	0.	0.
(13) PHILLIP LEKANIDES	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) KADIYAH LODGE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(15) SHARON MCGINNIS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(16) MARTA NEWKIRK	2.00									
BOARD MEMBER		Х						0.	0.	0.
(17) MICHELLE S O'REILLY	2.00	_						_		
BOARD MEMBER		Х				1		0.	0.	0.

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UNITED W	AY OF	THE	DUTCHESS-ORANGE
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REGION, INC.

Form 990 (2022) REGION, 3	INC.								06-1045	5698	Pa	ge <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)	_		
(A) Name and title	<b>(B)</b> Average hours per week (list any	officer and a director/trustee				than d is both	n an	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation from related	an	(F) timated nount o other	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	fr org and	pensat om the anizatio d relate inizatio	on ed
(18) KIMBERLY PENNINGTON	2.00								0			•
BOARD MEMBER	2 00	Х				-		0.	0.			0.
(19) BARRY ROTHFELD BOARD MEMBER	2.00	x						0.	0.			Ο.
(20) MARK VILLANTI	2.00											<u> </u>
BOARD MEMBER		х						0.	0.			0.
(21) JEANNIE MONTANO	40.00											
PRESIDENT & CEO	40.00			Х				174,744.	0.	24	4,26	9.
(22) SUSAN MANNING VP FINANCE	40.00			x				79,412.	0.	1	5,53	8.
		-										
1b Subtotal						<u> </u>		254,156.	0.	4	0,80	07.
c Total from continuation sheets to Part VI <u>d</u> Total (add lines 1b and 1c)								254,156.	0.		<mark>0,80</mark>	
2 Total number of individuals (including but n compensation from the organization								,		1	,	1
<b>3</b> Did the organization list any <b>former</b> officer,	director, truste	ee, k	key e	mpl	loye	e, or	hig	hest compensated empl	oyee on		Yes	No
<ul><li>line 1a? If "Yes," complete Schedule J for si</li><li>For any individual listed on line 1a, is the su</li></ul>										3		X
and related organizations greater than \$150										4	x	
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	iccrue compen	Isati	on fro	om	any	unre	elate	ed organization or individ	lual for services	5		x
Section B. Independent Contractors		- 0 /	<u> </u>		0013						1	
1 Complete this table for your five highest con the organization. Report compensation for t	-	-								ation fro	m	
(A) Name and business			ONE					(B) Description of s		<b>(C</b> Comper		
		- 1 ."										
<ol> <li>Total number of independent contractors (ir \$100,000 of compensation from the organiz</li> </ol>	•	στ lin	nited	το		se lis )	ted	above) who received mo	bre than			

Form 990 (2022)

UNITED WAY OF THE DUTCHESS-ORANGE REGION, INC.

			REGION, INC.				06-1045	698 Page <b>9</b>
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII	(B)		
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts S	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b		]			
Ω Ω Ω		с	Fundraising events 1c					
ar <i>F</i>		d	Related organizations 11					
is, C		е	Government grants (contributions) 1e	298,178.				
tion S		f	All other contributions, gifts, grants, and					
ibu				733,668.				
o dt		-	Noncash contributions included in lines 1a-1f	304,876.	0 001 046			
<u>ų č</u>		h	Total. Add lines 1a-1f		2,031,846.			
	_			Business Code				
Program Service Revenue	2	а						
ierv ue		b						
ven S		c d						
gra Re		u e						
Pro			All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere					
			other similar amounts)		224,611.			224,611.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	<u>.</u>				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
			Net rental income or (loss)	(1) (1)				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a 480, 416.</b>					
0		b	Less: cost or other basis					
evenue			and sales expenses					
			. ,		22,898.	22,898.		
r B	0		Net gain or (loss) Gross income from fundraising events (not		22,050.	22,050.		
Other	0	a	including \$ of					
0			contributions reported on line 1c). See					
				202,451.				
		b		69,889.				
			Net income or (loss) from fundraising events		132,562.			132,562.
	9		Gross income from gaming activities. See					
			Part IV, line 19 9a	1				
		b	Less: direct expenses9b					
		с	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a	1				
			Less: cost of goods sold 10k					
		С	Net income or (loss) from sales of inventory					
sn		_	OTHER INCOME	Business Code	7,826.	7,826.		
neoi	11				1,020.	1,020.		
ilar ven		b	·					
Miscellaneous Revenue		c d	All other revenue					<u></u>
ž			Total. Add lines 11a-11d		7,826.			
	12		Total revenue. See instructions		2,419,743.	30,724.	0.	357,173.
23200								Form <b>990</b> (2022)

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# Form 990 (2022) REGION, INC. Part IX Statement of Functional Expenses

0000	Ohaski if Oshadula O santaina a waaran				
	Check if Schedule O contains a respons	e or note to any line in t	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,041,555.	1,041,555.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
-	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	293,311.	219,883.	44,097.	29,331.
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	639,179.	427,395.	66,631.	145,153.
8	Pension plan accruals and contributions (include	,	,,,,,,,,		
0		30,693.	19,021.	1 670	7 000
_	section 401(k) and 403(b) employer contributions)			4,672.	7,000. 9,668.
9	Other employee benefits	62,354.	45,219.	7,467.	<u> </u>
10	Payroll taxes	89,865.	62,304.	10,041.	17,520.
11	Fees for services (nonemployees):				
а	Management				
	Legal	902.	627.	77.	198.
	Accounting	41,000.	28,497.	3,520.	8,983.
		,			.,
	Lobbying				
	Professional fundraising services. See Part IV, line 17	48,557.	48,557.		
f	Investment management fees	40,33/.	40,00/.		
g				1 000	
	column (A), amount, list line 11g expenses on Sch 0.)	14,188.	9,834.	1,226.	3,128.
12	Advertising and promotion	5,624.	5,248.		376.
13	Office expenses	49,492.	29,945.	2,180.	17,367.
14	Information technology	58,745.	35,224.	1,657.	21,864.
15	Royalties				
16		46,541.	33,847.	3,724.	8,970.
		6,795.	6,176.	5.	614.
17		0,195.	0,1/0.	J.	014.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,220.	5,495.	282.	3,443.
20	Interest				
21	Payments to affiliates	19,951.	13,828.	1,724.	4,399.
22	Depreciation, depletion, and amortization	24,939.	17,285.	2,155.	5,499.
23	Insurance	18,268.	12,662.	1,578.	4,028.
24	Other expenses. Itemize expenses not covered			,	,
2-7	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	125 067	125 067		
а	OTHER PROGRAM EXPENSES	135,067.	135,067.	100	2 000
b	DUES & SUBSCRIPTIONS	7,290.	3,815.	186.	3,289.
с	CAMPAIGN ADMINISTRATIVE	3,313.	0.		3,313.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,646,849.	2,201,484.	151,222.	294,143.
26	Joint costs. Complete this line only if the organization	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , •	. ,	,,
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				_ 000
23201	) 12-13-22	10			Form <b>990</b> (2022)

Form 990 (2022)
Part X | Balance Sheet

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

Pa	tΧ	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	242,100.	1	45,257		
	2	Savings and temporary cash investments			48,826.	2	36,169
	3	Pledges and grants receivable, net			494,307.	3	523,258
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	se perso	ns		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	ion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			16,215.	9	16,663
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	762,947. 479,247.			
	b	Less: accumulated depreciation	10b	479,247.	304,640.	10c	283,700
	11	Investments - publicly traded securities			1,494,497.	11	1,639,211
	12	Investments - other securities. See Part IV, line			2,352,913.	12	2,456,124
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	22,571.	15	49,075		
	16	Total assets. Add lines 1 through 15 (must equ			4,976,069.	16	5,049,457
	17	Accounts payable and accrued expenses	204,228.	17	406,413		
	18	Grants payable			90,017.	18	76,830
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
liti		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the	-			22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line			20 000		01 115
		of Schedule D		·····	<u>29,000.</u> 323,245.	25	21,115 504,358
	26	Total liabilities. Add lines 17 through 25	<u></u>	X	343,443.	26	504,350
s		Organizations that follow FASB ASC 958, che	eck here				
nce	07	and complete lines 27, 28, 32, and 33.			3,358,458.	07	3 192 506
ala	27				1,294,366.	27	3,182,506 1,362,593
d B	28			L	1,294,300.	28	1,302,393
'n		Organizations that do not follow FASB ASC 9	58, cne				
or F	20	and complete lines 29 through 33.				00	
ets	29 20	Capital stock or trust principal, or current funds				29 20	
SS	30 21	Paid-in or capital surplus, or land, building, or e		Г		30	
Net Assets or Fund Balances	31 22	Retained earnings, endowment, accumulated in			4,652,824.	31	4,545,099
ž	32				4,976,069.	32	5,049,457
	33	Total liabilities and net assets/fund balances			<b>-</b> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	33	Form <b>990</b> (202

Form 990 (2022)

UNITED WAY OF THE DUTCHESS-ORANG	UNITED	WAY	OF	$\mathbf{THE}$	DUTCHESS-	ORANGE
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Form	1 990 (2022) REGION, INC.	06-104	5698	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,419		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,646		
3	Revenue less expenses. Subtract line 2 from line 1	3	-227		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u>4,652</u>		
5	Net unrealized gains (losses) on investments	5	119	),3	81.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,545	5,0	99.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

(Form 9	of the Treasury	Co	omplete if the organ 494 At	rity Status an ization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo Form990 for instructior	(c)(3) orga ritable tru rm 990-E	anization ( st. Z.	or a section		OMB No. 1545-0047 <b>2022</b> Open to Public Inspection
Name of	the organizati			THE DUTCHESS-	ORANO	ΞE			identification number
Dort	Decor		ON, INC.	(au · · ·					6-1045698
Part I				(All organizations must c			ee instruction	S.	
1       1         2       1         3       1         4       1	A church, cor A school des A hospital or	nvention of chu cribed in <b>secti</b> a cooperative search organiza	urches, or associatio ion 170(b)(1)(A)(ii). ( hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in <b>se</b> hjunction with a hospital	in <b>sectio</b> 1 990).) <b>ection 170</b>	n 170(b)(1 (b)(1)(A)(ii	i).	)(iii). Enter	the hospital's name,
5	An organizati	on operated fo	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
6 🗌 7 X									
•	-		omplete Part II.)						
8 🛄 9 🔲	-			(1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i)	-	nd in coniu	notion with a	land grant	collogo
5	•	-		ulture (see instructions).		-		-	-
10									
11 🗌			-	vely to test for public sat	aty See	section 50	)9(a)(4)		
12 🗌 a 🗌	An organizati more publicly lines 12a thro <b>Type I.</b> A si	on organized a supported orgough 12d that orgoupporting orga	and operated exclusi ganizations describe describes the type of unization operated, si	vely for the benefit of, to d in <b>section 509(a)(1)</b> o f supporting organizatior upervised, or controlled	perform the section of and composite support of the section of the	he function 509(a)(2). plete lines ported orga	ns of, or to ca See <b>section</b> 12e, 12f, and anization(s), t	509(a)(3). C 12g. vpically by g	check the box on
		-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
b	<b>Type II.</b> A s control or n organization	supporting organanagement o n(s). <b>You mus</b>	f the supporting orga t complete Part IV,	or controlled in connect anization vested in the sa Sections A and C.	ame perso	ns that co	ntrol or mana	ge the supp	ported
с _				g organization operated				ly integrate	d with,
d 🗌	<b>Type III no</b> that is not f	n-functionally	<b>integrated.</b> A supplegrated. The organiz	). You must complete F porting organization oper- ation generally must sati nplete Part IV, Sections	ated in cor sfy a distri	nnection with with the second se	vith its suppor puirement and	•	· · ·
e 🗌				written determination from nally integrated supporting			Туре I, Туре	II, Type III	
f Ent	er the number of	of supported o	organizations						
			about the supporte	d organization(s).					
	<ul> <li>(i) Name of support organization</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
	organization			above (see instructions))	Yes	No			
Total									

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

06-1045698 Page 2

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 failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

fails to qualify under the tests listed below, please complete Part I	II.
---	-----

Schedule A (Form 990) 2022

Sec	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	2851464.	2540712.	2479330.	2424817.	2164408.	12460731.	
2	Tax revenues levied for the organ-							
	ization'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	2851464.	2540712.	2479330.	2424817.	2164408.	12460731.	
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)						492,036.	
6	Public support. Subtract line 5 from line 4.						11968695.	
	ction B. Total Support						•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	2851464.	2540712.	2479330.	2424817.	2164408.	12460731.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	85,931.	136,630.	240,275.	198,477.	224,611.	885,924.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	19,631.	59,821.	7,440.	1,951.	7,826.		
11	Total support. Add lines 7 through 10						13443324.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	vear as a section 5	01(c)(3)		
	organization, check this box and stor							
Sec	ction C. Computation of Publi	c Support Per	centage					
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	olumn (f))		14	89.03 %	
15						15	90.23 %	
<b>16</b> a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies	as a publicly suppo	orted organization				X	
b	33 1/3% support test - 2021. If the c	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,	
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r <b>e.</b> Explain in Part '	VI how the organiz	zation	
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization			
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	ne facts-and-circum	nstances test, cheo	ck this box and <b>st</b>	<b>op here.</b> Explain ir	n Part VI how the		
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation		
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s	
						Schedule A	(Form 990) 2022	

_		OF THE DI	UTCHESS-OF	RANGE	06 104	
Schedule A (Form 990) 2022 R	EGION, IN	C. Decerihad in 6		(0)	06-104	5698 Page 3
Part III Support Schedule for C	organizations	Described in S	Section 509(a)(	(2)		
(Complete only if you checked			organization failed	to qualify under Pa	art II. If the organiza	ation fails to
qualify under the tests listed b	elow, please comp	olete Part II.)				
Section A. Public Support		1	l	1		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that						
are not an unrelated trade or bus-						
<ul><li>iness under section 513</li><li>Tax revenues levied for the organ-</li></ul>						
ization'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						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disgualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support			<b></b>			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b> Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatio	on,
check this box and stop here			-			

Se	ction C. Computation of Public Support Percentage							
15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%					
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	%					
Se	ction D. Computation of Investment Income Percentage							
17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%					
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	%					
19a	a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 3	3 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	tion						
k	33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re tha	an 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 ins	tructi	ons					

#### 232023 12-09-22

Schedule A (Form 990) 2022

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#### Schedule A (Form 990) 2022

Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

REGION, INC.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

16

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10b Schedule A (Form 990) 2022

06-1045698 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

UNITED	WAY	OF	THE	DUTCHESS-ORANGE
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	UNITED WAY OF THE DUTCHESS-ORANGE			
Sche	dule A (Form 990) 2022 REGION, INC.	06-104569	8 Pa	age <b>5</b>
Par				
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
a		110		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's of directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among	fficers, ported g the		
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Jec				
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insi	tructions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity.	tity (see instruction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Vec " there in <b>Part VI identify</b>			

- the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

17

Зb Schedule A (Form 990) 2022

2a

2b

3a

15531109 130075 PM165893.001

	UNITED WAY OF THE DUTCH	ESS-C	RANGE	
Sche	edule A (Form 990) 2022 REGION, INC.			06-1045698 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 ( <i>explain i</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	t complete	e Sections A through E.	
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting or	ganization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

06-1045698 Page 7	1
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_	dule A (Form 990) 2022 REGION, INC.				6-1045698 Page 7
Par		a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		_	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive		-	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(1)	(11)	10	(11)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2020				
e	Excess from 2022				

Schedule A (Form 990) 2022

232027 12-09-22

Schedule A (Form 990) 2022	REGION,	INC.				06-1045698 Page
Part IV, Section A, I line 1; Part IV, Sect	<b>Information.</b> Prov lines 1, 2, 3b, 3c, 4b, 4 ion D, lines 2 and 3; P 6, and 8; and Part V, S	4c, 5a, 6, 9a, 9b, 9c, art IV, Section E, line	11a, 11b, and 1 s 1c, 2a, 2b, 3a,	1c; Part IV, S , and 3b; Par	Section B, lines 1 t V, line 1; Part \	r 17b; Part III, line 12; and 2; Part IV, Section C, /, Section B, line 1e; Part V,
SCHEDULE A, PART	II, LINE 1	0, EXPLANA	TION FOR	OTHER	INCOME:	
OTHER INCOME						
2018 AMOUNT: \$	19,631.					
2019 AMOUNT: \$	59,821.					
2020 AMOUNT: \$	7,440.					
2021 AMOUNT: \$	1,951.					
2022 AMOUNT: \$	7,826.					
232028 12-09-22			20			Schedule A (Form 990) 20

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Internal Revenue Service						
Name of the organization						

Schedule B

Department of the Treasury

(Form 990)

្វ័យ	NITED W	AY OF	THE	DUTCHESS-ORANGE	
RI	EGION,	INC.			06-1045698

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

	rganization		Employer identification number
	D WAY OF THE DUTCHESS-ORANGE N, INC.		06-1045698
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
1		\$125,8	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$ <u>70,5</u>	00. (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person       Payroll       Noncash       (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

Schedule B (Form 990) (2022)

Schedule E	3 (Form 990) (2022)		Page <b>3</b>
Name of or			Employer identification number
	O WAY OF THE DUTCHESS-ORANGE		06 1045608
	J, INC.		06-1045698
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	1.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
223453 11-15-	-22		Schedule B (Form 990) (2022)

23

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)			Page <b>4</b>
Name of o	organization			Employer identification number
UNITE	D WAY OF THE DUTCHESS-O	RANGE		
	N, INC.			06-1045698
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)			hat total more than \$1,000 for the year
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of <b>\$1,000 or l</b>	ess for the year. (Enter this info.	once.) \$
	Use duplicate copies of Part III if additional	space is needed.		
(a) No. from	(b) Purpose of gift	(a) Use of gift	(d) Dor	porintion of how gift is hold
Part I	(b) Purpose of gift	(c) Use of gift		cription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
		[		
(a) No.		1		
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
<u> </u>				
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
(a) No.				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
		(e) Transfer of gif		
		(c) francici er gi	•	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee
	· · · ·		· · ·	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dor	cription of how gift is held
Part I				scription of now girt is neid
		(e) Transfer of gif	t	
	Transformed and the second		Deletteretter	
	Transferee's name, address, a	na <b>ZIP + 4</b>	Relationship of tra	ansferor to transferee
223454 11-15	5-22	I		Schedule B (Form 990) (2022)
		<u> </u>		

## 15531109 130075 PM165893.001

	HEDULE D n 990)	Complete if the orga	al Financial Statements nization answered "Yes" on Form 990,	OMB No. 1545-0047
Depart	ment of the Treasury		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. .ttach to Form 990.	Open to Public
	Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest information	n. Inspection
Nam	e of the organizatio		DUTCHESS-ORANGE	Employer identification number
		REGION, INC.		06-1045698
Par		•	d Funds or Other Similar Funds or	Accounts. Complete if the
	organization	answered "Yes" on Form 990, Part IV, lin		
			(a) Donor advised funds	(b) Funds and other accounts
1		d of year		
2		contributions to (during year)		
3		grants from (during year)		
4		end of year		f
5	-		writing that the assets held in donor advised t	
6			exclusive legal control? dvisors in writing that grant funds can be use	
6	•		r donor advisor, or for any other purpose con	
	impermissible privat		r donor advisor, or for any other purpose con	°
Par			ganization answered "Yes" on Form 990, Part	
1		ervation easements held by the organization		
•		of land for public use (for example, recrea	· · · · ·	nistorically important land area
		natural habitat		certified historic structure
	Preservation of			
2		• •	ied 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
а		servation easements		2a
b				
c	•		ucture included in (a)	
		ation easements included in (c) acquired a		
-				2d
3			eased, extinguished, or terminated by the or	
	vear		, 5 , , , , ,	5
4	Number of states w	here property subject to conservation eas	sement is located	
5	Does the organization	on have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enfor	rcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	
7	Amount of expenses	s incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easements during the year
8	Does each conserva	ation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	.)(B)(i)
	and section 170(h)(4	4)(B)(ii)?		Yes No
9	In Part XIII, describe	how the organization reports conservation	on easements in its revenue and expense sta	tement and
	balance sheet, and	include, if applicable, the text of the footr	note to the organization's financial statements	s that describes the
		unting for conservation easements.		
Par		-	Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if t	he organization answered "Yes" on Form	990, Part IV, line 8.	
<b>1</b> a	If the organization e	lected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet works
	of art, historical trea	sures, or other similar assets held for put	blic exhibition, education, or research in furthe	erance of public
			ncial statements that describes these items.	
b			8, to report in its revenue statement and bala	
		· · · ·	exhibition, education, or research in furthera	ince of public service,
	•	g amounts relating to these items:		
_	.,			
2	-		asures, or other similar assets for financial ga	in, provide
	-	nts required to be reported under FASB A	-	•
		duction Act Notice, see the Instructions	s tor Form 990.	Schedule D (Form 990) 2022
232051	09-01-22		25	
			40	

15531109 130075 PM165893.001 2022.05000 UNITED WAY OF THE DUTCHES PM165891

		WAY OF THE	DUTCHESS-C	ORANGE						•
	dule D (Form 990) 2022 REGION,				<b>Other and</b>			45698		age <b>2</b>
Par	t III Organizations Maintaining C							(continu	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that n	nake sig	nificant u	ise of its			
	collection items (check all that apply):		<b>—</b> .							
a	Public exhibition	d		hange program						
b	Scholarly research	е	Other							
c	Preservation for future generations									
4	Provide a description of the organization's co						se in Part	XIII.		
5	During the year, did the organization solicit o		•					7.2		<b>.</b> .
Dar	to be sold to raise funds rather than to be ma <b>t IV</b> Escrow and Custodial Arran							Yes		No
I UI	reported an amount on Form 990, Par		ete il the organization	n answered i	es on r	-0111 990	, Part IV,	ine 9, or		
12	Is the organization an agent, trustee, custodi		any for contributions	or other asset	ts not in	cluded				
Ia	on Form 990, Part X?		•					Yes		No
h	If "Yes," explain the arrangement in Part XIII						∟		L	
D.			owing table.					Amount		
<u>د</u>	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance					16 1f				
	Did the organization include an amount on Fe							Yes		No
	If "Yes," explain the arrangement in Part XIII.					y				]
Par						).				
		(a) Current year	(b) Prior year	(c) Two years			ears back	(e) Four	years	back
1a	Beginning of year balance	2,352,913.	2,727,226.	2,129,		2,3	06,708.			763.
	Contributions		• •	29,	851.					
	Net investment earnings, gains, and losses	196,897.	-284,367.	655,	801.	- !	93,875.		16,	304.
	Grants or scholarships	17,951.	16,526.		713.	:	, 10,324.			
	Other expenditures for facilities	,		,			,			
•	and programs	75,735.	73,420.	71,	193.		73,029.		72,	359.
f	Administrative expenses	,		,			,		,	
	End of year balance	2,456,124.	2,352,913.	2,727,	226.	2,1	29,480.	2,	306,	708.
2	Provide the estimated percentage of the curr		(line 1g. column (a)	) held as:				· · ·		
	Board designated or quasi-endowment	46.5200	%	,						
b	Permanent endowment 11.5500	%	_/*							
c	11 0000	<u> </u>								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse		tion that are held an	d administered	d for the					
	organization by:	Ũ						[`	Yes	No
	(i) Unrelated organizations							3a(i)	X	
	(ii) Related organizations							3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, F	Part X, li	ne 10.				
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Ac	cumulate	d	(d) Book	value	e
		basis (investm	nent) basis	(other)	depi	reciation				
1a	Land			2,000.						00.
	Buildings		8	0,000.		64,00	0.	16	,00	00.
	Leasehold improvements									
d	Equipment			4,268.		39,62				48.
	Other		62	6,679.	3	75,62	27.	251		
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part >	K. column (B), line 10	0c.)				283	,7	00.
							Schedule	D (Form	990)	2022

232052 09-01-22

UNITED	WAY	OF	THE	DUTCHESS-ORANGE
REGION	TNC	۹.		

Schedule D (Form 990) 2022 REGION, INC	•	06	5-1045698 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. 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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) POOLED INVESTMENT ACCOUNT	2,456,124.	END-OF-YEAR MARKET	' VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,456,124.		
Part VIII Investments - Program Related.	· · · ·		
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	I		
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
	Description	· , , , ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	! 10.)		1
Complete if the organization answered "Yes"	on Form 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	5
			(b) Book value
(1) Federal income taxes (2) DEFERRED REVENUE			6 000
	20		<u>6,000.</u> 15,115.
(3) OPERATING LEASE LIABILITIE	סי		15,115.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			01 11-
Total. (Column (b) must equal Form 990, Part X, col. (B) line			21,115.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to t	the organization's financial statements	that reports the

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

	UNITED WAY OF THE DUTCHES	S-ORANGE				
Sche	dule D (Form 990) 2022 REGION, INC.			06-2	1045698	Page <b>4</b>
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents With Re	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,497	,934.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	119,381.			
b	Donated services and use of facilities	2b	62,403.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		69,889.			
е	Add lines 2a through 2d			2e		<u>,673.</u>
3	Subtract line 2e from line 1			3	2,246	<u>,261.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	48,557.			
b	Other (Describe in Part XIII.)	4b	124,925.			
С	Add lines 4a and 4b			4c	173	<u>,482.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,419	<u>,743.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments With E	xpenses per F	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements			1	2,605	<u>,659.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	62,403.	-		
b	Prior year adjustments	<b>2</b> b		-		
С	Other losses					
d	Other (Describe in Part XIII.)	2d	69,889.			
е	Add lines 2a through 2d			2e		<u>,292.</u>
3	Subtract line 2e from line 1			3	2,473	<u>,367.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	<u>4a</u>	48,557.	-		
b	Other (Describe in Part XIII.)	4b	124,925.		. – .	
С	Add lines 4a and 4b			4c		,482.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,646	,849.
Pa	t XIII Supplemental Information.					

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

#### PART V, LINE 4:

THE O	DRGANIZATION'S	INTENDED	USE	OF	ITS	ENDOWMENT	FUNDS	IS TO	) PROVIDE
-------	----------------	----------	-----	----	-----	-----------	-------	-------	-----------

LONG-TERM SUPPORT FOR THE ORGANIZATION'S PROGRAMS

PART X, LINE 2:

MANAGEMENT EVALUATES TAX POSITIONS TAKEN BY THE UNITED WAY AND RECOGNIZES

A TAX LIABILITY IF THE UNITED WAY HAS TAKEN UNCERTAIN TAX POSITIONS THAT

MORE LIKELY THAN NOT WILL NOT BE SUSTAINED UPON EXAMINATION BY THE

INTERNAL REVENUE SERVICE. MANAGEMENT HAS CONCLUDED THAT AS OF YEAR END,

THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, THAT

WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL

STATEMENTS.	THE UNITED	WAY IS	SUBJECT	то	ROUTINE	AUDITS	ΒY	TAXING	

232054 09-01-22

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UNITED WAY OF THE DUTCHESS-ORANGE         Schedule D (Form 990) 2022       REGION, INC.       06-1045698 Page 5         Part XIII       Supplemental Information (continued)       06-1045698 Page 5
JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS
IN PROGRESS. IN THE EVENT THAT THE UNITED WAY INCURS ANY INTEREST AND
PENALTIES, IT WILL PRESENT INTEREST AS A COMPONENT OF INTEREST EXPENSE AND
PENALTIES AS A COMPONENT OF OFFICE EXPENSE IN THE YEAR INCURRED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 69,889.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATED AMOUNTS 124,925.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 69,889.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATED AMOUNTS 124,925.
Schedule D (Form 990) 2022

SCHEDULE G	Suppleme	ntal Information R	egarding	Fund	Iraisi	ng or Gaming A	ctivities	C	DMB No. 1545-0047
(Form 990)		e organization answere organization entered mo					r 19, or if the		2022
Department of the Treasury		Attach to	Form 990 o	r Forr	n 990-	-EZ.			Open to Public
Internal Revenue Service	•	o www.irs.gov/Form99							Inspection
Name of the organization	<pre>     UNITED     REGION, </pre>	WAY OF THE DI INC.	UTCHES	S-OI	RANC	ĴΕ	Employ 06-1		ntification number 698
	complete this part	Complete if the organiz t.	ation answe	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form	990-EZ	filers are not
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> </ul>	tions email solicitations tations licitations on have a written o	ed funds through any of e [ f [ g [ or oral agreement with ar art VII) or entity in conne	Solicitat Solicitat Special	ion of ion of fundra (incluc	non-g gover aising e ling of	overnment grants nment grants events ficers, directors, trus	tees, or	Yes	s 🗔 No
	highest paid indiv	viduals or entities (fundra	•			e e	ne fundraiser i		
(i) Name and addres or entity (fund	s of individual	(ii) Activity		(iii) fundr have c or cor contrib	aiser ustody itrol of	(iv) Gross receipts from activity	<b>(v)</b> Amount to (or retaine fundraise listed in co	ed by) er	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No				
Total 3 List all states in whi or licensing.	ich the organizatio	n is registered or license	ed to solicit c	ontrib	utions	or has been notified	it is exempt f	rom re	gistration

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

Schedule G (Form 990) 2022

232081 10-27-22

hedule	G (Forr	n 990)	2022

06 1015600

		le G (Form 990) 2022 <b>REGION</b> ,				1045698 Page 2
Pa	nrt I					
		of fundraising event contributions and gr				s greater than \$5,000.
Direct Expenses Revenue Direct Expenses Revenue 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					(c) Other events	(d) Total events
						(add col. (a) through
ect Expenses Revenue Direct Expenses Revenue			OF SERVICE	KICKOFF	1	col. (c)
0			(event type)	(event type)	(total number)	coi. <b>(c)</b> )
nue						
eve	1	Gross receipts	92,304.	58,369.	51,778.	202,451.
£						
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	92,304.	58,369.	51,778.	202,451.
		· · ·				
	4	Cash prizes				
	5	Noncash prizes				
ŝ		• • • • • • • • • • • • • • • • • • • •				
en se	6	Rent/facility costs	Complete if the organization answered "Yes" on Form 990, Part IV, line 18, c         butions and gross income on Form 990-EZ, lines 1 and 6b. List events with gr         (a) Event #1       (b) Event #2         (c) Other         CELEBRATION         ANNUAL         OF SERVICE         (event type)         (event type)         (event type)         (event type)         (b) Event #2         (c) Other         (event type)         (event type)         (event type)         (event type)         (event type)         (b) Fast Strate         (c) Other         92, 304.         58, 369.         (c) Other         (d) Bingo         (b) Pull tabs/instant         bingo/progressive bingo         (c) Other         (d) Bingo         (e) Yes         No <td></td> <td></td>			
g						
ш К	7	Food and beverages				
lired	<b>'</b>					
	8	Entertainment				
	9	Other direct expenses		15 002.	11,076.	69,889.
	10				•	69,889.
	11					132,562.
Pa						152,502.
		\$15,000 on Form 990-EZ, line 6a.				
				(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo		(c) Other gaming	col. (a) through col. (c)
ven				singe, progreeene singe		
ВĢ		0				
	1	Gross revenue				
		Cash prizes				
es	2	Cash prizes				
ens		New years to reader				
a Xi	3	Noncash prizes				
čt						
Dire	4	Rent/facility costs				
	_					
	5	Other direct expenses				
					└── Yes %	
	6	Volunteer labor	No		No No	
	_					
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
-						
						Yes No
b	) If "	No," explain:				
10a	We	Yes No				
b	) If "	Yes," explain:				
00.05		07.00			Caba	dula C (Earm 000) 0000
2320	32 10	)-27-22			Sche	dule G (Form 990) 2022

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		UNITED			THE I	DUTCH	IESS-(	ORANGI	Ξ			•
	edule G (Form 990) 2022	REGION,									.04569	
	Does the organization conduct gar										Yes	s 🛄 No
12	Is the organization a grantor, bene										Yes	s 🗌 No
13	to administer charitable gaming? _ Indicate the percentage of gaming											
	The organization's facility										13a	%
	An outside facility										13b	%
14	Enter the name and address of the	e person who p	repares	the o	organizatio	n's gami	ng/specia	l events b	ooks and re	ecords:		
	Name											
15a	Does the organization have a cont	ract with a thire	d party f	from v	whom the	organiza	tion recei	ves gamin	g revenue?		Yes	s 🗌 No
	If "Yes," enter the amount of gamin of gaming revenue retained by the If "Yes," enter name and address of Name	third party	\$						and th	e amount		
	Address											
16	Gaming manager information:											
	Name											
	Gaming manager compensation	\$										
	Description of services provided											
17	Director/officer	Employee	9		Inde	ependent	t contracte	or				
a	Is the organization required under retain the state gaming license? Enter the amount of distributions r	equired under	state lav	w to b						ent in the	Yes	s 🗌 No
Pa	organization's own exempt activitie <b>Supplemental Inform</b> 15b, 15c, 16, and 17b, as	nation. Prov	ide the (							d (v); and Par	t III, lines §	9, 9b, 10b,
	, , , , ,			<b>,</b>								
2320	83 10-27-22					2				Sched	ule G (For	m 990) 2022
21	100 12007E DW16E00	2 0 0 1					0.0 7737	-			matter	

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0 1 1 0 /5	UNITED WAY OF THE DUTCHESS-ORANGE	06 104E600 =
Schedule G (Form 990) Part IV Supplemental Inform	REGION, INC. mation (continued)	06-1045698 Page 4
	(continued)	
		Schedule G (Form 990)
232084 04-01-22	22	

SCHEDULE I (Form 990)		Go	Frants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni on Form 990, Par	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form s.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization	UNITED WAY REGION, II		DUTCHESS-OR.	0				Employer identification numbe 06-1045698
	nation on Grants ar							
criteria used to award 2 Describe in Part IV the Part II Grants and Ot	d the grants or assis le organization's pro ther Assistance to [	tance? <u>cedures for monit</u> Domestic Organiz	oring the use of grant zations and Domestic	funds in the United	States. complete if the orga		stance, and the select	X Yes N
recipient that r <b>1 (a)</b> Name and addres or govern	s of organization	5,000. Part II can <b>(b)</b> EIN	be duplicated if additi (c) IRC section (if applicable)	onal space is neede (d) Amount of cash grant	ed. (e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICA'S BEST CHARI 1100 LARKSPUR LANDIN LARKSPUR, CA 94939		94-3067804	501(C)(3)	24,805.	0.			DONOR DIRECTED
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE CHANTILLY, VA 20151	, SUITE 110	54-1517707	501(C)(3)	6,469.	0.			DONOR DIRECTED
BOYS & GIRLS CLUB OF INC 285 LIBERTY S' NEWBURGH, NY 12550	,	14-1506144	501(C)(3)	15,000.	0.			EDUCATION
CATHOLIC CHARITIES CO SERVICES OF DUTCHESS FIRST AVENUE 6TH FLOO NY 10022	COUNTY - 1011	46-1341563	501(C)(3)	15,000.	0.			INCOME
CATHOLIC CHARITIES C SERVICES OF ORANGE C MATTHEWS STREET - GO	DUNTY - 27	32-0151827	501(C)(3)	7,500.	0.			INCOME
CREATING HEALTHIER C 1199 NORTH FAIRFAX S' ALEXANDRIA, VA 22314		85-0258784	501(C)(3)	20,286.	0.			DONOR DIRECTED

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

232101 10-31-22

Schedule I (Form 990) 2022

Schedule I (Form 990) REGION, I	-					(	)6-1045698 Pag
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL COOPERATIVE EXTENSION DUTCHESS COUNTY - 2715 ROUTE 44, SUITE 1 - MILLBROOK, NY 12545	14-6036882	501(C)(3)	7,000.	0.			EDUCATION
CULTURECONNECT PO BOX 590	16 1516522	501/(0)/(2)	C 000	0.			EDUCATION
RHINEBECK, NY 12572	16-1516523	501(C)(3)	6,000.	0.			EDUCATION
DUTCHESS COUNTY COMMUNITY ACTION AGENCY, INC 77 CANNON ST POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	8,500.	0.			EDUCATION
DUTCHESS COUNTY COMMUNITY ACTION AGENCY, INC 77 CANNON ST POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	34,000.	0.			INCOME
	14 1011037	301(0)(3)	54,000.				
DUTCHESS COUNTY COMMUNITY ACTION AGENCY, INC 77 CANNON ST POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	15,000.	0.			INCOME
DUTCHESS OUTREACH, INC. 29 N. HAMILTON ST., SUITE 222							
POUGHKEEPSIE, NY 12601	22-2339537	501(C)(3)	20,000.	0.			INCOME
DUTCHESS OUTREACH, INC. 29 N. HAMILTON ST., SUITE 222							
POUGHKEEPSIE, NY 12601	22-2339537	501(C)(3)	7,500.	0.			HEALTH
FAMILY SERVICES INC. 29 NORTH HAMILTON STREET							
POUGHKEEPSIE, NY 12601	14-1338399	501(C)(3)	20,000.	0.			EDUCATION
FOOD FOR KIDS 2 FATHER TIERNEY CIRCLE							
WASHINGTONVILLE, NY 10992	82-3650190	501(C)(3)	7,500.	0.			HEALTH

Schedule I (Form 990)

Schedule I (Form 990) REGION, INC.

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Schedule I (Form 990) REGION, I.		meetie Organizations	and Domostic Oc	Cob	dula I (Earm 000) Da		10-1043098 Page
Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRACE SMITH HOUSE INC.							
1 BROOKSIDE AVENUE							
POUGHKEEPSIE, NY 12601	14-1626657	501(C)(3)	10,000.	٥.			INCOME
HUDSON RIVER HOUSING							
313 MILL STREET							
POUGHKEEPSIE, NY 12601	22-2456648	501(C)(3)	15,000.	0.			EDUCATION
HUDSON RIVER HOUSING							
313 MILL STREET							
POUGHKEEPSIE, NY 12601	22-2456648	501(C)(3)	10,000.	0.			EDUCATION
HUDGON DIVED HOUGING							
HUDSON RIVER HOUSING							
313 MILL STREET	22 2456649	E01(0)(2)	15 000	0			TNGONE
POUGHKEEPSIE, NY 12601	22-2456648	501(C)(3)	15,000.	0.			INCOME
HUDSON RIVER HOUSING							
313 MILL STREET							
POUGHKEEPSIE, NY 12601	22-2456648	501(0)(3)	7,000.	٥.			INCOME
FOOGRREEFSIE, NI 12001	22-2450040	501(0)(3)	7,000.	Ū.			INCOME
HUDSON RIVER HOUSING							
314 MILL STREET							
POUGHKEEPSIE, NY 12602	22-2456648	501(C)(3)	7,500.	0.			HEALTH
	22 2100010	501(0)(0)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
LAND TO LEARN							
P.O. BOX 223							
BEACON, NY 12508	46-3267308	501(C)(3)	10,000.	0.			EDUCATION
JEWISH FAMILY SERVICES							
720 ROUTE 17 M							
MIDDLETOWN, NY 10940	14-1731791	501(C)(3)	10,000.	0.			INCOME
LEGAL SERVICES OF THE HUDSON							
VALLEY - 331 MAIN ST., 2ND FLOOR,							
SUITE 200 - POUGHKEEPSIE, NY 12601	13-6265606	501(C)(3)	20,000.	0.			INCOME
,,,				••	l		

Schedule I (Form 990)

Schedule I (Form 990) REGION, INC.

06-1045698 Page 1

(a) Nome and address of		(c) IRC section	(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(b) Durpage of grant
(a) Name and address of organization or government	<b>(b)</b> EIN	if applicable	cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES OF THE HUDSON							
VALLEY - 331 MAIN ST., 2ND FLOOR,							
SUITE 200 - POUGHKEEPSIE, NY 12601	13-6265606	501(C)(3)	8,000.	0.			INCOME
LITERACY CONNECTIONS OF THE HUDSON							
VALLEY, INC 325 MAIN STREET -							
POUGHKEEPSIE, NY 12601	14-1710952	501(C)(3)	15,000.	0.			EDUCATION
NEWBURGH ARMORY UNITY CENTER							
321 SOUTH WILLIAM STREET							
NEWBURGH, NY 12550	27-4649035	501(C)(3)	15,000.	0.			EDUCATION
,			, ,				
NORTH EAST COMMUNITY CENTER							
P.O. BOX 35							
MILLERTON, NY 12546	14-1736237	501(C)(3)	10,000.	0.			EDUCATION
NORTH EAST COMMUNITY CENTER							
P.O. BOX 35							
MILLERTON, NY 12546	14-1736237	501(C)(3)	10,000.	0.			HEALTH
PAWLING RESOURCE CENTER							
PO BOX 331							
PAWLING, NY 12564	51-0195123	501(C)(3)	8,000.	0.			HEALTH
,			, ,				
POUGHKEEPSIE FARM PROJECT							
P.O. BOX 3143							
POUGHKEEPSIE, NY 12603	14-1813679	501(C)(3)	15,000.	0.			HEALTH
REGIONAL FOOD BANK OF NORTHEASTERN							
NY - 965 ALBANY SHAKER ROAD -							
LATHAM, NY 12110	22-2470885	501(C)(3)	9,269.	0.			DONOR DIRECTED
REGIONAL FOOD BANK OF NORTHEASTERN							
NY - 965 ALBANY SHAKER ROAD -	22 2472225	F01(0)(2)	05.000				
LATHAM, NY 12110	22-2470885	DAT(C)(3)	25,000.	0.			HEALTH

Schedule I (Form 990)

Schedule I (Form 990) **REGION**, **INC**.

06-1045698 Page 1

Schedule I (Form 990)       REGION , INC .       00-1045098       Page 1         Part II       Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)       00-1045098       Page 1								
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
FEARLESS! HUDSON VALLEY								
PO BOX 649								
NEWBURGH, NY 12550	14-1679391	501(C)(3)	13,200.	0.			INCOME	
THE ART EFFECT								
45 PERSHING AVENUE								
POUGHKEEPSIE, NY 12601	22-2538177	501(C)(3)	11,300.	0.			EDUCATION	
THE NATIONAL ALLIANCE FOR MENTAL								
ILLNESS - PO BOX 787 -								
POUGHKEEPSIE, NY 12602	11-2622795	501(C)(3)	15,000.	0.			EDUCATION	
UNITED WAY OF WESTCHESTER PUTNAM								
336 CENTRAL PARK AVE.								
WHITE PLAINS, NY 10601	13-1997636	501(C)(3)	10,000.	0.			INCOME	
UNITED WAY OF WESTCHESTER PUTNAM								
336 CENTRAL PARK AVE.								
WHITE PLAINS, NY 10601	13-1997636	501(C)(3)	33,000.	0.			INCOME	
,			,					
VASSAR COLLEGE URBAN EDUCATION								
INITIATIVE - 124 RAYMOND AVE., BOX								
709 - POUGHKEEPSIE, NY 12604	14-1338587	501(C)(3)	8,500.	0.			EDUCATION	
UNITED WAY OF WESTCHESTER PUTNAM 336 CENTRAL PARK AVE.								
	13-1997636	501(C)(3)	40,548.	0.			INCOME	
WHITE PLAINS, NY 10601	13-1337030	501(0)(3)	40,548.	0.			INCOME	
UNITED WAY OF WESTCHESTER PUTNAM								
336 CENTRAL PARK AVE.								
WHITE PLAINS, NY 10601	13-1997636	501(C)(3)	63,147.	0.			INCOME	
COMMUNITY MATTERS								
P.O. BOX 14816								
SANTA ROSE, CA 95402	68-0369720	501(C)(3)	10,600.	٥.			TRAINING	
			1 10,000.	••				

Schedule I (Form 990)

Schedule I (Form 990) 2022

REGION, INC.

06-1045698

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information					

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

PART I, LINE 2:

APPLICANT IS REQUIRED TO FILL OUT A COMMUNITY IMPACT APPLICATION.

APPLICATIONS ARE REVIEWED BY AREA COUNCIL VOLUNTEERS. IF APPROVED FOR

FUNDING, THE APPLICANT MUST SIGN A PARTNERSHIP AGREEMENT IN ADDITION TO A

CONTRACT. THE PARTNERSHIP AGREEMENT REQUIRES THAT THE AGENCY (1) BE A

501(C)(3) ORGANIZATION, (2) SUBMIT AUDITED FINANCIAL STATEMENTS AND FORM

990, (3) SUBMIT A MID-YEAR REVIEW REPORT, AND (4) PROVIDE AN ACCOUNTING OF

HOW THE FUNDS WERE SPENT. THE COUNCIL RESERVES THE RIGHT TO OBSERVE THE

#### FUNDED PROGRAMS.

SC	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	
-	-	Compensated Employees		20	22	, 
Dono	tmont of the Treesury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nam	ne of the organization	Employer id			mber	
		REGION, INC.	06-1	045698	3	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S			
	Discretionary :	spending account Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		<b>1b</b>		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3		ny, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	ompensation consultant Compensation survey or study				
	Form 990 of o	ther organizations	ommittee			
_						
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				v
-		e payment or change-of-control payment?				X X
b		eive payment from a supplemental nonqualified retirement plan?				X
С	-	eive payment from an equity-based compensation arrangement?		<b>4c</b>		
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only costion Edd	V(2) 50.1(c)(4) and 50.1(c)(20) organizations must complete lines 5.0				
5		<b>)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b> In Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n			
5	contingent on the r		"1			
2	•			5a		x
		ation?				X
D.		r 5b, describe in Part III.				<u> </u>
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
Ŭ	contingent on the r		11			
а	-			6a		x
		ation?				x
~		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	5			
•		les 5 and 6? If "Yes," describe in Part III		7		x
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th				
-				8		x
9		id the organization also follow the rebuttable presumption procedure described in		···· •		
-		153.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Form	n 990)	) 2022

232111 10-18-22

Schedule J (Form 990) 2022

REGION, INC.

06-1045698

Page 2

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

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

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

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEANNIE MONTANO	(i)	174,744.	0.	0.	13,980.	10,289.	199,013.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	<u>(ii)</u>							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

UNITED	WAY	OF	THE	DUTCHESS-ORANGE
REGION	, INC	2.		

Schedule J (Forn	n 990) 2022
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Part III Supplemental Information

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

Schedule J (Form 990) 2022

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

(Fo	orm 990) Complete if the o	rganizationa	answarad "Vac" a	n Form 990, Part IV, lines 2	90 or 30	20	22	
	tment of the Treasury	-	Attach to Form 9			Open to Inspe		с
Nam	e of the organization UNITED WAY	-				yer identificati	on num	nber
	REGION, INC	•				06-1045	698	
Pa	rt I Types of Property				-			
		(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) hod of determin n contribution ar	•	>
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X		293,975.	THRIFT	SHOP VA	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		2	10,901.	FMV			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
2	Securities - Miscellaneous							
23	Qualified conservation contribution -							
0								
	Historic structures Qualified conservation contribution - Other							
4								
5	Real estate - Residential							
6	Real estate - Commercial							
7	Real estate - Other							
8	Collectibles							
9	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	Other ()							
6	Other ()							
27	Other ()							
28	Other ( )							
9	Number of Forms 8283 received by the organ	nization during	g the tax year for co	ontributions	•			
	for which the organization completed Form 8							
	5	,	5				Yes	No
0a	During the year, did the organization receive	by contributio	on any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding perio					30a		Х
h	If "Yes," describe the arrangement in Part II.	u:						
	<b>.</b>	a noticy that m	quires the roviour	of any nonstandard contribut	tions?	04		х
1 0-	Does the organization have a gift acceptance		-	•				
	Does the organization hire or use third partie contributions?		-			<u>32a</u>		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in	column (c) fo	r a type of property	r for which column (a) is che	cked,			
	describe in Part II.							
ΗA	For Paperwork Reduction Act Notice, se	e the Instruc	tions for Form 990	).	Sc	hedule M (Forr	n 990)	20

				THE	DUTCHESS	S-ORANGE			
hedule M	(Form 990) 2022	REGION,	, INC.					06-1045698	Page
	is reporting in Part this part for any ac	t I, column (b),	the number	the inforr of contrib	mation required b butions, the num	by Part I, lines 3 ber of items rec	0b, 32b, and 33 eived, or a com	3, and whether the organi bination of both. Also co	zation mplete
	2							Schedule M (For	

15531109 130075 PM165893.001 2022.05000 UNITED WAY OF THE DUTCHES PM165891

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

 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 Form 990-EZ.

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

 UNITED WAY OF THE DUTCHESS-ORANGE

 Empression Region, INC.



06-1045698

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

DONOR DIRECTED GIFTS- GRANTS TO 501(C)(3) CHARITIES DIRECTED BY THE

ORGANIZATION'S DONORS.

PROGRAM SERVICES INCLUDES EXPENSES INCURRED SPECIFICALLY IN RESPONSE TO

THE COVID-19 PANDEMIC. THE ORGANIZATION IMMEDIATELY RESPONDED TO COVID

IN THE COMMUNITY, CREATING A COVID RELIEF FUND AND DISTRIBUTING FOOD,

BASIC ESSENTIALS AND PPE TO THE FAMILIES MOST AFFECTED. IT MOBILIZED

DONORS, ASSESSED THE MOST DIRE NEEDS IN THE COMMUNITY AND BEGAN

DISTIRBUTING FUNDS WEEKLY TO THOSE NEGATIVELY IMPACTED BY COVID. TO

DATE, IT HAS AIDED IN NUMEROUS COMMUNITY PROJECTES RESULTING IN

COMMUNITY MEALS BEING DISTRIBUTED, FRONTLINE WORKERS HAVING ACCESS TO

LIFE-SAVING PPE, AND PROVIDED COMMUNITY MEMBERS WITH HYGINE AND OTHER

BASIC NEEDS. IT ALSO ADDRESSED FOOD INSECURITY FOR COLLEGE STUDENTS,

PROVIDED CRITICAL SUPPORT FOR VETERANS, AND DELIVERED MEALS TO

FRONTLINE HEALTH WORKERS. FINALLY, IT OFFERED AROUND THE CLOCK HUMAN

SERVICE REFERRALS AND ADVICE TO RESIDENTS THROUGH THE 211 HELPLINE.

EXPENSES \$ 124,925. INCLUDING GRANTS OF \$ 124,925. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE VP OF FINANCE AND ADMINISTRATION, TOGETHER WITH THE INDEPENDENT

ACCOUNTING FIRM, PREPARES THE FORM 990. IT IS PRESENTED TO AND REVIEWED IN

DETAIL WITH THE AUDIT AND FINANCE COMMITTEES FOR ACCURACY AND COMPLETENESS.

THE AUDIT COMMITTEE AUTHORIZES IT TO BE PRESENTED TO THE EXECUTIVE

COMMITTEE WITH A RECOMMENDATION TO FILE. THE CHAIRMAN OF THE AUDIT

 COMMITTEE
 PRESENTS
 THE
 990
 TO
 THE
 EXECUTIVE
 COMMITTEE
 LINKING
 THE
 DATA
 TO

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22
 TO
 TO
 THE
 TO
 Schedule O (Form 990) 2022

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Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED WAY OF THE DUTCHESS-ORANGE REGION, INC.	Employer identification number 06-1045698
THE ANNUAL AUDIT REPORT. THE EXECUTIVE COMMITTEE AUTHORIZE	S THE RELEASE OF
THE 990 TO THE FULL BOARD WITH A RECOMMENDATION TO FILE. T	HE 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, SECTION B, LINE 12C:

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

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

LINE 15A - THE PRESIDENT AND CEO COMPLETES A SELF-EVALUATION USING A PRE-DETERMINED EVALUATION FORM WITH SEVEN SPECIFIC QUESTIONS. THESE SEVEN QUESTIONS ARE ANSWERED IN WRITTEN ESSAY/BULLET STYLE. A SECOND SECTION IS A SCALE-STYLE FORMAT WITH QUESTIONNAIRE THAT RANKS PERFORMANCE WITHIN A 1-5 FORMAT. THIS EVALUATION IS THEN PRESENTED TO THE BOARD CHAIR BY THE CHAIR OF THE EVALUATION COMMITTEE. THE BOARD CHAIR REQUESTS THE GOVERNANCE COMMITTEE AND BOARD MEMBERS TO COMPLETE AN EVALUATION ON THE PRESIDENT USING THE SAME EVALUATION TOOLS. THESE ARE THEN COMBINED AND THE BOARD CHAIR, THE PAST CHAIR, AND THE CEO MEET TO DISCUSS THE RESULTS. A MUTUAL PLAN IS DEVELOPED FOR NEXT YEAR'S GOALS AND OBJECTIVES. THE CHAIR AND PAST CHAIR DISCUSS THE RESULTS IN EXECUTIVE SESSION WITH THE GOVERNANCE COMMITTEE AND THEN THE FULL BOARD WHERE A BOARD VOTE IS MADE TO ACCEPT THE RECOMMENDATIONS. THE CHAIR AND PAST CHAIR DECIDE ON SALARY INCREASES USING Schedule O (Form 990) 2022 232212 10-28-22 46

15531109 130075 PM165893.001

2022.05000 UNITED WAY OF THE DUTCHES PM165891

Name of the organization UNITED WAY OF THE DUTCHESS-ORANGE REGION, INC.	Employer identification number 06-1045698
	00 1010000
SALARY INFORMATION FROM A NUMBER OF SOURCES. THE PRINCI	PAL SOURCE IS THE
UWW HUMAN CAPITAL STUDY: EXECUTIVE SALARY REPORT WHICH P	ROVIDES SALARY
COMPARISONS FOR UNITED WAYS OF COMPARABLE SIZE, COMPLEXI	TY AND LOCATION.
OTHER SOURCES USED INCLUDE A SUMMARY OF OTHER LOCAL NON-	PROFIT

LINE 15B - EACH STAFF PERSON COMPLETES A SELF-EVALUATION USING A PRE-DETERMINED EVALUATION FORM. THE FORM IS REVIEWED BY THEIR SUPERVISOR AND THE SUPERVISOR'S COMMENTS ARE ADDED. PERFORMANCE IS SCORED USING A WEIGHTED SYSTEM BASED UPON EACH EMPLOYEE'S JOB DESCRIPTION. THE EVALUATION IS PRESENTED TO THE PRESIDENT FOR REVIEW AND APPROVAL. THE COMPLETED EVALUATION IS DISCUSSED WITH THE EMPLOYEE AND A MUTUAL PLAN IS DEVELOPED FOR THE NEXT YEAR'S GOALS AND OBJECTIVES. THE PRESIDENT MAKES THE RECOMMENDATION FOR SALARY ADJUSTMENTS AND THEY ARE APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONAL DOCUMENTS ARE A PUBLIC RECORD FILED WITH NYS ATTORNEY GENERAL'S OFFICE. A FINANCIAL OVERVIEW, THE CONFLICT OF INTEREST STATEMENT, WHISTLEBLOWER POLICY, PRIVACY POLICY, CODE OF ETHICS, AUDIT REPORT AND THE ANNUAL REPORT ARE ACCESSIBLE IN THE ACCOUNTABILITY SECTION OF ABOUT US ON OUR WEBSITE. HTTP://WWW.UWDOR.ORG/ACCOUNTABILITY

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232212 10-28-22

15531109 130075 PM165893.001

		PUB	LIC DISCLOSURE COP	Y - STATE REGIST nization Exempt I	RATION	NO. 02 NCOME T	-93-20 <b>ax</b>	6 OMB No. 1545-0047		
Forr	n <b>9</b>	90	Under section 501(c), 527, or 494	-				2022		
				curity numbers on this form a			indations	Open to Public		
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.										
A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023										
Bc	tion number									
a	pplicable	a.	f organization 'ED WAY OF THE DUTC	HESS-ORANGE						
	Addres	es REGI	ON, INC.							
	Name chang		usiness as			06-1	045698	3		
	Initial return	Number	and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone	number			
	 Final return/	75 M	ARKET STREET	,		845-471-1900				
	termin ated	-	own, state or province, country, and	ZIP or foreign postal code		<b>G</b> Gross receipts \$ 2,947,150.				
	Ameno		HKEEPSIE, NY 1260			H(a) Is this a	group retu	rn		
	Applic dition	F Name a	nd address of principal officer: ${f JEA}$	ANNIE MONTANO			rdinates?			
	pendir		AS C ABOVE			H(b) Are all subo	ordinates inclu	ded? Yes No		
ΙT	ax-exe	empt status: [	<b>X</b> 501(c)(3) 501(c) (	) (insert no.) 4947(a)(1)	or 527	] If "No," a	attach a lis	t. See instructions		
	Vebsit		UWDOR.ORG			H(c) Group e	xemption r	number		
ΚF	orm of	organization: [	X Corporation Trust A	ssociation 🗌 Other	L Year	of formation: 1	987 м з	State of legal domicile: <b>NY</b>		
Pa	nrt I	Summary								
-	1	Briefly describ	be the organization's mission or mos	t significant activities: TO F	IGHT F	OR THE I	HEALTH	Ι,		
Governance		EDUCATI	ON, AND FINANCIAL	STABILITY OF EVE	ERY PEF	RSON IN	OUR CO	OMMUNITY.		
rna	2	Check this bo	if the organization disco	ontinued its operations or dispo	sed of more	than 25% of its	s net asset	S.		
ovel	3	Number of vo	ting members of the governing body	(Part VI, line 1a)			3	20		
	4	Number of ind	dependent voting members of the go	overning body (Part VI, line 1b)			4	20		
8 8	5	Total number	of individuals employed in calendar	year 2022 (Part V, line 2a)			5	18		
/itie	6	Total number	of volunteers (estimate if necessary)				6	3494		
Activities &			d business revenue from Part VIII, co			0.				
_ ◄			business taxable income from Form				7b	0.		
						Prior Year		Current Year		
e	8	Contributions	and grants (Part VIII, line 1h)	2,276,1		2,031,846.				
ň	9	Program serv	ice revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment in	come (Part VIII, column (A), lines 3, 4	272,		247,509.				
æ	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8d	150,		140,388.				
	12	Total revenue	- add lines 8 through 11 (must equa	I Part VIII, column (A), line 12)		2,699,1		2,419,743.		
	13	Grants and si	milar amounts paid (Part IX, column	(A), lines 1-3)		1,118,		1,041,555.		
	14	Benefits paid	to or for members (Part IX, column (	A), line 4)			0.	0.		
ş	15		r compensation, employee benefits (			1,021,		1,115,402.		
nse	16a	Professional f	undraising fees (Part IX, column (A),	line 11e)			0.	0.		
Expenses	b		ing expenses (Part IX, column (D), lir							
ш	17	Other expens	es (Part IX, column (A), lines 11a-11c	l, 11f-24e)		456,	757.	489,892.		
	18	Total expense	es. Add lines 13-17 (must equal Part	IX, column (A), line 25)		2,596,		2,646,849.		
		Revenue less	expenses. Subtract line 18 from line	12		102,		-227,106.		
Net Assets or Fund Balances					Be	ginning of Curre		End of Year		
ssets	20					4,976,		5,049,457.		
it As	21					323,		504,358.		
			fund balances. Subtract line 21 from	1 line 20		4,652,	824.	4,545,099.		
	art II	Signatur								
			I declare that I have examined this return				-	nowledge 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.										
Sig		Signature of o				Date				
Her	е		MONTANO, PRESIDEN	T & CEO						
		Type or print r		T	I ,					
		Print/Type pre	parer's name	Preparer's signature	!'	Date	Check	] PTIN		

	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	BRENDA K. SANTORO	BRENDA K. SANTORO	11/09/23 self-employed P00305062							
Preparer	Firm's name PRAGER METIS CPAS	, LLC	Firm's EIN 06-1667465							
Use Only	Firm's address 510 HAIGHT AVENUE									
	POUGHKEEPSIE, NY	12603	Phone no. 845-473-7774							
May the IF	May the IRS discuss this return with the preparer shown above? See instructions 🛛 🔀 Yes 🗌 No									
			000							

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

UNITED WAY OF THE DUTCHESS-ORANGE 1 990 (2022) REGION, INC. 06-1045698 Page 2
rt III Statement of Program Service Accomplishments
Check if Schedule O contains a response or note to any line in this Part III
Briefly describe the organization's mission: TO FIGHT FOR THE HEALTH, EDUCATION, AND FINANCIAL STABILITY OF EVERY
PERSON IN OUR COMMUNITY.
Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ?
If "Yes," describe these new services on Schedule O.
Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
revenue, if any, for each program service reported.
(Code:) (Expenses \$255,198. including grants of \$91,812. ) (Revenue \$
HEALTH - UNITED WAY STRIVES TO HELP CHILDREN AND YOUNG ADULTS IDENTIFY
AND PURSUE HEALTHY LIFESTYLES BY IMPROVING ACCESS TO NUTRITIOUS FOODS
AND PROVIDING EDUCATION ABOUT NUTRITION AND THE IMPORTANCE OF A HEALTHY
DIET. UNITED WAY ALSO ARMS STUDENTS WITH THE KNOWLEDGE AND SKILLS TO IDENTIFY AND PREVENT INSTANCES OF DOMESTIC VIOLENCE, BULLYING AND
ABUSE.
(Code:) (Expenses \$ 1,366,564. including grants of \$ 626,937. ) (Revenue \$ INCOME - THE PROGRAMS ARE GEARED TO HELP INDIVIDUALS AND FAMILIES
INCOME - THE PROGRAMS ARE GEARED TO HELP INDIVIDUALS AND FAMILIES BECOME FINANCIALLY STABLE AND INDEPENDENT. UNITED WAY STRIVES TO
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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
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CHILDREN AND ADULTS THE SKILLS NECESSARY TO BECOME FINANCIALLY STABLE.  (Code:)(Expenses \$ 454,797. including grants of \$ 197,881.) (Revenue \$
CHILDREN AND ADULTS THE SKILLS NECESSARY TO BECOME FINANCIALLY STABLE.

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UNITED WAY OF THE DUTCHESS-ORANGE Form 990 (2022) REGION, INC.
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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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	3		_X_
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	4		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
-	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	~	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	<u>_</u>	
b		11b	х	
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		- 23	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	17		Х
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	18	Х	
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	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
232003	12-13-22	Form	990	(2022)

UNITED WAY OF THE DUTCHESS-ORANGE Form 990 (2022) REGION, INC.
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
<b>h</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			<u> </u>
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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	32		X X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
<b>0</b> -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		├──
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<u> </u>
0/	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	1
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	12-13-22	Form	990	(2022)

UNITED	WAY	OF	THE	DUTCHESS-	-ORANGE
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Form	990 (2022) REGION, INC. 06-1045	698	Р	age 5						
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)									
			Yes	No						
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 18									
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		L						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
•	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	0-								
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12 10a	1								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1								
11	Section 501(c)(12) organizations. Enter:         Gross income from members or shareholders         11a									
	Gross income from other sources. (Do not net amounts due or paid to other sources against	-								
D										
1 <b>2</b> a	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1								
	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
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									
с	Enter the amount of reserves on hand	1								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes " complete Form 6069.									

232005 12-13-22

Form **990** (2022)

	UNITED WAY OF THE DUTCHESS-ORANGE			
	<u>990 (2022)</u> REGION, INC. 06-1045			eage 6
Pa	rt VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 20			
	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 on Schedule 0.			
b	Enter the number of voting members included on 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?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			x
٢٩٢	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	
100	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10a		- 23
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes," <i>describe</i>	12.0		
Ŭ	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed <u>NY</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	SUSAN MANNING - 845-471-1900			

75 MARKET STREET, POUGHKEEPSIE, NY 12601

232006 12-13-22

Form **990** (2022)

Form 990 (2		REGION,				06-	_
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest Compensated	Γ
·	Employees, an	d Independe	ent Contra	ctors			

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

REGION. INC.

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and title         Average hours per week itst any hours for metated organization itst any hours for hours per week itst any hours for metated organization itst any hours for hours and different at attraction and form itst any hours for metated organization form form itst any hours for metated organization form related organization form the organization form the organization form related organization form the organization form the form the organization form the organization form the organization form the organization form the forganization form the organization form the form th	(A)	(B)		(C)					(D)	(E)	(F)
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Vere (list ary hours for related organizations below line)         Interference organization (W2/1099-MISC)         Compensation from the organization (W2/1099-MISC)         Compensation from the organization organizations (W2/1099-MISC)         Compensation from the organization organization organizations           (1)         REVIN CLEARY         2.00         X         X         0.         0.         0.           (2)         ANY BERGER         2.00         X         X         0.         0.         0.           (2)         MY BERGER         2.00         X         X         0.         0.         0.           (2)         MY BERGER         2.00         X         X         0.         0.         0.           (3)         THOMEY SIGENTAUT         2.00         X         X         0.         0.         0.           (4)         SUSAN MOREL         2.000         X         X         0.         0.         0.           (5)         MICHARE MAZUCA         2.000         X         X         0.         0.         0.           (6)         MATHEW CRUZ         2.000         X         X         0.         0.         0.           (6)         MATHEW CRUZ         2.000         X         0.         0.		hours per	box	box, unless p		s person is both an			compensation	compensation	amount of
(1)         KEVIN CLEARY         2.00         X         X         0.         0.         0.           CHAIR         X         X         X         0.         0.         0.         0.           VICE CHAIR         2.00         X         X         X         0.         0.         0.           (3)         TIMOTHY EISENTRAUT         2.00         X         X         0.         0.         0.           (4)         SUSAN HOWELL         2.00         X         X         0.         0.         0.           (5)         MICHABL MAZZUCA         2.00         X         X         0.         0.         0.           SECRETARY         2.00         X         X         0.         0.         0.         0.           (6)         MATTHEW CRUZ         2.00         X         X         0.         0.         0.           BOARD MEMBER         X         0.         0.         0.         0.         0.         0.           (6)         MATHEW CRUZ         2.00         X         0.         0.         0.         0.           BOARD MEMBER         2.00         X         0.         0.         0.         0. </td <td></td> <td>week</td> <td></td> <td>cer ar</td> <td>id a d</td> <td>irecto</td> <td>r/trus</td> <td>tee)</td> <td></td> <td>from related</td> <td>other</td>		week		cer ar	id a d	irecto	r/trus	tee)		from related	other
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(3) TIMOTHY EISENTRAUT       2.00       X       X       0.       0.       0.         2ND VICE CHAIR       X       X       0.       0.       0.       0.         TREASURER       2.00       X       X       0.       0.       0.       0.         SECRETARY       X       X       0.       0.       0.       0.       0.         BOARD MEMBER       2.00       X       X       0.       0.       0.       0.         G(1) THED CLARKE       2.00       X       X       0.       0.       0.       0.         BOARD MEMBER       2.00       X       0. <td>(2) AMY BERGER</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(2) AMY BERGER	2.00									
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(16) MARTA NEWKIRK2.00X0.0.0.BOARD MEMBERX0.0.0.0.(17) MICHELLE S O'REILLY2.00X0.0.0.BOARD MEMBERX0.0.0.0.	(15) SHARON MCGINNIS	2.00									
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(17) MICHELLE S O'REILLY     2.00     X     0.     0.       BOARD MEMBER     X     0.     0.     0.	(16) MARTA NEWKIRK	2.00									
BOARD MEMBER X 0. 0. 0.			Х						0.	0.	0.
	(17) MICHELLE S O'REILLY	2.00									
	BOARD MEMBER		Х						0.	0.	

UNITED W	AY OF	THE	DUTCHESS-ORANGE
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REGION, INC.

06-1045698 Page 8

Form 990 (2022) REGION ,	INC.								06-104	<u>5698</u>	<u>}</u>	⊃age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	<b>(B)</b> Average hours per week	(C) Position (do not check more th box, unless person is officer and a director.				ON ore than one on is both an		<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related		ted t of r	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	or	mpens from ti rganiza nd rela ganiza	he ation ated
(18) KIMBERLY PENNINGTON	2.00											•
BOARD MEMBER	2 00	Х						0.	0	•—		0.
(19) BARRY ROTHFELD BOARD MEMBER	2.00	х						0.	0			0.
(20) MARK VILLANTI	2.00								0			
BOARD MEMBER		х						0.	0			0.
(21) JEANNIE MONTANO	40.00											
PRESIDENT & CEO	40.00			X				174,744.	0	·	24,2	269.
(22) SUSAN MANNING VP FINANCE	40.00			х				79,412.	0		16 5	20
VP FINANCE				<u> </u>				/9,412.	0	•	10,3	538.
										+		
1b Subtotal								254,156.	0	. 4	10,8	307.
c Total from continuation sheets to Part VI	I, Section A							0.	0		<u> </u>	0.
d Total (add lines 1b and 1c)								254,156.	0	• 4	10,8	807.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	listeo		ove	) wh	o re	eceived more than \$100,0	JUU of reportable		Yes	1 No
<b>3</b> Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s			-	•			•			3		X
<ul><li>4 For any individual listed on line 1a, is the su</li></ul>												
and related organizations greater than \$150	),000? If "Yes,	" со	mple	te S	Sche	edule	J f	or such individual	-	4	X	
5 Did any person listed on line 1a receive or a								•		_		v
rendered to the organization? <i>If "Yes," com</i> Section B. Independent Contractors	plete Schedule	e J fo	or su	ch ŗ	oers	on .				5		X
1 Complete this table for your five highest co	mpensated ind	ene	nden	t co	ontra	actor	s th	nat received more than \$	100 000 of compension	sation f	irom	
the organization. Report compensation for	•	•							•	Jacion	10111	
(A) Name and business	address	NC	ONE					(B) Description of s	ervices	Comp	<b>(C)</b> ensati	on
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz	•	ot lin	nited	tot	thos C		ted	above) who received mo	pre than			

Form 990 (2022)

REGION, INC.

Form 990 (2022)

Pa	rτv	/111	_					
			Check if Schedule O contains a response or note	to any lin	e in this Part VIII (A)	(B)	(C)	
					Total revenue	Related or exempt	Unrelated	(D) Revenue excluded
					rotarrovondo		business revenue	from tax under
								sections 512 - 514
ts ts	1	а	Federated campaigns 1a					
ran Vun		b	Membership dues 1b					
Ωŭ		с	Fundraising events 1c					
ifts r A			Related organizations 1d					
nila			J	,178.				
Sins			All other contributions, gifts, grants, and	/ _ / • •				
utic		•	similar amounts not included above If 1,733	668				
ēĐ				,876.				
Contributions, Gifts, Grants and Other Similar Amounts		-		-	2 021 046			
<u> 0</u>		h	Total. Add lines 1a-1f		2,031,846.			
	_		Busin	ess Code				
e	2	а						
e Xi		b						
S n		С						
eve		d						
Program Service Revenue		е						
Ā		f	All other program service revenue					
			Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest, and					
			other similar amounts)		224,611.			224,611.
	4		Income from investment of tax-exempt bond proceed					,
	5		Royalties	5				
	5			ersonal				
	~			croonar				
	6		Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
	7		Net rental income or (loss)					
		а		Other				
			assets other than inventory <b>7a 480</b> , <b>416</b> .					
		b	Less: cost or other basis					
е			and sales expenses					
en		с	Gain or (loss) 7c 22,898.					
Revenue			Net gain or (loss)		22,898.	22,898.		
erF	8		Gross income from fundraising events (not		,	,		
đ	Ŭ		including \$ of					
U			contributions reported on line 1c). See					
				151				
				,451. ,889.				
				,009.	122 562			122 562
			Net income or (loss) from fundraising events		132,562.			132,562.
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
			Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
		~		ess Code				
sn	11	а	OTHER INCOME		7,826.	7,826.		
neo Ule	•••	a b			.,	.,		
llar Ven								
Miscellaneous Revenue		C						
Ĭ			All other revenue		7 0 0 6			
			Total. Add lines 11a-11d		7,826.	20 704	0	257 172
	12		Total revenue. See instructions		2,419,743.	30,724.	0.	
23200	9 12	-13-	22					Form <b>990</b> (2022)

Form 990 (2022) REGION, INC.
Part IX Statement of Functional Expenses

$C_{a}$ of the $E_{a}$ $E_{a}$ $(a)$ $(a)$ and $E_{a}$ $(a)$ $(A)$	) areanizationa must comple	to all calumana All athar a	are an impetional mount as m	anlata antuman (A)
Section 501(c)(3) and 501(c)(4)	i oroanizanons musi comole	ee all columns All omer (	oroanizanons musi con	OOEE COULTED (A)

Do	Check if Schedule O contains a respons	c of hole to any line in t			
D0 .	ant include an example was extend on lines. Ch	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1 041 555			
	and domestic governments. See Part IV, line 21	1,041,555.	1,041,555.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
Ŭ	trustees, and key employees	293,311.	219,883.	44,097.	29,331.
~		255,511.	215,005.		25,551.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	C20 100	405 205	66,621	145 150
7	Other salaries and wages	639,179.	427,395.	66,631.	145,153.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	30,693.	19,021.	<u>4,672.</u> 7,467.	7,000. 9,668.
9	Other employee benefits	62,354.	45,219.	7,467.	<u>9,668</u> .
10	Payroll taxes	89,865.	62,304.	10,041.	17,520.
11	Fees for services (nonemployees):		· · ·	· · ·	
	Management				
b		902.	627.	77.	198.
		41,000.	28,497.	3,520.	<u>198.</u> 8,983.
	Accounting	41,000.	20,497.	5,520.	0,505.
	Lobbying				
е	, на стана стан		40 557		
f	Investment management fees	48,557.	48,557.		
g					
	column (A), amount, list line 11g expenses on Sch 0.)	14,188.	9,834.	1,226.	<u>3,128.</u> 376.
12	Advertising and promotion	5,624.	5,248.		
13	Office expenses	49,492.	29,945.	2,180.	17,367.
14	Information technology	58,745.	35,224.	1,657.	21,864.
15	Royalties				
16	Occupancy	46,541.	33,847.	3,724.	8,970.
17	Travel	6,795.	6,176.	5.	614.
18	Payments of travel or entertainment expenses	077551	0/1/01		0110
10					
	for any federal, state, or local public officials	0 220	5,495.	202	2 112
19	Conferences, conventions, and meetings	9,220.	5,495.	282.	3,443.
20	Interest	10 051	10.000	1 50.4	1 000
21	Payments to affiliates	19,951.	13,828.	1,724.	4,399.
22	Depreciation, depletion, and amortization	24,939.	17,285.	2,155.	5,499.
23	Insurance	18,268.	12,662.	1,578.	4,028.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а		135,067.	135,067.		
b	DUES & SUBSCRIPTIONS	7,290.	3,815.	186.	3,289.
	CAMPAIGN ADMINISTRATIVE	3,313.	0.		3,313.
ر اہ		5,515.	0.		5,515.
d					
е	· · · ·	0 646 040	0 001 404		004 140
25	Total functional expenses. Add lines 1 through 24e	2,646,849.	2,201,484.	151,222.	294,143.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)
Part X | Balance Sheet

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

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	242,100.	1	45,257		
	2	Savings and temporary cash investments		48,826.	2	36,169	
	3	Pledges and grants receivable, net		494,307.	3	523,258	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	ified pers	ons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	on 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use		8			
As	9	<b>—</b> ··· ··· · · ·			16,215.	9	16,663
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	762,947. 479,247.			
	b	Less: accumulated depreciation	10b	479,247.	304,640.	10c	283,700
	11	Investments - publicly traded securities			1,494,497.	11	1,639,211
	12	Investments - other securities. See Part IV, line			2,352,913.	12	2,456,124
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	22,571.	15	49,075		
	16	Total assets. Add lines 1 through 15 (must equ	4,976,069.	16	5,049,457		
	17	Accounts payable and accrued expenses	204,228.	17	406,413		
	18	Grants payable	90,017.	18	76,830		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
s	22	Loans and other payables to any current or for	ner office	r, director,			
litie		trustee, key employee, creator or founder, subs	stantial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the		22			
Ë	23	Secured mortgages and notes payable to unrel	l parties		23		
	24	Unsecured notes and loans payable to unrelate	d third p	arties		24	
	25	Other liabilities (including federal income tax, p	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			29,000.	25	21,115
	26	Total liabilities. Add lines 17 through 25			323,245.	26	504,358
		Organizations that follow FASB ASC 958, ch	eck here	X			
Sec		and complete lines 27, 28, 32, and 33.					
ano	27	Net assets without donor restrictions			3,358,458.	27	3,182,506
Ba	28	Net assets with donor restrictions	1,294,366.	28	1,362,593		
pd		Organizations that do not follow FASB ASC	958, che	k here			
Ť,		and complete lines 29 through 33.					
ς δ	29	Capital stock or trust principal, or current funds	s			29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmen	fund		30	
As	31	Retained earnings, endowment, accumulated in	ncome, o	r other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances			4,652,824.	32	4,545,099
_	33				4,976,069.	33	5,049,457

Form 990 (2022)

UNITED WAY OF THE DUTCHESS-ORANG	UNITED	WAY	OF	$\mathbf{THE}$	DUTCHESS-	ORANGE
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Form	1 990 (2022) REGION, INC.	06-104	5698	Pag	<sub>ge</sub> 12		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,419	),74	<u>43.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,646				
3	Revenue less expenses. Subtract line 2 from line 1	3	-227				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4 4	<u>1,652</u>		24. 81.		
5	5 Net unrealized gains (losses) on investments 5						
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.		
10							
	column (B))						
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	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?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				_		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form 990 (2022)

(Form 9	of the Treasury	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.							OMB No. 1545-0047 <b>2022</b> Open to Public Inspection
Name of	the organizati			THE DUTCHESS-	ORANO	ΞE			identification number
Dort	Decor		ON, INC.	(au · · ·					6-1045698
Part I				(All organizations must c			ee instruction	S.	
1       1         2       1         3       1         4       1	A church, cor A school des A hospital or	nvention of chu cribed in <b>secti</b> a cooperative search organiza	urches, or associatio ion 170(b)(1)(A)(ii). ( hospital service orga	For lines 1 through 12, cl n of churches described Attach Schedule E (Form anization described in <b>se</b> hjunction with a hospital	in <b>sectio</b> 1 990).) <b>ection 170</b>	n 170(b)(1 (b)(1)(A)(ii	i).	)(iii). Enter	the hospital's name,
5	An organizati	on operated fo	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
6 🗌 7 X	A federal, sta An organizati	te, or local gov on that norma	lly receives a substar	nental unit described in state of its support fr				ne general p	public described in
•	-		omplete Part II.)						
8 🛄 9 🔲	-			(1)(A)(vi). (Complete Part in section 170(b)(1)(A)(i)	-	nd in coniu	notion with a	land grant	collogo
5	•	-		ulture (see instructions).		-		-	-
10									
11 🗌			-	vely to test for public sat	aty See	section 50	)9(a)(4)		
12 🗌 a 🗌	An organizati more publicly lines 12a thro <b>Type I.</b> A si	on organized a supported orgough 12d that orgoupporting orga	and operated exclusi ganizations describe describes the type of unization operated, si	vely for the benefit of, to d in <b>section 509(a)(1)</b> o f supporting organizatior upervised, or controlled	perform the section of and composite support of the section of the	he function 509(a)(2). plete lines ported orga	ns of, or to ca See <b>section</b> 12e, 12f, and anization(s), t	509(a)(3). C 12g. vpically by g	check the box on
		-		gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
b	<b>Type II.</b> A s control or n organization	supporting organanagement o n(s). <b>You mus</b>	f the supporting orga t complete Part IV,	or controlled in connect anization vested in the sa Sections A and C.	ame perso	ns that co	ntrol or mana	ge the supp	ported
c 🗌				g organization operated				ly integrate	d with,
d 🗌	<b>Type III no</b> that is not f	n-functionally	<b>integrated.</b> A supplegrated. The organiz	). You must complete F porting organization oper- ation generally must sati nplete Part IV, Sections	ated in cor sfy a distri	nnection with with the second se	vith its suppor puirement and	•	· · ·
e 🗌				written determination from nally integrated supporting			Туре I, Туре	II, Type III	
f Ent	er the number of	of supported o	organizations						
			about the supporte	d organization(s).					
	<ul> <li>(i) Name of support organization</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)
	organization			above (see instructions))	Yes	No			
Total									

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

06-1045698 Page 2

Schedule A	(Form 990) 2022	REGION,	INC.	06-1045698 <sub>Pa</sub>
Part II	Support Schedule for	or Organizat	ions Desc	ribed in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you chec	cked the box on	line 5, 7, or 8	3 of Part I or if the organization failed to qualify under Part III. If the organization
	مقرم والإيرام ويرب بالألور بيرام والمراجع	ببواووا اوواجه المقاوين	the last state of the second	

fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2851464.	2540712.	2479330.	2424817.	2164408.	12460731.
2	Tax revenues levied for the organ-						
	ization'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						
	<b>3</b>	2851464.	2540712.	2479330.	2424817.	2164408.	12460731.
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)						492,036.
	Public support. Subtract line 5 from line 4.						11968695.
	ction B. Total Support	1				[	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2851464.	2540712.	2479330.	2424817.	2164408.	12460731.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	05 001	126 620		100 477	004 611	005 004
	and income from similar sources	85,931.	136,630.	240,275.	198,477.	224,611.	885,924.
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	10 (21		7 440	1 0 5 1	7 000	
	assets (Explain in Part VI.)	19,631.	59,821.	7,440.	1,951.	7,826.	<u>96,669.</u> 13443324.
	Total support. Add lines 7 through 10						µ3443324.
12	,	<b>`</b>	/				
13	First 5 years. If the Form 990 is for the			-			
Sa	organization, check this box and stop ction C. Computation of Publi					<u></u>	
	•		-	olumon (f))		14	89.03 %
	Public support percentage for 2022 (I Public support percentage from 2021		•			14 15	<u>89.03</u> % 90.23%
15	<b>33 1/3% support test - 2022.</b> If the o						
100	stop here. The organization qualifies				14 15 55 17570 01 111		V
r	<b>33 1/3% support test - 2021.</b> If the o		-				
	and <b>stop here.</b> The organization qual						
17:	10% -facts-and-circumstances test				13 16a or 16b a		
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-		vine organiz	
ŀ	10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets the	-					
	organization meets the facts-and-circi						
18	Private foundation. If the organization				••••		s
	<u> </u>		,	. , ,			(Form 990) 2022

e **3** 

	EGION, IN	с.	UTCHESS-OI Section 509(a)(		06-104	5698 <sub>Pag</sub>
(Complete only if you checked	the box on line 10	of Part I or if the o	organization failed	to qualify under Pa	art II. If the organiza	ation fails to
qualify under the tests listed be	elow, please comp	lete Part II.)				
Section A. Public Support						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties,						

**13** Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 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

Se	ction C. Computation of Public Support Percentage		
15	Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	%
Se	ction D. Computation of Investment Income Percentage		
17	Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a	a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 3	3 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	tion	
ŀ	33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is mo	re tha	an 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 suppo	rted o	organization
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see ins	tructi	ons

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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 on line 10b, whether or not the business is

**12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....

regularly carried on

Schedule A (Form 990) 2022

# Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

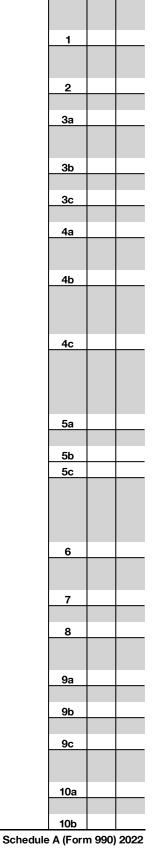
REGION, INC.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22

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Yes No



UNITED	WAY	OF	THE	DUTCHESS-ORANGE
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	UNITED WAY OF THE DUTCHESS-ORANGE			
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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officer directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization</i> .	rs,		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
•	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion D. All Type in Supporting Organizations		r –	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction). The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.			
	the erganization supported a governmental entity. Describe in the transition supported a governmental entity	See instruction	رد،	

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

За

Yes No

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	UNITED WAY OF THE DUTCH	ESS-O	RANGE	
Sche	edule A (Form 990) 2022 REGION, INC.			06-1045698 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 ( <i>explain ii</i>	n Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see

instructions).

Schedule A (Form 990) 2022

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_	dule A (Form 990) 2022 REGION, INC.				6-1045698 Page 7
Par		a)(3) Supporting Orga	nizations (continu	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		-	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive		-	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	(1)	(11)	10	(11)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	S	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
				-	

Schedule A (Form 990) 2022

232027 12-09-22

			THE DUTCHESS	S-ORANGE	
Schedule A (Form 990) 2022 Part VI Supplemental Infor	REGION,				06-1045698 Page 8
Part IV, Section A, lines 1 line 1; Part IV, Section D,	1, 2, 3b, 3c, 4b, 4c, ), lines 2 and 3; Part	5a, 6, 9a, 9 IV, Section	9b, 9c, 11a, 11b, and 11 1 E, lines 1c, 2a, 2b, 3a,	II, line 10; Part II, line 17a or c; Part IV, Section B, lines 1 and 3b; Part V, line 1; Part V lete this part for any additior	and 2; Part IV, Section C, , Section B, line 1e; Part V,
SCHEDULE A, PART II	, LINE 10,	EXPL	ANATION FOR	OTHER INCOME:	
OTHER INCOME					
2018 AMOUNT: \$ 19	,631.				
2019 AMOUNT: \$ 59	,821.				
2020 AMOUNT: \$ 7,	440.				
2021 AMOUNT: \$ 1,	951.				
2022 AMOUNT: \$ 7,	826.				
232028 12-09-22					Schedule A (Form 990) 2022

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# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

Internal Revenue Service					
Name of the organization					

Schedule B

Department of the Treasury

(Form 990)

្វ័យ	NITED W	AY OF	THE	DUTCHESS-ORANGE	
RI	EGION,	INC.			06-1045698

Filers of:	Section:
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of o		Employer identification number	
	D WAY OF THE DUTCHESS-ORANGE N, INC.		06-1045698
Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Is Type of contribution
1		\$125,8	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2		\$70,5	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

15531109 130075 PM165893.001

	3 (Form 990) (2022)		Page <b>3</b>
Name of or	-		Employer identification number
	O WAY OF THE DUTCHESS-ORANGE N, INC.	06-1045698	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	ł.
(a)		(c)	
No.	(b)	FMV (or estimate	e) (d)
from Part I	Description of noncash property given	(See instructions	Date received
		\$	
(-)			
(a) No.	(b)	(c)	.) (d)
from	Description of noncash property given	FMV (or estimate	<sup>#)</sup> Data received
Part I		(See instructions	.)
		\$	
		·   <sup>•</sup>	
(a)			
No.	(b)	(c) FMV (or estimate	a) (d)
from	Description of noncash property given	(See instructions	
Part I			
		\$	
(a)	<b>(</b> 1)	(c)	(1)
No. from	(b) Description of noncash property given	FMV (or estimate	
Part I		(See instructions	.)
		\$	
(a)			
No.	(b)	(c) FMV (or estimate	e) (d)
from	Description of noncash property given	(See instructions	
Part I			
		\$	
(a) No		(c)	/ /
No. from	(b) Description of noncash property given	FMV (or estimate	
Part I		(See instructions	.)
		.	
		\$	

15531109 130075 PM165893.001

Schedule E	3 (Form 990) (2022)			Page <b>4</b>					
Name of or	-		Employer identification number						
	D WAY OF THE DUTCHESS-OF		0.0 1045 000						
Part III	N, INC.	ons to organizations described	in section 501(c)(7), (8), or (10) t	06-1045698					
from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations									
completing Part III, enter the total of exclusively religious, charitable, etc., contributions of <b>\$1,000 or less</b> for the year. (Enter this info. once.) <b>\$</b> Use duplicate copies of Part III if additional space is needed.									
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
F	(e) Transfer of gift								
	Transferee's name, address, a	Relationship of tra	ansferor to transferee						
(a) No.									
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	(d) Description of how gift is held					
		() <b>–</b> -							
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
F									
(a) No.									
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
ŀ		(.) Turneform	( -:/0						
	(e) Transfer of gift								
	Transferee's name, address, a	Relationship of tra	ansferor to transferee						
		•							
		[							
(a) No.			[						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held					
<u> </u>									
ŀ									
	(e) Transfer of gift								
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee								
ŀ									

SCHEDULE D (Form 990)		Supplement	OMB No. 1545-0047							
		Complete if the org	2022							
Department of the Treasury		Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.			Open to Public					
	Revenue Service		990 for instructions and the latest information	1	Inspection					
Nam	e of the organization	REGION, INC.			Employer identification number 06-1045698					
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the										
	organizatio	n answered "Yes" on Form 990, Part IV,								
			(a) Donor advised funds	(b)	Funds and other accounts					
1		nd of year								
2		f contributions to (during year)								
3	Aggregate value o	f grants from (during year)								
4	Aggregate value at	ate value at end of year								
5	-		n writing that the assets held in donor advise							
		are the organization's property, subject to the organization's exclusive legal control?								
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									
Pa	impermissible priva	ate benefit?		<u> </u>	Yes No					
			organization answered "Yes" on Form 990, F	Part IV, lin	e /.					
1		servation easements held by the organiza								
		n of land for public use (for example, recre	,		ally important land area					
		of natural habitat	Preservation of	a certified	d historic structure					
-		n of open space								
2	•	<b>c c</b> .	alified conservation contribution in the form o	of a conse						
	day of the tax year				Held at the End of the Tax Year					
a					2a					
b	Total acreage rest		2b							
c			tructure included in (a)	⊨²	2c					
d		vation easements included in (c) acquired	• • •							
~					2d					
3		valion easements modified, transferred, r	eleased, extinguished, or terminated by the	organizat	ion during the tax					
4	year									
-+ 5	Number of states where property subject to conservation easement is located									
5										
6	violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year									
Ŭ			g, harding of violations, and emotoring const	or valion c	abomente dannig the year					
7	Amount of expens	es incurred in monitoring inspecting ba	adling of violations, and enforcing conservat	ion easen	nents during the year					
•	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year									
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)									
-		and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and									
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the									
	organization's accounting for conservation easements.									
Pa			of Art, Historical Treasures, or Otl	her Sim	iilar Assets.					
	Complete if	f the organization answered "Yes" on For	m 990, Part IV, line 8.							
1a			958, not to report in its revenue statement ar	nd balanc	e sheet works					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public									
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.									
b	If the organization elected, as permitted under FASB 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:									
	-				\$					
					<u> </u>					
2			reasures, or other similar assets for financial							
		unts required to be reported under FASB		- /1						
а	-				\$					
	Assets included in				•					
		eduction Act Notice, see the Instructio			Schedule D (Form 990) 2022					
	1 09-01-22				-					

		WAY OF THE	DUTCHESS-C	ORANGE				
	dule D (Form 990) 2022 REGION,				0:		45698	
Par	t III Organizations Maintaining C						continue (continue	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significa	ant use of its		
	collection items (check all that apply):							
а	Public exhibition	d		hange program				
b	Scholarly research	e	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co						XIII.	
5	During the year, did the organization solicit o		•	•			<b>.</b>	— <b>.</b> .
Dar	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran						Yes	No
Fai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		ete if the organization	n answered "Yes" o	n Form	990, Part IV,	line 9, or	
	· · · · · · · · · · · · · · · · · · ·		ion for contributions	ar athar agosta na	tinalud	ad		
Ia	Is the organization an agent, trustee, custodi		•				Yes	No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII					····· L		
b	If Yes, explain the arrangement in Part All	and complete the fol	iowing table.		Г		Amount	
_						4	Amount	
	Beginning balance							
	Additions during the year					1d		
-	Distributions during the year					1e		
f Oo	Ending balance Did the organization include an amount on Fe				···· <u> </u>	1f	Yes	
	-				•	····· L		No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V Endowment Funds.</b> Complete i							
		(a) Current year	(b) Prior year	(c) Two years back		ree years back	(e) Four ye	ars back
19	Beginning of year balance	2,352,913.	2,727,226.	2,129,480.		2,306,708.	., ,	52,763.
	Contributions		_ / · _ · / · · ·	29,851.	-			
	Net investment earnings, gains, and losses	196,897.	-284,367.	655,801.		-93,875.	1	L6,304.
	Grants or scholarships	17,951.	16,526.	16,713.		10,324.		
	Other expenditures for facilities			, ,				
C		75,735.	73,420.	71,193.		73,029.	5	72,359.
f	and programs Administrative expenses		· · / · ·					
		2,456,124.	2,352,913.	2,727,226.		2,129,480.	2 30	06,708.
2	Provide the estimated percentage of the curr			, ,	·			
	Board designated or quasi-endowment	46.5200	%					
h	Permanent endowment 11.5500	%						
c	11 0000	/°						
•	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse		tion that are held an	d administered for	the			
	organization by:						Ye	es No
	(i) Unrelated organizations						3a(i) Σ	ζ
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza							
4	Describe in Part XIII the intended uses of the							
Par	t VI   Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part >	K, line 1	0.		
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accum	ulated	(d) Book v	alue
		basis (investr	nent) basis (	(other) d	leprecia	tion		
1a	Land		1	2,000.			12,	000.
	Buildings		8	0,000.	64	,000.		000.
	Leasehold improvements							
	Equipment		4	4,268.	39	,620.	4,	648.
	Other			6,679.		,627.		052.
	. Add lines 1a through 1e. (Column (d) must e			· · ·		-		700.
		<u>,</u>	( <del>_</del> /;				D (Earm 0	

UNITED WAY OF THE DUTCHESS-ORANG	ΞE
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Sched	ule D (Form 990) 2022 <b>REGION , INC</b>	•	06	-1045698 Page 3
Part				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) D	escription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Fir	ancial derivatives			
(2) Clo	osely held equity interests			
(3) Ot	her			
(A)	POOLED INVESTMENT ACCOUNT	2,456,124.	END-OF-YEAR MARKET	VALUE
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (	Col. (b) must equal Form 990, Part X, col. (B) line 12.)	2,456,124.		
	VIII Investments - Program Related.		·	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total.	(Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1.	(a) Description of liability			(b) Book value
(1)	Federal income taxes			
(2)	DEFERRED REVENUE			6,000.
(3)	OPERATING LEASE LIABILITI	ES		15,115.
(4)				-
(5)				
(6)				
(7)				
(8)				
(9)				
	(Column (b) must equal Form 990, Part X, col. (B) line	e 25 )		21,115.
	bility for uncertain tax positions. In Part XIII, provide			

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232053 09-01-22

	UNITED WAY OF THE DUTCHESS	<b>S-ORANGE</b>				
Sche	dule D (Form 990) 2022 REGION, INC.			06-2	1045698	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Re	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,497	,934.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	119,381.			
b	Donated services and use of facilities	2b	62,403.			
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		69,889.			
е	Add lines 2a through 2d			2e		<u>,673.</u>
3	Subtract line 2e from line 1			3	2,246	<u>,261.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	48,557.			
b	Other (Describe in Part XIII.)	4b	124,925.			
с	Add lines 4a and 4b			4c	173	<u>,482.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,419	<u>,743.</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents With E	xpenses per F	Returi	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total expenses and losses per audited financial statements			1	2,605	<u>,659.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a	62,403.			
b	Prior year adjustments	2b		-		
С	Other losses	2c		-		
d	Other (Describe in Part XIII.)	2d	69,889.			
е	Add lines 2a through 2d			2e		<u>,292.</u>
3	Subtract line 2e from line 1			3	2,473	<u>,367.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4</b> a	48,557.			
b	Other (Describe in Part XIII.)	4b	124,925.			
с	Add lines 4a and 4b			4c		,482.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,646	,849.
Pa	t XIII Supplemental Information.					

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

#### PART V, LINE 4:

THE ORG	GANIZATION'S	5	INTENDED	USE	OF	ITS	ENDOWMENT	FUNDS	IS	то	PROVIDE
---------	--------------	---	----------	-----	----	-----	-----------	-------	----	----	---------

LONG-TERM SUPPORT FOR THE ORGANIZATION'S PROGRAMS

PART X, LINE 2:

MANAGEMENT EVALUATES TAX POSITIONS TAKEN BY THE UNITED WAY AND RECOGNIZES

A TAX LIABILITY IF THE UNITED WAY HAS TAKEN UNCERTAIN TAX POSITIONS THAT

MORE LIKELY THAN NOT WILL NOT BE SUSTAINED UPON EXAMINATION BY THE

INTERNAL REVENUE SERVICE. MANAGEMENT HAS CONCLUDED THAT AS OF YEAR END,

THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, THAT

WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIAL

### STATEMENTS. THE UNITED WAY IS SUBJECT TO ROUTINE AUDITS BY TAXING

232054 09-01-22

2022.05000 UNITED WAY OF THE DUTCHES PM165891

Schedule D (Form 990) 2022

UNITED WAY OF THE DUTCHESS-ORANGE         Schedule D (Form 990) 2022       REGION, INC.       06-1045698 Page 5         Part XIII       Supplemental Information (continued)       06-1045698 Page 5
JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS
IN PROGRESS. IN THE EVENT THAT THE UNITED WAY INCURS ANY INTEREST AND
PENALTIES, IT WILL PRESENT INTEREST AS A COMPONENT OF INTEREST EXPENSE AND
PENALTIES AS A COMPONENT OF OFFICE EXPENSE IN THE YEAR INCURRED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 69,889.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATED AMOUNTS 124,925.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 69,889.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATED AMOUNTS 124,925.
Schedule D (Form 990) 2022

232055 09-01-22

SCHEDULE G	Suppleme	ntal Inforn	nation Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB N	lo. 1545-0047
(Form 990)			n answered "Yes" on entered more than \$1				r 19,	or if the	2	022
Department of the Treasury		•	Attach to Form 990 d							n to Public
Internal Revenue Service	Go t	o www.irs.go	ov/Form990 for instrue	ctions	and th	ne latest information	n.		Insp	ection
Name of the organization			THE DUTCHES	S-OI	RANC	GE				ation number
	REGION,							06-104		
			the organization answe	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990	EZ filers	are not
· · · ·	complete this part		ush any of the followin	~		Chaole all that apply				
<ol> <li>Indicate whether th</li> <li>a Mail solicitat</li> </ol>	•	ea tunas thro		•		overnment grants				
_	email solicitations					nment grants				
c Phone solici			g Special							
d In-person so			<b>3</b> opoolal	ianare	long					
<b>2</b> a Did the organization	on have a written o	r oral agreem	ent with any individual	(incluc	ling of	ficers, directors, trus	tees,	or		
key employees list	ed in Form 990, Pa	art VII) or enti	ty in connection with p	rofessi	onal fi	undraising services?		ו 🗌	/es	No
<b>b</b> If "Yes," list the 10	highest paid indiv	iduals or enti	ties (fundraisers) pursu	ant to	agreer	ments under which th	ne fur	ndraiser is to	be	
compensated at le	ast \$5,000 by the	organization.								
				(iii)	Did		(v)	Amount pai	d ( ,	
(i) Name and addres			(ii) Activity	fùndi	raiser ustody	(iv) Gross receipts	tò (c	or retained b	<sub>\</sub> ∧   (VI)	Amount paid or retained bv)
or entity (fund	Iraiser)		., ,	or cor	ntrol of utions?	from activity		fundraiser ted in col. <b>(i</b> )	ò	organization
				Yes	No					
Tatal										
Total           3 List all states in whi	ich the organizatio	n je rogistoro	d or licensed to colicit :	ontrib	utiona	or has been potified	it in i	warnt from	rogistra	tion
or licensing.	on the organizatio	n is registered		Jonuno,	auons	or has been noulled	11 15 (		registra	

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

Schedule G (Form 990) 2022

232081 10-27-22

Schedule G	(Form	990)	2022
	1	,	

UNITED WAY OF THE DUTCHESS-ORANGE REGION, INC.

06-1045698 Page 2

Pa	nrt I	Fundraising Events. Complete if the of fundraising event contributions and gree				
			(a) Event #1	(b) Event #2	(c) Other events	
			CELEBRATION	ANNUAL		(d) Total events
			OF SERVICE	KICKOFF	1	(add col. <b>(a)</b> through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
nue						
Revenue	1	Gross receipts	92,304.	58,369.	51,778.	202,451.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	92,304.	58,369.	51,778.	202,451.
	4	Cash prizes				
	5	Noncash prizes				
senses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	43,811.	15,002.	11,076.	69,889.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			69,889.
_	11					132,562.
Ра	irt I		answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	( ) Dell to be for short		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
Se	2	Cash prizes				
xpense	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	í from line 1, column (d)			
_	_					
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming ac No," explain:				Yes No
10~		ere any of the organization's gaming licenses re	avoked suspended or to	rminated during the tax w	ear?	Yes No
		Yes," explain:				
	_					
23208	32 10	)-27-22			Sche	dule G (Form 990) 2022

		UNITED			TH	IE D	DUTC	HESS	S-OR	ANG	Ε		0.0	1045	<u> </u>	
	edule G (Form 990) 2022	REGION,				_								1045		<u> </u>
	Does the organization conduct gar														Yes	No
12	Is the organization a grantor, bene														Vaa	No
12	to administer charitable gaming? _ Indicate the percentage of gaming														Yes	
	The organization's facility													13a	I	%
	An outside facility													13b		%
	Enter the name and address of the															
	Name															
15a	a Does the organization have a cont	ract with a thire	d party	from	whon	n the c	organiz	ation re	eceives	gamin	g rever	nue?			Yes	No
	<ul> <li>If "Yes," enter the amount of gamin of gaming revenue retained by the If "Yes," enter name and address of Name</li> </ul>	third party	\$				n :	\$			ar	nd the a	mount			
	Address															
16	Gaming manager information:															
	Name															
	Gaming manager compensation	\$														
	Description of services provided															
	Director/officer	Employee	9			] Inde	pender	nt contr	ractor							
	Mandatory distributions: Is the organization required under							-	-	-					Yes	No
k	retain the state gaming license? • Enter the amount of distributions r	equired under												. 📖	tes	
Pa	organization's own exempt activitie			expla		ns rea	wired h	v Part	l line 2	b coli	ımns (ii	ii) and (v	i): and Pa	rt III lir	1es 9 (	9h 10h
_	15b, 15c, 16, and 17b, as															
2200	83 10-27-22												Sohor	lule C (	Form	990) 2022
2020	00 10-21-22												Schet	u (		550j 2022

	UNITED WAY OF THE DUTCHESS-ORANGE	06-1045600
Schedule G (Form 990) Part IV Supplemental Info	rmation (continued)	06-1045698 Page 4
	(ostanooy)	
		Schedule G (Form 990
232084 04-01-22		

SCHEDULE I (Form 990)	Go	rants and Oth vernments, ar ete if the organizatio	nd Individual	s in the Ŭni on Form 990, Par	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Form s.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization UNITED WAY REGION, II		OUTCHESS-OR	•				Employer identification numbe 06-1045698
Part I General Information on Grants an							
<ol> <li>Does the organization maintain records to criteria used to award the grants or assis</li> <li>Describe in Part IV the organization's pro</li> </ol>	tance?						on 🔀 Yes 🗌 N
Part II Grants and Other Assistance to I recipient that received more than \$	-				anization answered "	res" on Form 990, Parl	IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
AMERICA'S BEST CHARITIES 1100 LARKSPUR LANDING CIRCLE LARKSPUR, CA 94939	94-3067804	501(C)(3)	24,805.	0.			DONOR DIRECTED
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE, SUITE 110 CHANTILLY, VA 20151	54-1517707	501(C)(3)	6,469.	0.			DONOR DIRECTED
BOYS & GIRLS CLUB OF NEWBURGH, INC. – 285 LIBERTY STREET – NEWBURGH, NY 12550	14-1506144	501(C)(3)	15,000.	0.			EDUCATION
CATHOLIC CHARITIES COMMUNITY SERVICES OF DUTCHESS COUNTY - 1011 FIRST AVENUE 6TH FLOOR - NEW YORK, NY 10022	46-1341563	501(C)(3)	15,000.	0.			INCOME
CATHOLIC CHARITIES COMMUNITY SERVICES OF ORANGE COUNTY - 27 MATTHEWS STREET - GOSHEN, NY 10924	32-0151827	501(C)(3)	7,500.	0.			INCOME
CREATING HEALTHIER CO <b>MM</b> UNITIES 1199 NORTH FAIRFAX STREET ALEXANDRIA, VA 22314	85-0258784	501(C)(3)	20,286.	0.			DONOR DIRECTED

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

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Schedule I (Form 990) REGION, I	INC.					(	06-1045698 Page 1
Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNELL COOPERATIVE EXTENSION DUTCHESS COUNTY - 2715 ROUTE 44, SUITE 1 - MILLBROOK, NY 12545	14-6036882	501(C)(3)	7,000.	0.			EDUCATION
CULTURECONNECT PO BOX 590 RHINEBECK, NY 12572	16-1516523	501(C)(3)	6,000.	0.			EDUCATION
, DUTCHESS COUNTY COMMUNITY ACTION AGENCY, INC 77 CANNON ST POUGHKEEPSIE, NY 12601	14-1611857		8,500.	0.			EDUCATION
DUTCHESS COUNTY COMMUNITY ACTION AGENCY, INC 77 CANNON ST POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	34,000.	0.			INCOME
DUTCHESS COUNTY COMMUNITY ACTION AGENCY, INC 77 CANNON ST POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	15,000.	0.			INCOME
DUTCHESS OUTREACH, INC. 29 N. HAMILTON ST., SUITE 222 POUGHKEEPSIE, NY 12601	22-2339537	501(C)(3)	20,000.	0.			INCOME
DUTCHESS OUTREACH, INC. 29 N. HAMILTON ST., SUITE 222 POUGHKEEPSIE, NY 12601	22-2339537	501(C)(3)	7,500.	0.			HEALTH
FAMILY SERVICES INC. 29 NORTH HAMILTON STREET POUGHKEEPSIE, NY 12601	14-1338399	501(C)(3)	20,000.	0.			EDUCATION
FOOD FOR KIDS 2 FATHER TIERNEY CIRCLE WASHINGTONVILLE, NY 10992	82-3650190	501(C)(3)	7,500.	0.			HEALTH

Schedule I (Form 990) REGION, I		06-1045698 Pag								
Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)										
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GRACE SMITH HOUSE INC.										
BROOKSIDE AVENUE	14-1626657	501(C)(3)	10,000.	0.			INCOME			
POUGHKEEPSIE, NY 12601	14-1020037	501(C)(3)	10,000.	0.			INCOME			
NUDSON RIVER HOUSING										
313 MILL STREET										
OUGHKEEPSIE, NY 12601	22-2456648	501(C)(3)	15,000.	0.			EDUCATION			
HUDSON RIVER HOUSING										
313 MILL STREET										
POUGHKEEPSIE, NY 12601	22-2456648	501(C)(3)	10,000.	0.			EDUCATION			
UDGON DIVER HOUGING										
NUDSON RIVER HOUSING 13 MILL STREET										
POUGHKEEPSIE, NY 12601	22-2456648	501(C)(3)	15,000.	0.			INCOME			
· · · · · ·										
HUDSON RIVER HOUSING										
313 MILL STREET	22-2456648	F(1/C)/2	7,000.	0.			INCOME			
POUGHKEEPSIE, NY 12601	22-2450048	501(C)(3)	7,000.	0.			INCOME			
HUDSON RIVER HOUSING										
314 MILL STREET										
POUGHKEEPSIE, NY 12602	22-2456648	501(C)(3)	7,500.	0.			HEALTH			
AND TO LEARN										
2.0. BOX 223										
BEACON, NY 12508	46-3267308	501(C)(3)	10,000.	0.			EDUCATION			
EWISH FAMILY SERVICES										
20 ROUTE 17 M	14-1731791	501(C)(3)	10,000.	0.			INCOME			
IDDLETOWN, NY 10940	14-1/21/31	201(C)(2)	10,000.	0.			THCOME			
EGAL SERVICES OF THE HUDSON										
ALLEY - 331 MAIN ST., 2ND FLOOR,										
SUITE 200 - POUGHKEEPSIE, NY 12601	13-6265606	501(C)(3)	20,000.	Ο.			INCOME			

Schedule I (Form 990) REGION, INC.

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Part II Continuation of Grants and Other A		mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa		10-1045096 Pag
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL SERVICES OF THE HUDSON							
VALLEY - 331 MAIN ST., 2ND FLOOR,							
SUITE 200 - POUGHKEEPSIE, NY 12601	13-6265606	501(C)(3)	8,000.	0.			INCOME
LITERACY CONNECTIONS OF THE HUDSON							
VALLEY, INC 325 MAIN STREET -							
POUGHKEEPSIE, NY 12601	14-1710952	501(C)(3)	15,000.	0.			EDUCATION
NEWBURGH ARMORY UNITY CENTER							
321 SOUTH WILLIAM STREET	27 4640025	F01 ( d) ( 2 )	15 000	0			
NEWBURGH, NY 12550	27-4649035	501(C)(3)	15,000.	0.			EDUCATION
NORTH EAST COMMUNITY CENTER							
P.O. BOX 35							
MILLERTON, NY 12546	14-1736237	501(C)(3)	10,000.	0.			EDUCATION
,			,				
NORTH EAST COMMUNITY CENTER							
P.O. BOX 35							
MILLERTON, NY 12546	14-1736237	501(C)(3)	10,000.	0.			HEALTH
PAWLING RESOURCE CENTER							
PO BOX 331	51 0105100	F01 ( ( ) ( ) )					
PAWLING, NY 12564	51-0195123	501(C)(3)	8,000.	0.			HEALTH
POUGHKEEPSIE FARM PROJECT							
P.O. BOX 3143							
POUGHKEEPSIE, NY 12603	14-1813679	501(C)(3)	15,000.	0.			HEALTH
,,,				<b>```</b>			
REGIONAL FOOD BANK OF NORTHEASTERN							
NY - 965 ALBANY SHAKER ROAD -							
LATHAM, NY 12110	22-2470885	501(C)(3)	9,269.	0.			DONOR DIRECTED
REGIONAL FOOD BANK OF NORTHEASTERN							
NY - 965 ALBANY SHAKER ROAD -	22 2470005	E01(0)(2)	25.000	•			
LATHAM, NY 12110	22-2470885		25,000.	0.			HEALTH

Schedule I (Form 990) REGION, II	-					C	06-1045698 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FEARLESS! HUDSON VALLEY							
PO BOX 649							
NEWBURGH, NY 12550	14-1679391	501(C)(3)	13,200.	0.			INCOME
THE ART EFFECT							
45 PERSHING AVENUE							
POUGHKEEPSIE, NY 12601	22-2538177	501(C)(3)	11,300.	0.			EDUCATION
THE NATIONAL ALLIANCE FOR MENTAL							
ILLNESS - PO BOX 787 -	11 2622705	E01(0)(2)	15 000	0			
POUGHKEEPSIE, NY 12602	11-2622795	501(C)(3)	15,000.	0.			EDUCATION
UNITED WAY OF WESTCHESTER PUTNAM							
336 CENTRAL PARK AVE.							
WHITE PLAINS, NY 10601	13-1997636	501(C)(3)	10,000.	0.			INCOME
UNITED WAY OF WESTCHESTER PUTNAM							
336 CENTRAL PARK AVE.							
WHITE PLAINS, NY 10601	13-1997636	501(C)(3)	33,000.	0.			INCOME
VASSAR COLLEGE URBAN EDUCATION							
INITIATIVE - 124 RAYMOND AVE., BOX	14 1000007	E01(0)(2)	9 500	0			
709 - POUGHKEEPSIE, NY 12604	14-1338587	501(C)(3)	8,500.	0.			EDUCATION
UNITED WAY OF WESTCHESTER PUTNAM							
336 CENTRAL PARK AVE.							
WHITE PLAINS, NY 10601	13-1997636	501(C)(3)	40,548.	0.			INCOME
			, ,				
UNITED WAY OF WESTCHESTER PUTNAM							
336 CENTRAL PARK AVE.							
WHITE PLAINS, NY 10601	13-1997636	501(C)(3)	63,147.	0.			INCOME
COMMINITARY MARGEDS							
COMMUNITY MATTERS P.O. BOX 14816							
SANTA ROSE, CA 95402	68-0369720	501(C)(3)	10,600.	0.			TRAINING
SIMIN RODE, CA JJ402	00 0305720	501(0)(5)	1 10,000.	٥.			11111111110

Schedule I (Form 990) 2022

REGION, INC.

06-1045698

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information Provide the information rec	<u> </u>				

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

PART I, LINE 2:

APPLICANT IS REQUIRED TO FILL OUT A COMMUNITY IMPACT APPLICATION.

APPLICATIONS ARE REVIEWED BY AREA COUNCIL VOLUNTEERS. IF APPROVED FOR

FUNDING, THE APPLICANT MUST SIGN A PARTNERSHIP AGREEMENT IN ADDITION TO A

CONTRACT. THE PARTNERSHIP AGREEMENT REQUIRES THAT THE AGENCY (1) BE A

501(C)(3) ORGANIZATION, (2) SUBMIT AUDITED FINANCIAL STATEMENTS AND FORM

990, (3) SUBMIT A MID-YEAR REVIEW REPORT, AND (4) PROVIDE AN ACCOUNTING OF

HOW THE FUNDS WERE SPENT. THE COUNCIL RESERVES THE RIGHT TO OBSERVE THE

FUNDED PROGRAMS.

SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	99	
		Compensated Employees		20	22	
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organization	UNITED WAY OF THE DUTCHESS-ORANGE	Employer id			mber
		REGION, INC.	06-1	04569	8	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com					
		ation and gross-up payments				
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
_		provision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
2	ladiaata udalah ifan					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Eventium Director, but eveloping a part III				
	·	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation					
	·	compensation consultant     Compensation survey or study       ther organizations     X Approval by the board or compensation comp	ommittoo			
			ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а	•	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
с		eive payment from an equity-based compensation arrangement?				X
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	The organization?			. 5a		X
b	Any related organiz	ation?		. 5b		X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
						X
	Any related organiz	ation?				X
	If "Yes" on line 6a o	or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n <b>990</b> )	2022

232111 10-18-22

Schedule J (Form 990) 2022

REGION, INC.

06-1045698

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

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

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

		<b>(B)</b> Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEANNIE MONTANO	(i)	174,744.	0.	0.	13,980.	10,289.	199,013.	0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
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UNITED	WAY	OF	THE	DUTCHESS-ORANGE
REGION	, INC	2.		

Schedule J (Form 990) 2022

Part III Supplemental Information

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

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

(, 0	rm 990)	Complete if the e	ragnizations	answarad "Vas" a	n Form 990, Part IV, lines 2	10 or 20	20	22
	ment of the Treasury I Revenue Service	•	-	Attach to Form 9			Open to Inspe	
Name	e of the organizatior						oyer identification	on numb
		REGION, INC					06-1045	
Par	tl Types of	Property						
			(a) Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g		<b>(d)</b> thod of determin h contribution ar	
1	Art - Works of art							
2	Art - Historical trea	sures						
3	Art - Fractional inte	erests						
4	Books and publica	tions						
5	Clothing and hous	ehold goods	X		293,975.	THRIFT	SHOP VA	LUE
6	Cars and other veh	nicles						
7	Boats and planes							
8		ty						
9		y traded		2	10,901.	FMV		
10	Securities - Closely	/ held stock						
11	Securities - Partne	rship, LLC, or						
	trust interests							
12		laneous						
13	Qualified conserva							
	Historic structures							
14	Qualified conserva	tion contribution - Other						
15	Real estate - Resid							
16	Real estate - Comr	mercial						
17								
18								
19								
20		l supplies						
21		·						
22								
23		ns						
24		acts						
 25	Other (	)	·					
26	Other (	/						
20	Other (	) 						
28	Other (	) \						
<u>20</u> 29		( 8283 received by the orga	l	I the tax year for e				
25		nization completed Form 8						
	for which the orga	nization completed Form c	5200, Fait V, L	onee Acknowledge	29			Yes N
202	During the year di	d the organization receive	by contributio	n any proporty rop	orted in Part I, lines 1 throug	h 28 that it		
30a		-	-	•••••	ch isn't required to be used			
		for the entire holding perio					30a	3
h		• ·	u:					
		the arrangement in Part II.	a policy that w	quires the review	of any ponstandard contribut	tions?		
31 20-	-			-	of any nonstandard contribu			2
32a				-	cit, process, or sell noncash			.
							<u>32a</u>	2
	If "Yes," describe i							
33	It the organization	didn't report an amount in	column (c) fo	r a type of property	for which column (a) is che	cked,		
	describe in Part II.							

				THE	DUTCHE	SS-ORANG	Ε		
Schedule M	(Form 990) 2022	REGION,	INC.					06-1045698	Page <b>2</b>
Part II	Supplemental	Informatio I, column (b), Iditional inform	<b>n.</b> Provide the number nation.	the infor of contri	mation required butions, the nu	d by Part I, line Imber of items	s 30b, 32b, and 3 received, or a con	3, and whether the organizan bination of both. Also com	ation plete
	. ,								
000140 00 00 0	0							Sobadula M /Fame	
232142 09-09-2	72							Schedule M (Forn	1 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

 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 Form 990-EZ.

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

 UNITED WAY OF THE DUTCHESS-ORANGE

 Empression Region, INC.



06-1045698

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

DONOR DIRECTED GIFTS- GRANTS TO 501(C)(3) CHARITIES DIRECTED BY THE

ORGANIZATION'S DONORS.

PROGRAM SERVICES INCLUDES EXPENSES INCURRED SPECIFICALLY IN RESPONSE TO

THE COVID-19 PANDEMIC. THE ORGANIZATION IMMEDIATELY RESPONDED TO COVID

IN THE COMMUNITY, CREATING A COVID RELIEF FUND AND DISTRIBUTING FOOD,

BASIC ESSENTIALS AND PPE TO THE FAMILIES MOST AFFECTED. IT MOBILIZED

DONORS, ASSESSED THE MOST DIRE NEEDS IN THE COMMUNITY AND BEGAN

DISTIRBUTING FUNDS WEEKLY TO THOSE NEGATIVELY IMPACTED BY COVID. TO

DATE, IT HAS AIDED IN NUMEROUS COMMUNITY PROJECTES RESULTING IN

COMMUNITY MEALS BEING DISTRIBUTED, FRONTLINE WORKERS HAVING ACCESS TO

LIFE-SAVING PPE, AND PROVIDED COMMUNITY MEMBERS WITH HYGINE AND OTHER

BASIC NEEDS. IT ALSO ADDRESSED FOOD INSECURITY FOR COLLEGE STUDENTS,

PROVIDED CRITICAL SUPPORT FOR VETERANS, AND DELIVERED MEALS TO

FRONTLINE HEALTH WORKERS. FINALLY, IT OFFERED AROUND THE CLOCK HUMAN

SERVICE REFERRALS AND ADVICE TO RESIDENTS THROUGH THE 211 HELPLINE.

EXPENSES \$ 124,925. INCLUDING GRANTS OF \$ 124,925. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

THE VP OF FINANCE AND ADMINISTRATION, TOGETHER WITH THE INDEPENDENT

ACCOUNTING FIRM, PREPARES THE FORM 990. IT IS PRESENTED TO AND REVIEWED IN

DETAIL WITH THE AUDIT AND FINANCE COMMITTEES FOR ACCURACY AND COMPLETENESS.

THE AUDIT COMMITTEE AUTHORIZES IT TO BE PRESENTED TO THE EXECUTIVE

COMMITTEE WITH A RECOMMENDATION TO FILE. THE CHAIRMAN OF THE AUDIT

 COMMITTEE
 PRESENTS
 THE
 990
 TO
 THE
 EXECUTIVE
 COMMITTEE
 LINKING
 THE
 DATA
 TO

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2022

 232211
 10-28-22

Schedule O (Form 990) 2022	Page 2
Name of the organization UNITED WAY OF THE DUTCHESS-ORANGE REGION, INC.	Employer identification number 06-1045698
THE ANNUAL AUDIT REPORT. THE EXECUTIVE COMMITTEE AUTHORIZE	S THE RELEASE OF
THE 990 TO THE FULL BOARD WITH A RECOMMENDATION TO FILE. T	HE 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, SECTION B, LINE 12C:

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

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

LINE 15A - THE PRESIDENT AND CEO COMPLETES A SELF-EVALUATION USING A PRE-DETERMINED EVALUATION FORM WITH SEVEN SPECIFIC QUESTIONS. THESE SEVEN QUESTIONS ARE ANSWERED IN WRITTEN ESSAY/BULLET STYLE. A SECOND SECTION IS A SCALE-STYLE FORMAT WITH QUESTIONNAIRE THAT RANKS PERFORMANCE WITHIN A 1-5 FORMAT. THIS EVALUATION IS THEN PRESENTED TO THE BOARD CHAIR BY THE CHAIR OF THE EVALUATION COMMITTEE. THE BOARD CHAIR REQUESTS THE GOVERNANCE COMMITTEE AND BOARD MEMBERS TO COMPLETE AN EVALUATION ON THE PRESIDENT USING THE SAME EVALUATION TOOLS. THESE ARE THEN COMBINED AND THE BOARD CHAIR, THE PAST CHAIR, AND THE CEO MEET TO DISCUSS THE RESULTS. A MUTUAL PLAN IS DEVELOPED FOR NEXT YEAR'S GOALS AND OBJECTIVES. THE CHAIR AND PAST CHAIR DISCUSS THE RESULTS IN EXECUTIVE SESSION WITH THE GOVERNANCE COMMITTEE AND THEN THE FULL BOARD WHERE A BOARD VOTE IS MADE TO ACCEPT THE RECOMMENDATIONS. THE CHAIR AND PAST CHAIR DECIDE ON SALARY INCREASES USING Schedule O (Form 990) 2022 232212 10-28-22

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2022.05000 UNITED WAY OF THE DUTCHES PM165891

Name of the organization UNITED WAY OF THE DUTCHESS-ORANGE REGION, INC.	Employer identification number 06-1045698
SALARY INFORMATION FROM A NUMBER OF SOURCES. THE PRINCIPA	L SOURCE IS THE
UWW HUMAN CAPITAL STUDY: EXECUTIVE SALARY REPORT WHICH PRO	VIDES SALARY
COMPARISONS FOR UNITED WAYS OF COMPARABLE SIZE, COMPLEXITY	AND LOCATION.
OTHER SOURCES USED INCLUDE A SUMMARY OF OTHER LOCAL NON-PR	OFIT
ORGANIZATION'S SALARIES THROUGH COMPARISONS OF 990'S.	

LINE 15B - EACH STAFF PERSON COMPLETES A SELF-EVALUATION USING A PRE-DETERMINED EVALUATION FORM. THE FORM IS REVIEWED BY THEIR SUPERVISOR AND THE SUPERVISOR'S COMMENTS ARE ADDED. PERFORMANCE IS SCORED USING A WEIGHTED SYSTEM BASED UPON EACH EMPLOYEE'S JOB DESCRIPTION. THE EVALUATION IS PRESENTED TO THE PRESIDENT FOR REVIEW AND APPROVAL. THE COMPLETED EVALUATION IS DISCUSSED WITH THE EMPLOYEE AND A MUTUAL PLAN IS DEVELOPED FOR THE NEXT YEAR'S GOALS AND OBJECTIVES. THE PRESIDENT MAKES THE RECOMMENDATION FOR SALARY ADJUSTMENTS AND THEY ARE APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATIONAL DOCUMENTS ARE A PUBLIC RECORD FILED WITH NYS ATTORNEY GENERAL'S OFFICE. A FINANCIAL OVERVIEW, THE CONFLICT OF INTEREST STATEMENT, WHISTLEBLOWER POLICY, PRIVACY POLICY, CODE OF ETHICS, AUDIT REPORT AND THE ANNUAL REPORT ARE ACCESSIBLE IN THE ACCOUNTABILITY SECTION OF ABOUT US ON OUR WEBSITE. HTTP://WWW.UWDOR.ORG/ACCOUNTABILITY

232212 10-28-22

Schedule O (Form 990) 2022