

A For the 2010 calendar year, or tax year beginning **07/01/10**, and ending **06/30/11**

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

C Name of organization
UNITED WAY OF MID-HUDSON VALLEY, INC

D Employer identification number
06-1045698

E Telephone number
845-471-1900

G Gross receipts **2,273,771**

F Name and address of principal officer:
SHELIA APPEL, CHAIR
75 MARKET ST
POUGHKEEPSIE NY 12601

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

J Website: **WWW.UWOC.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1987**

M State of legal domicile: **NY**

H(c) Group exemption number

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

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO BUILD A STRONGER, HEALTHIER COMMUNITY BY RAISING RESOURCES AND DEVELOPING PARTNERSHIPS THAT MAKE A MEASURABLE DIFFERENCE IN PEOPLE'S LIVES. ON 4/5/11 THE ORGANIZATION MERGED WITH THE DUTCHESS COUNTY UW.

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

3 Number of voting members of the governing body (Part VI, line 1a)	22
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	16
6 Total number of volunteers (estimate if necessary)	
7a Total unrelated business revenue from Part VIII, column (C), line 12	
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,865,553	2,095,306
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,691	11,237
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	163,694	110,230
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,038,938	2,216,773
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,356,551	1,045,973
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	569,185	622,285
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 477,987		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	348,806	508,861
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,274,542	2,177,119
19 Revenue less expenses. Subtract line 18 from line 12	-235,604	39,654
20 Total assets (Part X, line 16)	1,776,428	7,409,532
21 Total liabilities (Part X, line 26)	1,388,682	1,140,244
22 Net assets or fund balances. Subtract line 21 from line 20	387,746	6,269,288

Part II Signature Block

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

Sign Here
 Signature of officer: *Shelia Appel*
SHELIA APPEL
 Type or print name and title: **BOARD CHAIR**
 Date: **11/12/11**

Paid Preparer Use Only
 Print/Type preparer's name: **BRENDA K. SANTORO**
 Preparer's signature: *Brenda Santoro CPA*
 Date: **11/04/11**
 Check if self-employed if PTIN **P00305062**
 Firm's name: **D'ARCANGELO & CO., LLP**
 Firm's EIN: **13-2550103**
 Firm's address: **510 HAIGHT AVE. POUGHKEEPSIE, NY 12603**
 Phone no.: **845-473-7774**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO BUILD A STRONGER, HEALTHIER COMMUNITY BY RAISING RESOURCES AND DEVELOPING PARTNERSHIPS THAT MAKE A MEASURABLE DIFFERENCE IN PEOPLE'S LIVES. ON 4/5/11 THE ORGANIZATION MERGED WITH THE DUTCHESS COUNTY UW.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **402,543** including grants of \$ **225,285**) (Revenue \$)

HEALTH

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

4b (Code:) (Expenses \$ **406,842** including grants of \$ **227,642**) (Revenue \$)

INCOME

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

4c (Code:) (Expenses \$ **216,602** including grants of \$ **121,218**) (Revenue \$)

EDUCATION

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

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

(Expenses \$ **471,828** including grants of \$ **471,828**) (Revenue \$)

4e Total program service expenses **1,497,815**

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
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		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		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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
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)		X
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	X	
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		X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

Part V: Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	NY
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: organization: SUE MANNING address: 75 MARKET STREET city: POUGHKEEPSIE state: NY zip: 12601 phone: 845-471-1900	

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHEILA APPEL BOARD CHAIR	2.00	X		X			0	0	0	
(2) DANIEL ARONZON BOARD MEMBER	1.00	X					0	0	0	
(3) DONNA BENSON BOARD MEMBER	1.00	X					0	0	0	
(4) ANTHONY CAMPOGIORNI BOARD MEMBER	1.00	X					0	0	0	
(5) KIMBERLY CARDONA-SMITH CHAIR - AUDIT COMM	1.00	X					0	0	0	
(6) MARIEL DREISPIEL BOARD MEMBER	1.00	X					0	0	0	
(7) BETTY FANELLI SECRETARY	1.50	X		X			0	0	0	
(8) GIANNA FRANCO BOARD MEMBER	1.00	X					0	0	0	
(9) DENISE GORESKI CHAIR, PLANNING COMM	1.00	X					0	0	0	
(10) MARTIN HARNICK CHAIR, COMM IMPACT	1.50	X					0	0	0	
(11) STEVE HOWELL FIRST VICE-CHAIR	1.50	X		X			0	0	0	
(12) DAVE JOLLY BOARD MEMBER	1.00	X					0	0	0	
(13) ASHOK MANDAVA BOARD MEMBER	1.00	X					0	0	0	
(14) TYRONE MUSE CHAIR, DEVELOP COMM	1.00	X					0	0	0	
(15) CHARLIE O'MARA TREASURER	1.00	X		X			0	0	0	
(16) DIANE PASSARO BOARD MEMBER	1.00	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) JAMES ROLLINS BOARD MEMBER	1.00	X					0	0	0	
(18) CARRY ROTHFELD BOARD MEMBER	1.00	X					0	0	0	
(19) MARK TRAVERS BOARD MEMBER	1.00	X					0	0	0	
(20) DONALD HAMMOND PRESIDENT & CEO	3.00	X		X			0	0	0	
(21) JON SELANDER BOARD MEMBER	1.00	X					0	0	0	
(22) DAVE WEAVING BOARD MEMBER	1.00	X					0	0	0	
(23) MICHELLE RIDER TREASURER	2.00	X					0	0	0	
(24) PETER BERMAN BOARD MEMBER	1.00	X					0	0	0	
(25) DEBBIE BOGDANSKI BOARD MEMBER	1.00	X					0	0	0	
(26) CARL BONITZ BOARD MEMBER	1.00	X					0	0	0	
(27) STEPHEN DEDERICK BOARD MEMBER	1.00	X					0	0	0	
(28) FAITH FERGUSON BOARD MEMBER	1.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A							77,509		17,744	
d Total (add lines 1b and 1c)							77,509		17,744	

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17) MICHAEL FLYNN BOARD MEMBER	1.00	X						0	0	0
(18) SANDRA HANDLER BOARD MEMBER	1.00	X						0	0	0
(19) ROBERT HATFIELD, JR. BOARD MEMBER	1.00	X						0	0	0
(20) KRISTIN J. HEARD BOARD MEMBER	1.00	X						0	0	0
(21) JOHN G. NARDI BOARD MEMBER	1.00	X						0	0	0
(22) ANDREW PAVLOFF BOARD MEMBER	1.00	X						0	0	0
(23) ROBIN G. SECCAFICO BOARD MEMBER	1.00	X						0	0	0
(24) ROBIN WHITE BOARD MEMBER	1.00	X						0	0	0
(25) JUDY LEKOSKI-EURICH PAST PRESIDENT & CEO	35.00			X				77,509	0	17,744
(26)										
(27)										
(28)										
1b Sub-total								77,509		17,744
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

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

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

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	280,839				
	1b Membership dues					
	1c Fundraising events					
	1d Related organizations					
	1e Government grants (contributions)	385,888				
	1f All other contributions, gifts, grants, and similar amounts not included above	1,428,579				
	g Noncash contributions included in lines 1a-1f:	\$ 110,768				
	h Total. Add lines 1a-1f	2,095,306				
Program Service Revenue	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		11,237		11,237	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross Rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18:	a	110,707			
	b Less: direct expenses	b	56,998			
c Net income or (loss) from fundraising events		53,709			53,709	
9a Gross income from gaming activities. See Part IV, line 19:	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code				
11a ADMINISTRATIVE INCOME		56,521	56,521			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		56,521				
12 Total revenue. See Instructions.		2,216,773	56,521	0	64,946	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,045,973	1,045,973		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	111,551	39,043	55,776	16,732
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	392,369	193,843	16,849	181,677
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	30,114	14,658	1,206	14,250
9	Other employee benefits	51,189	25,143	2,340	23,706
10	Payroll taxes	37,062	17,457	4,631	14,974
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other	105,642	25,618	13,844	66,180
12	Advertising and promotion	63,002	24,939	292	37,771
13	Office expenses	73,121	31,272	12,835	29,014
14	Information technology	16,760	4,926	3,423	8,411
15	Royalties				
16	Occupancy	70,829	21,463	13,878	35,488
17	Travel	8,846	4,134	299	4,413
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	34,060	18,015	8,814	7,231
20	Interest				
21	Payments to affiliates	22,202	4,987	4,613	12,602
22	Depreciation, depletion, and amortization	19,649	5,895	3,930	9,824
23	Insurance	12,474	3,514	2,418	6,542
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	BOARD DIRECTED 1X EXPENSE	53,215		53,215	
b	COMMUNICATIONS	12,050	4,771	2,146	5,133
c	SERVICE CHARGES	8,985	6,034	755	2,196
d	MISCELLANEOUS	8,026	6,130	53	1,843
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,177,119	1,497,815	201,317	477,987
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	233,999	1	1,508,624
	2 Savings and temporary cash investments	830,853	2	1,921,594
	3 Pledges and grants receivable, net	643,640	3	1,411,115
	4 Accounts receivable, net	45,553	4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	12,147	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,232	9	11,769
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 930,994		
	b Less: accumulated depreciation	10b 510,911	10c 8,004	420,083
	11 Investments—publicly traded securities		11	2,076,876
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	59,471
16 Total assets. Add lines 1 through 15 (must equal line 34)		16	7,409,532	
Liabilities	17 Accounts payable and accrued expenses	49,801	17	168,312
	18 Grants payable	1,142,898	18	800,761
	19 Deferred revenue	195,983	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	171,171
	26 Total liabilities. Add lines 17 through 25		26	1,140,244
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-388,876	27	5,082,656
	28 Temporarily restricted net assets	776,622	28	902,889
	29 Permanently restricted net assets		29	283,743
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	387,746	33	6,269,288	
34 Total liabilities and net assets/fund balances	1,776,428	34	7,409,532	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,216,773
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,177,119
3	Revenue less expenses. Subtract line 2 from line 1	3	39,654
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	387,746
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,841,888
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,269,288

Part XII: Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant?	<input checked="" type="checkbox"/>	
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<input checked="" type="checkbox"/>	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Public Charity Status and Public Support

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a Type I b Type II c Type III—Functionally integrated d Type III—Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,955,498	1,686,166	2,298,271	1,865,553	2,095,306	9,900,794
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,955,498	1,686,166	2,298,271	1,865,553	2,095,306	9,900,794
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						9,900,794

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,955,498	1,686,166	2,298,271	1,865,553	2,095,306	9,900,794
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,466	26,593	18,244	9,746	11,237	89,286
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	52,634	95,871	169,482	163,694	110,230	591,911
11 Total support. Add lines 7 through 10						10,581,991

12 Gross receipts from related activities, etc. (see instructions) 12 56,521

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	93.56%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	93.77%

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b **33 1/3% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

PART II, LINE 10 - OTHER INCOME DETAIL

SPECIAL EVENTS	\$	318,788
ADMINISTRATIVE FEES	\$	268,381
SPONSORSHIPS	\$	0
MISCELLANEOUS	\$	2,233
GAMING INCOME	\$	2,509

▶ Attach to Form 990, 990-EZ, or 990-PF.

2010

Name of the organization

Employer identification number

UNITED WAY OF MID-HUDSON VALLEY, INC

06-1045698

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust not 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ESTATE OF PEARL PHILLIPSON 6 HARRIMAN DRIVE GOSHEN NY 10924	\$ 156,696	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	DYSON FOUNDATION 25 HALCYON RD MILLBROOK NY 12545	\$ 93,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CALVIN KLEIN STORE #122 489 RED APPLE COURT CENTRAL VALLEY NY 10917	\$ 65,353	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	CLOTHING	\$ 2,584	07/30/10
3	CLOTHING	\$ 39,427	08/09/10
3	CLOTHING	\$ 524	09/10/10
3	CLOTHING	\$ 12,028	11/02/10
3	CLOTHING	\$ 5,396	11/29/10
3	CLOTHING	\$ 543	12/22/10

Name of organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	CLOTHING	\$ 1,310	04/18/11
3	CLOTHING	\$ 3,541	05/20/11
		\$	
		\$	
		\$	
		\$	

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	6	
2 Aggregate contributions to (during year)	471,828	1,623,478
3 Aggregate grants from (during year)	2,000	1,045,973
4 Aggregate value at end of year	93,108	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	2,039,636				
c Net investment earnings, gains, and losses	-7,719				
d Grants or scholarships					
e Other expenditures for facilities and programs	55,262				
f Administrative expenses					
g End of year balance	2,039,636				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 42.61 %
- b Permanent endowment ▶ 14.35 %
- c Term endowment ▶ 43.04 %

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

	Yes	No
(i) unrelated organizations	X	
(ii) related organizations		X
3b		

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,000		12,000
b Buildings		80,000	64,000	16,000
c Leasehold improvements		587,273	239,942	347,331
d Equipment		235,010	193,740	41,270
e Other		16,711	13,229	3,482
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				420,083

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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

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

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

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

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ENERGY PENETRATION FUND PAYABLES	132,626
(3) CAPACTIY DEVELOPMENT FUND PAYABLES	28,500
(4) OTHER MISCELLANEOUS PAYABLES	10,045
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	171,171

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,216,773
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,177,119
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	39,654
4	Net unrealized gains (losses) on investments	4	-11,715
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-11,715
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	27,939

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

1	Total revenue, gains, and other support per audited financial statements	1	2,262,056
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-11,715
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	56,998
e	Add lines 2a through 2d	2e	45,283
3	Subtract line 2e from line 1	3	2,216,773
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,216,773

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

1	Total expenses and losses per audited financial statements	1	2,234,117
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	56,998
e	Add lines 2a through 2d	2e	56,998
3	Subtract line 2e from line 1	3	2,177,119
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,177,119

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - LIABILITY UNDER FIN 48 FOOTNOTE

THE UNITED WAY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC 740-10 WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT

Part XIV Supplemental Information (continued)

ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE UNITED WAY IS REQUIRED TO DETERMINE WHETHER THE BENEFITS OF ITS TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON AUDIT BASED ON THE TECHNICAL MERITS OF THE TAX POSITION. THE PROVISIONS OF ASC 740-10 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, AND DISCLOSURE. THE UNITED WAY DID NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2011 AND IS NOT AWARE OF ANY VIOLATIONS OF ITS TAX-EXEMPT STATUS. UNITED WAY INCLUDES INTEREST AND PENALTIES, IF ANY IN THE STATEMENT OF ACTIVITIES UNDER A SEPARATE CAPTION. AS OF JUNE 30, 2011, FISCAL YEARS ENDED 2008 AND LATER ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

SPECIAL EVENTS EXPENSE	\$	56,998
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SPECIAL EVENTS EXPENSE	\$	-56,998
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PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

SPECIAL EVENTS EXPENSE	\$	56,998
------------------------	----	--------

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

SPECIAL EVENTS EXPENSE	\$	56,998
------------------------	----	--------

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

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

Open To Public Inspection

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

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

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

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

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

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

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

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

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.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>TOUCH A TRUCK</u> (event type)	<u>ORANGE OPEN</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	26,761	22,049	51,918	100,728
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	26,761	22,049	51,918	100,728
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	9,726	14,679	27,460	51,865
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					48,863

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC
Employer identification number
06-1045698

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BIG BROTHERS BIG SISTERS 253 SOUTH WILLIAMS STREET NEWBURGH NY 12550	14-1597893	3	32,000				EDUCATION
(2)	CHILD CARE COUNTY OF ORANGE COUNTY 40 MATTHEWS STREET GOSHEN NY 10924	23-7221671	3	27,880				INCOME
(3)	HONOR EHG, INC 38 SEWARD AVENUE MIDDLETOWN NY 10940	14-1596731	3	46,090				HEALTH
(4)	INSPIRE THE CP CENTER 2 FLETCHER STREET GOSHEN NY 10924	14-1456248	3	8,765				HEALTH
(5)	JEWISH FAMILY SERVICE ORANGE COUNTY 720 ROUTE 17M MIDDLETOWN NY 10940	14-1731791	3	8,765				HEALTH
(6)	LITERACY VOLUNTEERS OF WESTERN OC 70 FULTON STREET MIDDLETOWN NY 10940	22-2562904	3	15,000				EDUCATION
(7)	MENTAL HEALTH ASSOCIATION 73 COUNTY HIGHWAY 108 MIDDLETOWN NY 10940	14-6024124	3	9,000				HEALTH
(8)	NORA CRONIN PRESENTATION ACADEMY 880 JACKSON AVENUE NEW WINDSOR NY 12553	N/A	3	12,000				EDUCATION
(9)	SAFE HOMES OF ORANGE COUNTY PO BOX 649 NEWBURGH NY 12551	14-1679391	3	10,000				INCOME

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number
06-1045698

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SALVATION ARMY - NEWBURGH 234 VAN NESS STREET NEWBURGH NY 12550	13-5562351 3		11,500				EDUCATION AND INCOM
(2) SALVATION ARMY - PORT JERVIS 99 BALL STREET PO BOX 125 PORT JERVIS NY 12771	13-5562351 3		10,000				INCOME
(3) TOWN OF WALKILL BOYS & GIRLS CLUB 60 REAMERY RD PO BOX 14 CIRCLEVILLE NY 10919	13-3741014 3		18,000				EDUCATION
(4) UNITED WAY OF WESTCHESTER & PUTNAM 336 CENTRAL PARK AVE WHITE PLAINS NY 10601	13-1997636 3		42,901				INCOME
(5) UNITED WAY OF WESTCHESTER & PUTNAM 336 CENTRAL PARK AVE WHITE PLAINS NY 10601	13-1997636 3		10,000				INCOME
(6) FAMILY SERVICES 29 NORTH HAMILTON STREET POUGHKEEPSIE NY 12601	14-1338399 3		6,574				HEALTH
(7) FOOD BANK OF THE HUDSON VALLEY 965 ALBANY SHAKER RD LATHAM NY 12110	22-2470885 3		5,824				HEALTH
(8) YMCA 377 BROADWAY NEWBURGH NY 12550	14-1340010 3		46,597				HEALTH
(9) DONOR DIRECTED			471,828				OTHER

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

Schedule I (Form 990) (2010) **UNITED WAY OF MID-HUDSON VALLEY, INC 06-1045698**

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

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

APPLICANT IS REQUIRED TO FILL OUT A COMMUNITY IMPACT APPLICATION.

APPLICATIONS ARE REVIEWED BY AREA COUNCIL VOLUNTEERS. IF APPROVED FOR

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

CONTRACT.

THE PARTNERSHIP AGREEMENT REQUIRES THAT THE AGENCY (1) BE A 501(C)(3)

ORGANIZATION, (2) SUBMIT AUDITED FINANCIAL STATEMENTS AND FORM 990, (3)

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

FUND WERE SPENT.

THE COUNSEL RESERVES THE RIGHT TO OBSERVE FUNDED PROGRAMS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number
06-1045698

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		110,768	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....				
26 Other ▶ (.....				
27 Other ▶ (.....				
28 Other ▶ (.....				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2010

Open to Public
Inspection

▶ Attach to Form 990 or 990-EZ.

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

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

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE CHIEF FINANCIAL OFFICER, TOGETHER WITH THE INDEPENDENT ACCOUNTING FIRM,
PREPARES THE FORM 990. IT IS PRESENTED TO AND REVIEWED IN DETAIL WITH THE
AUDIT COMMITTEE FOR ACCURACY AND COMPLETENESS. THE AUDIT COMMITTEE
AUTHORIZES IT TO BE PRESENTED TO THE EXECUTIVE COMMITTEE
WITH A RECOMMENDATION TO FILE. THE CHAIRMAN OF THE AUDIT
COMMITTEE TOGETHER WITH THE CFO PRESENTS THE 990 TO THE EXECUTIVE
COMMITTEE LINKING THE DATA TO THE ANNUAL AUDIT REPORT. THE EXECUTIVE
COMMITTEE AUTHORIZES THE RELEASE OF THE 990 TO THE FULL BOARD WITH A
RECOMMENDATION TO FILE. THE RETURN IS DISTRIBUTED TO THE BOARD MEMBERS FOR
REVIEW AND DISCUSSION AT A BOARD MEETING. A RESOLUTION IS ADOPTED TO
APPROVE THE FILING OF THE RETURN.

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

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

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

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

THE PRESIDENT AND CEO COMPLETES A SELF-EVALUATION USING A PRE-DETERMINED EVALUATION FORM WITH FIVE SPECIFIC QUESTIONS. THESE FIVE QUESTIONS ARE ANSWERED IN WRITTEN ESSAY-STYLE FORMAT. A SECOND SECTION IS A SCALE-STYLE FORMAT WITH QUESTIONNAIRE THAT RANKS PERFORMANCE WITHIN A 1-5 FORMAT. THIS EVALUATION IS THEN PRESENTED TO THE BOARD CHAIR. THE BOARD CHAIR REQUESTS THE GOVERNANCE COMMITTEE AND BOARD MEMBERS TO COMPLETE AN EVALUATION ON THE PRESIDENT USING THE SAME EVALUATION TOOLS. THESE ARE THEN COMBINED AND THE BOARD CHAIR, THE PAST CHAIR, AND THE CEO MEET TO DISCUSS THE RESULTS. A MUTUAL PLAN IS DEVELOPED FOR NEXT YEAR'S GOALS AND OBJECTIVES. THE CHAIR AND PAST CHAIR DISCUSS THE RESULTS IN EXECUTIVE SESSION WITH THE GOVERNANCE COMMITTEE AND THEN THE FULL BOARD WHERE A BOARD VOTE IS MADE TO ACCEPT THE RECOMMENDATIONS.

THE CHAIR AND PAST CHAIR DECIDE ON SALARY INCREASES USING SALARY INFORMATION FROM A NUMBER OF SOURCES. THE PRINCIPAL SOURCE IS THE UWW HUMAN CAPITAL STUDY: EXECUTIVE SALARY REPORT WHICH PROVIDES COMPARABLE SALARIES FOR UNITED WAYS OF COMPARABLE SIZE, COMPLEXITY AND GEOGRAPHICALLY AND OTHER SOURCES ARE USED INCLUDING A SUMMARY OF OTHER LOCAL NON-PROFIT ORGANIZATIONS SALARIES THROUGH A COMPARISON OF 990S.

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

EACH STAFF PERSON COMPLETES A SELF-EVALUATION USING A PRE-DETERMINED EVALUATION FORM WITH FIVE SPECIFIC QUESTIONS. THESE FIVE QUESTIONS ARE ANSWERED IN WRITTEN ESSAY-STYLE FORMAT. A SECOND SECTION IS A SCALE-STYLE FORMAT WITH QUESTIONNAIRE THAT RANKS PERFORMANCE WITHIN A 1-5 FORMAT. THIS EVALUATION IS THEN PRESENTED TO THE PRESIDENT. THE PRESIDENT REQUESTS

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

EACH SUPERVISOR TO REVIEW THE EVALUATION AND PROVIDE COMMENTS. A MUTUAL PLAN IS DEVELOPED FOR NEXT YEAR'S GOALS AND OBJECTIVES. THE PRESIDENT MAKES THE RECOMMENDATIONS FOR SALARY ADJUSTMENTS AND THEY ARE APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATIONAL DOCUMENTS ARE A PUBLIC RECORD FILED WITH NYS ATTORNEY GENERAL'S OFFICE. A FINANCIAL OVERVIEW, THE CONFLICT OF INTEREST FORM, THE AUDIT REPORT AND THE ANNUAL REPORT ARE ACCESSIBLE IN THE ACCOUNTABILITY SECTION OF ABOUT US ON OUR WEBSITE.

WWW.UNITEDWAYDUTCHESS.ORG/ABOUTUS/ACCOUNTABILITY

FORM 990, PART XI, LINE 5 - OTHER CHANGES IN NET ASSETS EXPLANATION

(1) ON APRIL 5, 2011 UNITED WAY OF DUTCHESS COUNTY, INC. MERGED WITH AND INTO UNITED WAY OF ORANGE COUNTY, INC., WHICH WAS THE SURVIVING ENTITY (FORMING UNITED WAY OF MID-HUDSON VALLEY, INC). THE UNITED WAY OF DUTCHESS COUNTY DISTRIBUTED THE FOLLOWING ASSETS/LIABILITIES TO THE UNITED WAY OF MID-HUDSON VALLEY, INC. -

CASH AND CASH EQUIVALENTS	\$2,164,868
INVESTMENTS	\$2,138,262
PLEDGES RECEIVABLE	\$1,165,878
OTHER ASSETS	\$ 66,918
PROPERTY & EQUIPMENT	\$ 358,705
ACCOUNTS PAYABLE & ACCRUEDS	(\$ 841,014)
TOTAL	\$5,053,617

(2) THE NET ASSET OPENING BALANCE WAS RESTATED TO ADJUST FOR ERRORS

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

TOTALING \$799,986.

(3) UNREALIZED LOSSES ON INVESTMENTS TOTALING \$11,715.

FILING RECEIPT

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ENTITY NAME: UNITED WAY OF MID-HUDSON VALLEY, INC.

DOCUMENT TYPE: MERGER (DOM. NFP) COUNTY: DUTC
COUNTY PURPOSES PROCESS NAME PROVISIONS

=====

FILED:04/06/2011 DURATION:***** CASH#:110406000147 FILM #:110406000143

FILER: EFFECT DATE

RIDER, WEINER & FRANKEL, P.C. 04/06/2011
PO BOX 2280
655 LITTLE BRITAIN ROAD
NEWBURGH, NY 12550

ADDRESS FOR PROCESS:

THE CORPORATION
75 MARKET STREET
POUGHKEEPSIE, NY 12601

REGISTERED AGENT:



CONSTITUENT NAME: UNITED WAY OF DUTCHESS COUNTY, INC.

=====

SERVICE COMPANY: COLBY ATTORNEYS SERVICE COMPANY - 08 SERVICE CODE: 08

FEEs	65.00	PAYMENTS	65.00
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FILING	30.00	CASH	0.00
TAX	0.00	CHECK	0.00
CERT	0.00	CHARGE	0.00
COPIES	10.00	DRAWDOWN	65.00
HANDLING	25.00	OPAL	0.00
		REFUND	0.00

=====

DOS-1025 (04/2007)

STATE OF NEW YORK

DEPARTMENT OF STATE

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on April 11, 2011.

A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro
First Deputy Secretary of State