

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2009**Open to Public
Inspection****A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**UNITED WAY OF ORANGE COUNTY, INC.**Doing Business As **ORANGE COUNTY UNITED WAY**

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

30 SCOTTS CORNERS DRIVE

Room/suite

102

City or town, state or country, and ZIP + 4

MONTGOMERY**NY 12549****D** Employer identification number**06-1045698****E** Telephone number**845-457-4774****G** Gross receipts \$ **2,096,101****F** Name and address of principal officer:**JUDY EURICH****55 WATERBURY RD****WARWICK****NY 10990****I** Tax-exempt status: ☒ 501(c) (**3**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.UWOC.ORG****K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1987****M** State of legal domicile: **NY****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)

H(c) Group exemption number ▶**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:			
	ORANGE COUNTY UNITED WAY MAKES A MEASURABLE DIFFERENCE IN PEOPLE'S LIVES BY SECURING RESOURCES AND DEVELOPING RELATIONSHIPS TO BUILD A STRONGER, MORE VIBRANT COMMUNITY.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24	
	5 Total number of employees (Part V, line 2a)	5	14	
	6 Total number of volunteers (estimate if necessary)	6	670	
Revenue	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a		
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
		2,298,271	1,865,553	
	9 Program service revenue (Part VIII, line 2g)			
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	18,244	9,691	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	174,815	163,694	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,491,330	2,038,938	
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,541,576	1,356,551
		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)		486,854	569,185	
16a Professional fundraising fees (Part IX, column (A), line 11e)				
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 125,553				
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		290,883	348,806	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,319,313	2,274,542	
19 Revenue less expenses. Subtract line 18 from line 12		172,017	-235,604	
Net Assets or Fund Balances		20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
			1,856,557	1,776,428
	21 Total liabilities (Part X, line 26)	1,234,606	1,388,682	
	22 Net assets or fund balances. Subtract line 21 from line 20	621,951	387,746	

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 **JUDY EURICH** Date

Type or print name and title **CPO**

Paid Preparer's Use Only

Preparer's signature **PHILIP G. MYNIO CPA** Date **02/10/11** Check if self-employed ☒ Preparer's identifying number (see instructions) **06-1310655**

Firm's name (or yours if self-employed), address, and ZIP + 4 **225 DOLSON AVE STE 204 MIDDLETOWN, NY 10940** Phone no. **845-343-1868**

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

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ORANGE COUNTY UNITED WAY MAKES A MEASURABLE DIFFERENCE IN PEOPLE'S LIVES BY SECURING RESOURCES AND DEVELOPING RELATIONSHIPS TO BUILD A STRONGER, MORE VIBRANT COMMUNITY.

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

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

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

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

4 Describe the 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 \$ **1,399,352** including grants of \$ **1,186,783**) (Revenue \$)

COMMUNITY IMPACT - THE UNITED WAY OF ORANGE COUNTY OVERSEES A COMMUNITY WIDE FUNDRAISING NETWORK AND DISTRIBUTES FUNDS DIRECTLY TO QUALIFYING PROGRAMS PROVIDED BY PARTNER AGENCIES, FOLLOWING UNITED WAY DISTRIBUTION POLICIES. UNITED WAY ASSESSES COMMUNITY NEEDS AND PRIORITIZES THEM ACCORDING TO CURRENT NEEDS.

4b (Code:) (Expenses \$ **149,566** including grants of \$ **48,534**) (Revenue \$)

ENERGY PENETRATION PROGRAM - SEEKS TO ENHANCE THE PENETRATION RATE OF ENERGY RELATED SERVICES TO LOW INCOME RESIDENTS THROUGHOUT THE COUNTY OF ORANGE, NY. HISTORICALLY, LOW INCOME RESIDENTS OR RESIDENTS LIVING WITHIN THE COUNTY ON A FIXED INCOME HAVE BEEN RELUCTANT TO TAKE ADVANTAGE OF ENERGY RELATED PROGRAMS SUCH AS THE HOME ENERGY ASSISTANCE PROGRAM (HEAP), ENERGY SAVINGS WORKSHOPS, CASE MANAGEMENT AND WEATHERIZATION SERVICES. THESE SERVICES OFFER RESIDENTS OF THE COUNTY A SERIES OF OPPORTUNITIES TO ENHANCE THEIR DISPOSABLE INCOME THROUGH A PROCESS OF STRENGTHENING THEIR ENERGY SAVINGS AND OR

4c (Code:) (Expenses \$ **155,651** including grants of \$) (Revenue \$)

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICE ADMINISTRATION (SAMSHA) - WORKS TO IMPROVE THE QUALITY AND AVAILABILITY OF SUBSTANCE ABUSE PREVENTION, ALCOHOL AND DRUG ADDICTION TREATMENT, AND MENTAL HEALTH SERVICES.

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

(Expenses \$ **263,957** including grants of \$ **121,234**) (Revenue \$)4e Total program service expenses ▶ **1,968,526**

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?	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? If "Yes," complete Schedule C, Part II		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
<ul style="list-style-type: none"> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. Did the organization report an amount for other assets related 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. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 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? If "Yes," complete Schedule D, Part X. 		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," 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, Part I		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, Part II		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, Part III		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		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
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	1a 24	
b Enter the number of voting members that are independent	1b 24	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	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?	10a	X
b 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?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11a 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	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," 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?	16b	

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.
☒ Own website ☐ Another's website ☒ 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: ► **SHERRY SCZEPCHENSKI** **30 SCOTT'S CORNERS DRIVE** **845-457-4774**
MONTGOMERY **NY 12549**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
DONNA L BENSON CHAIR	2.00	X		X				0	0	0
STEVEN E HOWELL 1ST V-CHAIR	2.00	X		X				0	0	0
DAVID JOLLY 2ND V-CHAIR	2.00	X		X				0	0	0
MICHELLE RIDER TREASURER	2.00	X		X				0	0	0
MARTIN HARNICK SECRETARY	2.00	X		X				0	0	0
PETER BERMAN DIRECTOR	1.00	X						0	0	0
DEBBIE BOGDANSKI DIRECTOR	1.00	X						0	0	0
CARL BONITZ DIRECTOR	1.00	X						0	0	0
KIMBERLY CARDONA-SMITH DIRECTOR	1.00	X						0	0	0
STEPHEN DEDERICK DIRECTOR	1.00	X						0	0	0
FAITH FERGUSON DIRECTOR	1.00	X						0	0	0
MICHAEL FLYNN DIRECTOR	1.00	X						0	0	0
GIANNA FRANCO DIRECTOR	1.00	X						0	0	0
SANDRA L HANDLER DIRECTOR	1.00	X						0	0	0
ROBERT E HATFIELD JR DIRECTOR	1.00	X						0	0	0
KRISTEN J HEARD DIRECTOR	1.00	X						0	0	0
JOHN G NARDI DIRECTOR	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	(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			
DIANE PASSARO DIRECTOR	1.00	X						0	0	0
ANDREW PAVLOFF DIRECTOR	1.00	X						0	0	0
JAMES ROLLINS SR DIRECTOR	1.00	X						0	0	0
ROBIN G SECCAFICO DIRECTOR	1.00	X						0	0	0
JON SELANDER DIRECTOR	1.00	X						0	0	0
MARK TRAVERS DIRECTOR	1.00	X						0	0	0
ROBIN WHITE DIRECTOR	1.00	X						0	0	0
JUDY EURICH CPO	35.00			X				38,250	0	0
1b Total								38,250		

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**

- 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 for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		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 VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 302,553				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 456,882				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,106,118				
	g Noncash contributions included in lines 1a-1f: \$	112,120				
	h Total. Add lines 1a-1f		1,865,553			
Program Service Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f					
	3 Investment income (including dividends, interest, and other similar amounts)		9,746			9,746
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	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.	55				
	c Gain or (loss)	-55				
	d Net gain or (loss)		-55	-55		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 114,755				
	b Less: direct expenses	b 53,192				
	c Net income or (loss) from fundraising events		61,563	61,563		
	9a Gross income from gaming activities. See Part IV, line 19	a 6,425				
	b Less: direct expenses	b 3,916				
	c Net income or (loss) from gaming activities		2,509	2,509		
	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 ADMINISTRATION FEES		97,389	97,389			
b MISCELLANEOUS INCOME		2,233	2,233			
c						
d All other revenue						
e Total. Add lines 11a-11d		99,622				
12 Total Revenue. See instructions.		2,038,938	163,639	0	9,746	

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	1,356,551	1,356,551		
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				
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	449,841	312,931	64,123	72,787
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,905	24,656	4,839	5,410
9 Other employee benefits	46,550	32,880	6,454	7,216
10 Payroll taxes	37,889	24,857	6,206	6,826
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,650	9,548	1,461	1,641
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	68,485		68,485	
12 Advertising and promotion				
13 Office expenses	25,060	23,767	564	729
14 Information technology				
15 Royalties				
16 Occupancy	50,613	34,096	8,136	8,381
17 Travel	15,611	12,243	641	2,727
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,873	6,751	1,122	
20 Interest				
21 Payments to affiliates	11,992		11,992	
22 Depreciation, depletion, and amortization	6,210	4,232	972	1,006
23 Insurance	5,234	3,839	685	710
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CAMPAIGN/AGENCY RELATIONS	108,721	95,509	220	12,992
b EQUIPMENT RENTAL & MAINTENANCE	12,791	8,847	1,913	2,031
c TELEPHONE	9,163	6,934	916	1,313
d DUES & SUBSCRIPTIONS	7,525	5,384	1,053	1,088
e POSTAGE & SHIPPING	5,647	4,270	681	696
f All other expenses	1,231	1,231		
25 Total functional expenses. Add lines 1 through 24f	2,274,542	1,968,526	180,463	125,553
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. 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	217,294	1	233,999
	2 Savings and temporary cash investments	822,651	2	830,853
	3 Pledges and grants receivable, net	748,512	3	643,640
	4 Accounts receivable, net	42,804	4	45,553
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	4,205	7	12,147
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,877	9	2,232
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 124,772		
	b Less: accumulated depreciation	10b 116,768	10c	8,004
	11 Investments—publicly traded securities		11	
	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	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,856,557	16	1,776,428
Liabilities	17 Accounts payable and accrued expenses	24,805	17	49,801
	18 Grants payable	1,071,689	18	1,142,898
	19 Deferred revenue	138,112	19	195,983
	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	
	26 Total liabilities. Add lines 17 through 25	1,234,606	26	1,388,682
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	-273,864	27	-388,876
	28 Temporarily restricted net assets	895,815	28	776,622
	29 Permanently restricted net assets		29	
	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	621,951	33	387,746
	34 Total liabilities and net assets/fund balances	1,856,557	34	1,776,428

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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 consolidated basis, separate basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ 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?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2009)

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.

OMB No. 1545-0047

2009

**Open to Public
Inspection**

UNITED WAY OF ORANGE COUNTY, INC.

Employer identification number
06-1045698

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?

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2009

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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,701,227	1,955,498	1,686,166	2,298,271	1,865,553	9,506,715
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	1,701,227	1,955,498	1,686,166	2,298,271	1,865,553	9,506,715
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						9,506,715

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,701,227	1,955,498	1,686,166	2,298,271	1,865,553	9,506,715
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,832	23,466	26,593	18,244	9,746	96,881
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	52,564	52,634	95,871	169,482	163,694	534,245
11 Total support. Add lines 7 through 10						10,137,841
12 Gross receipts from related activities, etc. (see instructions)					12	220,802
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	93.77 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.81 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a **33 1/3 % support tests—2009.** 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—2008.** 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. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

ADMINISTRATION FEES \$ 211,860

SPECIAL EVENTS INCOME \$ 317,643

MISCELLANEOUS INCOME \$ 2,233

GAMING INCOME \$ 2,509

Schedule of Contributors

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

OMB No. 1545-0047

2009

Name of the organization

UNITED WAY OF ORANGE COUNTY, INC.

Employer identification number

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 in the heading 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 ORANGE COUNTY, 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	COUNTY OF ORANGE NY 255 MAIN STREET GOSHEN NY 10924	\$ 42,204	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BED BATH & BEYOND 1399 ROUTE 300 NEWBURGH NY 12550	\$ 49,392	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ORANGE & ROCKLAND UTILITIES 1 BLUE HILL PLAZA PEARL RIVER NY 10965	\$ 84,108	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	ENTERPRISE RENT A CAR 400 AUTO PARK PLACE NEWBURGH NY 12550	\$ 41,509	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	UNITED PARCEL SERVICE 139 WEMBLEY ROAD NEW WINDSOR NY 12553	\$ 46,031	Person <input type="checkbox"/> Payroll <input checked="" 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.)

Employer identification number

06-1045698

Part II

[illegible]

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

2009

Open to Public
Inspection

Name of the organization

Employer identification number

UNITED WAY OF ORANGE COUNTY, INC.

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, 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, 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 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	8,634				
b Contributions	5,073				
c Net investment earnings, gains, and losses	1,586				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	134				
g End of year balance	15,159				

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

- a Board designated or quasi-endowment ▶ 100.00 %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Investments—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				
b Buildings				
c Leasehold improvements				
d Equipment		124,772	116,768	8,004
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				8,004

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,038,938
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,274,542
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-235,604
4	Net unrealized gains (losses) on investments	4	1,399
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	1,399
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-234,205

Part III		Statement of revenues for audited financial statements	
1	Total revenue, gains, and other support per audited financial statements	1	2,040,337
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,399
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,399
3	Subtract line 2e from line 1	3	2,038,938
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	2,038,938

1	Total expenses and losses per audited financial statements		1	2,274,542
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		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	2,274,542
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	2,274,542

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 XIV Supplemental Information (continued)

[illegible]

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2009

Open To Public Inspection

Name of the organization

UNITED WAY OF ORANGE COUNTY, 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 of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund- raiser 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			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AWARDS DINNER	ORANGE OPEN	3	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	30,628	23,620	59,277	113,525
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	30,628	23,620	59,277	113,525
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	26,013		26,917	52,930
	10 Direct expense summary. Add lines 4 through 9 in column (d)				52,930
11 Net income summary. Combine line 3, column (d), and line 10				60,595	

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

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

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$**c** If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

SCHEDULE I
(Form 990)

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

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

OMB No. 1545-0047
2009
Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

UNITED WAY OF ORANGE COUNTY, 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. Use Part IV and Schedule I-1 (Form 990) 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
	A. H. R. C. ORANGE COUNTY 249 BROADWAY NEWBURGH NY 12550	14-1462340	3	16,885				GENERAL SUPPORT
	AMERICAN RED CROSS - NATIONAL 2025 E STREET WASHINGTON DC 20006	14-1392186	3	8,136				GENERAL SUPPORT
	AMERICA'S CHARITIES PO BOX 79570 BALTIMORE MD 21279	54-1517707	3	13,291				GENERAL SUPPORT
	ANIMAL CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO CA 94145	94-3193389	3	16,897				GENERAL SUPPORT
	ASSO HELP OF THE VISUALLY IMPAIRED 260 OLD NYACK TPKE SPRING VALLEY NY 10977	51-0172301	3	7,608				GENERAL SUPPORT
	BIG BROTHERS BIG SISTERS 253 SOUTH WILLIAMS STREET NEWBURGH NY 12550	14-1597893	3	44,682				GENERAL SUPPORT
	CANCER CURE OF AMERICA PO BOX 45754 SAN FRANCISCO CA 94145	81-0648432	3	8,141				GENERAL SUPPORT
	CHILD CARE COUNCIL OF ORANGE COUNTY 40 MATTHEWS STREET GOSHEN NY 10924	23-7221671	3	100,000				GENERAL SUPPORT
	CHILDREN FIRST - AMERICA'S CHARITIE 14150 NEWBROOK DR STE 110 CHANTILLY VA 20151	54-1517707	3	5,803				GENERAL SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations **39**
- 3 Enter total number of other organizations **0**

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF ORANGE COUNTY, INC.

Employer identification number
06-1045698

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHILDRENS CHARITIES OF AMERICA PO BOX 45754 SAN FRANCISCO CA 94145	94-3148588	3	7,249				GENERAL SUPPORT
CHRISTIAN CHARITIES USA PO BOX 45754 SAN FRANCISCO CA 94145	94-2355961	3	13,158				GENERAL SUPPORT
CHRISTIAN SERVICE CHARITIES 7620 LITTLE RIVER TPKE STE 600 ANNANDALE VA 22003	94-3193374	3	20,552				GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES 200 NORTH GLEBE RD STE 801 ARLINGTON VA 22203	13-6167225	3	20,257				GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES NY PO BOX 5127 CORTLAND NY 13045	22-2570476	3	17,889				GENERAL SUPPORT
DISPUTE RESOLUTION OF ORANGE PO BOX 510 GOSHEN NY 10924	14-1639590	3	25,982				GENERAL SUPPORT
EARTH SHARE 7735 OLD GEORGETOWN RD STE 9 BETHESDA MD 20814	52-1601960	3	8,070				GENERAL SUPPORT
EMERGENCY HOUSING 38 SEWARD AVENUE MIDDLETOWN NY 10940	14-1596731	3	61,343				GENERAL SUPPORT
FOOD BANK OF THE HUDSON VALLEY 195 HUDSON STREET CORNWALL ON HUDSON NY 12520	22-2470885	3	15,928				GENERAL SUPPORT
FOOTINGS 440 ROUTE 17M MONROE NY 10950	06-1364619	3	7,150				GENERAL SUPPORT
GLENN HINES BOYS & GIRLS CLUB 285 LIBERTY ST NEWBURGH NY 12550	14-1506144	3	27,697				GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**

Continuation Sheet for Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
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Name of the organization

Employer identification number
06-1045698

UNITED WAY OF ORANGE COUNTY, INC.

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GLOBAL IMPACT 66 CANAL CENTER PLAZA SUITE 310 ALEXANDRIA VA 22314	52-1273585	3	14,661				GENERAL SUPPORT
GUILD OF ST MARGARET 12 DEPOT STREET MIDDLETOWN NY 10940	13-1347708	3	15,528				GENERAL SUPPORT
HABITAT FOR HUMANITY GR NEWBURGH PO BOX 1694 NEWBURGH NY 12551	14-1815690	3	8,969				GENERAL SUPPORT
HOSPICE OF ORANGE & SULLIVAN COUNTY 800 STONY BROOK COURT NEWBURGH NY 12550	14-1703185	3	18,850				GENERAL SUPPORT
INSPIRE THE CP CENTER 2 FLETCHER STREET GOSHEN NY 10924	14-1456248	3	30,820				GENERAL SUPPORT
JEWISH FAMILY SERVICE ORANGE COUNTY 720 ROUTE 17M MIDDLETOWN NY 10940	14-1731791	3	8,684				GENERAL SUPPORT
JOHNES HOME 11 BALMYLLE ROAD NEWBURGH NY 12550	14-1364666	3	9,000				REPAIRS
LITERACY VOLUNTEERS OF WESTERN OC 70 PUTLON STREET MIDDLETOWN NY 10940	22-2562904	3	25,942				GENERAL SUPPORT
MENTAL HEALTH ASSOCIATION 73 COUTY HIGHWAY 108 MIDDLETOWN NY 10940	14-6024124	3	33,481				GENERAL SUPPORT
MILITARY CHARITIES PATRIOTIC CHARIT PO BOX 45754 SAN FRANCISCO CA 94145	93-3193418	3	17,867				GENERAL SUPPORT
SAFE HOMES OF ORANGE COUNTY PO BOX 649 NEWBURGH NY 12551	14-1679391	3	45,176				GENERAL SUPPORT

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

Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)

2009

Open to Public Inspection

Schedule I (Form 990), Part II or Part III.

Name of the organization

Employer Identification number
06-1045698

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

[illegible]

Schedule I-1 (Form 990) 2009

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2009

**Open To Public
Inspection**

Name of the organization

UNITED WAY OF ORANGE COUNTY, INC.

Employer identification number

06-1045698

Part I **Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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 ► ()	X	2	112,120	
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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

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

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

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FORM 990, PART III, LINE 4B - SECOND ACHIEVEMENT

BENEFITING FROM PROGRAMS THAT OFFER FINANCIAL SUPPORT.

THE ENERGY PENETRATION PROJECT PLANS TO DEVELOP A SERIES
OF OUTREACH AND MARKETING PROJECTS GEARED TOWARDS
IDENTIFYING AND ENROLLING HARD TO REACH CONSUMERS IN
SERVICES THAT ENHANCE THEIR ABILITY TO MANAGE THEIR ENERGY
COSTS THROUGH THE WINTER HEATING SEASON. ADDITIONALLY,
THROUGH A SERIES OF TARGETED MARKETING AND EDUCATION
OUTREACH EFFORTS, THE ENERGY PENETRATION PROJECT WILL
RAISE AWARENESS OF ENERGY RELATED SERVICES, THE IMPORTANCE
OF CONSERVATION AND ENERGY SAVINGS OPPORTUNITIES.

THE ENERGY PENETRATION PROJECT WAS DEVELOPED TO TARGET THE
FOLLOWING POPULATIONS:

1. ORANGE COUNTY RESIDENTS WITH FAMILY INCOME NO GREATER
THAN 125% OF THE NEW YORK STATE AREA MEDIAN INCOME.
2. HEAP ELIGIBLE CONSUMERS WHO HAVE NOT HISTORICALLY TAKEN
ADVANTAGE OF THE ENERGY ASSISTANCE PROGRAM.
3. ORANGE COUNTY RESIDENTS LIVING ON A FIXED INCOME, WITH
AN ADDED EMPHASIS PLACED ON RESIDENTS OVER THE AGE OF 62.

IN ADDITION, AS PART OF THE PROGRAM, THE ORANGE COUNTY
FUEL FUND WAS ESTABLISHED. THE FUND PROVIDES GRANTS TO
HEATING FUEL SUPPLIERS ON BEHALF OF LOW INCOME RESIDENTS

Name of the organization

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WHO MEET THE CRITERIA ESTABLISHED AS PART OF THE FUND.

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

211 - IS A COMPREHENSIVE MULTILINGUAL INFORMATION AND
REFERRAL SERVICE, CONNECTING PEOPLE IN NEED OF HEALTH AND
HUMAN SERVICES WITH THOSE ORGANIZATIONS THAT PROVIDE THOSE
SERVICES

CASH (CREATING ASSETS, SAVINGS AND HOPE) - IS A UNITED WAY
INITIATIVE THAT OFFERS TAX FREE TAX PREPARATION FOR LOW
TO MODERATE INCOME FAMILIES AND INDIVIDUALS. THE PROGRAM
PROMOTES THE EARNED INCOME TAX CREDIT AND THE CHILD TAX
CREDIT AND ENCOURAGES ANYONE WHO MAY QUALIFY FOR THESE
CREDITS TO FILE A TAX RETURN. FOR MANY OF THESE PEOPLE,
IT IS A MEANS OF RAISING THEIR INCOME ABOVE THE POVERTY
LEVEL.

LEADERSHIP ORANGE - LEADERSHIP TRAINING PROGRAM THAT
ENABLES COMMUNITY MEMBERS TO BETTER UNDERSTAND THE MANY
CHALLENGES FACING ORANGE COUNTY AND, THEREFORE, TO BETTER
SERVE THE COMMUNITY.

PARTNERS FOR CHILDREN - ACTIVITIES TO SUPPORT LOCAL
COLLABORATIVE INITIATIVES TO ADDRESS ISSUES AFFECTING
LOCAL YOUTH.

WOMENS LEADERSHIP INITIATIVE - IS AN EFFORT TO UNITE LOCAL

Name of the organization

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WOMEN TO MAKE AN IMPACT IN THEIR COMMUNITY INCLUDING
PROMOTING THE INDEPENDENCE, GROWTH AND SELF-DETERMINATION
OF WOMEN AND GIRLS TOWARD FINANCIAL INDEPENDENCE.

EMERGENCY FOOD & SHELTER - IS A PUBLIC/PRIVATE
COLLABORATION TO DISTRIBUTE FEDERAL FUNDS TO LOCAL HEALTH
AND HUMAN SERVICE ORGANIZATIONS TO HELP PEOPLE IN NEED OF
EMERGENCY ASSISTANCE.

NOT ONE MORE - IS PART OF A SAFE TEEN DRIVING INITIATIVE
PROVIDING SIMULATORS TO HIGH SCHOOLS TO IN AN EFFORT TO
TEACH KIDS SAFER DRIVING HABITS.

COLLABORATION FOR YOUTH - PROGRAM TO IMPLEMENT AND IMPROVE
SYSTEMS TO ENSURE THAT ORANGE COUNTY'S YOUTH PROGRAMS ARE
OF THE HIGHEST QUALITY, STRENGTHENING ORGANIZATIONS THROUGH
YOUTH DEVELOPMENT AND YOUTH WORKER METHODS TRAININGS INTO A
COUNTY-WIDE PROFESSIONAL DEVELOPMENT SYSTEM.

GENERAL MONTGOMERY DAY - THE UNITED WAY HAS THEIR CAMPAIGN
KICK-OFF AND CONDUCTS AN 8K ROAD RACE BENEFITING THE ORGANIZATION
THROUGH SPONSORSHIPS AND SUPPORTERS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
NO REVIEW WAS OR WILL BE CONDUCTED.

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

Name of the organization

UNITED WAY OF ORANGE COUNTY, INC.

Employer identification number

06-1045698

BOARD MEMBERS ARE TO DISCLOSE IN WRITING TO THE ENTIRE BOARD IF THEY, OR ANY MEMBER OF THEIR IMMEDIATE FAMILIES, OR ANY ORGANIZATION WITH WHICH THEY ARE AFFILIATED, PRESENTLY TRANSACT BUSINESS WITH THE UNITED WAY OF ORANGE COUNTY, OR MIGHT REASONABLY BE EXPECTED TO DO SO IN THE FUTURE.

AN AFFILIATION WITH AN ORGANIZATION WILL BE CONSIDERED TO EXIST WHEN A BOARD MEMBER OR A MEMBER OF HIS OR HER IMMEDIATE FAMILY IS AN OFFICER, DIRECTOR, TRUSTEE, PARTNER, EMPLOYEE OR AGENT OF THE ORGANIZATION, OR OWNES FIVE PERCENT OF THE VOTING STOCK OR CONTROLLING INTEREST IN THE ORGANIZATION; OR HAS ANY OTHER SUBSTANTIAL INTEREST OR DEALINGS WITH THE ORGANIZATION.

BOARD MEMBERS WITH SUCH RELATIONSHIPS WILL NOT BE ELIGIBLE TO VOTE ON MATTERS DIRECTLY PERTAINING TO THE BUSINESS TO BE TRANSACTED WITH THE IDENTIFIED PERSON OR ORGANIZATION OR ON ISSUES THAT MAY RESULT IN ANY BENEFIT INURING TO THE BENEFIT OF IDENTIFIED PERSON OR ORGANIZATION.

MINUTES OF APPROPRIATE MEETINGS ARE TO REFLECT THAT SUCH DISCLOSURE WAS MADE, THAT SUCH BOARD MEMBER ABSTAINED FROM VOTING, AND THAT SUCH BOARD MEMBER WAS NOT COUNTED FOR THE PURPOSE OF DETERMINING A QUORUM.

THE FOREGOING REQUIREMENTS, HOWEVER, ARE NOT TO BE CONSTRUED TO PREVENT A PARTICULAR BOARD MEMBER FROM BRIEFLY STATING HIS/HER POSITION ON THE MATTER, NOR FROM ANSWERING PERTINENT QUESTIONS OF THE DIRECTORS BY REASON OF THE FACT THAT PERSONAL KNOWLEDGE ON THE MATTER MAY BE OF ASSISTANCE TO THE OTHER BOARD MEMBERS IN REACHING THEIR DECISION.

BOARD MEMBERS MAINTAINING NO SUCH RELATIONSHIPS WILL ATTEST TO THE FACT IN WRITING AND AGREE TO NOTIFY THE BOARD SHOULD THEIR STATUS CHANGE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL WHEN HIRING THE CHIEF EXECUTIVE OFFICER, AND THEREAFTER ON AN ANNUAL BASIS,

Name of the organization

UNITED WAY OF ORANGE COUNTY, INC.

Employer identification number

06-1045698

THE UNITED WAY OF ORANGE COUNTY'S BOARD OF DIRECTORS WILL PERFORM A THOROUGH REVIEW TO DETERMINE SUITABLE COMPENSATION. THIS PROCESS WILL INCLUDE A REVIEW OF COMPARABILITY DATA BY THE BOARD OF DIRECTORS OR AN INDEPENDENT COMPENSATION CONSULTANT HIRED BY THE BOARD. COMPARABILITY DATA CAN INCLUDE COMPENSATION SURVEYS, WRITTEN EMPLOYMENT CONTRACTS AND 990S OF SIMILAR ORGANIZATIONS. THE BOARD WILL RETAIN DOCUMENTATION OF THE DELIBERATION AND FINAL DECISION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS WHEN HIRING OTHER OFFICES AND KEY EMPLOYEES, AND THEREAFTER ON AN ANNUAL BASIS, THE UNITED WAY OF ORANGE COUNTY'S BOARD OF DIRECTORS WILL PERFORM A THOROUGH REVIEW TO DETERMINE SUITABLE COMPENSATION. THIS PROCESS WILL INCLUDE A REVIEW OF COMPARABILITY DATA BY THE BOARD OF DIRECTORS OR AN INDEPENDENT COMPENSATION CONSULTANT HIRED BY THE BOARD. COMPARABILITY DATA CAN INCLUDE COMPENSATION SURVEYS, WRITTEN EMPLOYMENT CONTRACTS AND 990S OF SIMILAR ORGANIZATIONS. THE BOARD WILL RETAIN DOCUMENTATION OF THE DELIBERATION AND FINAL DECISION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE UNITED WAY OF ORANGE COUNTY MAKES OUR AUDITED FINANCIAL STATEMENTS AND FORM 990 AVAILABLE ON ON WEBSITE AND IN THE OFFICE FOR PUBLIC INSPECTION.

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2009

Attachment
Sequence No. **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

UNITED WAY OF ORANGE COUNTY, INC.

Identifying number
06-1045698

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property. Enter the amount from line 29	7		
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction. Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	6,210

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	6,210
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Forms 990 / 990-PF	Other Notes and Loans Receivable	2009
For calendar year 2009, or tax year beginning 07/01/09 , and ending 06/30/10		
Name UNITED WAY OF ORANGE COUNTY, INC.	Employer Identification Number 06-1045698	

FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) LOAN RECEIVABLE	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	4,205	12,147	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Totals	4,205	12,147	

Form CHAR500 This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 http://www.charitiesnys.com	2009 Open to Public Inspection
1. General Information		
a. For the fiscal year beginning (mm/dd/yyyy) 07/01/2009 and ending (mm/dd/yyyy) 06/30/2010		
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization	
	UNITED WAY OF ORANGE COUNTY, INC.	
	Number and street (or P.O. box if mail not delivered to street address)	Room/suite
	30 SCOTTS CORNERS DRIVE	102
	City or town, state or country and zip + 4	
MONTGOMERY NY 12549		g. Email
		SSCEPCZENSKI@UWOC.ORG
	d. Fed. employer ID no. (EIN) (##-####-####)	
	06-1045698	
	e. NY State registration no. (##-###-##)	
	51351	
	f. Telephone number	
	845-457-4774	

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer	Signature	Printed Name	Title
			Date
b. Chief Financial Officer or Treas.	Signature	Printed Name	Title
			Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants)	
Check <input checked="" type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.	
NOTE: An organization may claim this exemption if no PFR or FRC was used <u>and</u> either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A.	
b. EPTL annual report exemption (EPTL registrants and dual registrants)	
Check <input checked="" type="checkbox"/> if gross receipts did not exceed \$25,000 <u>and</u> assets (market value) did not exceed \$25,000 at any time during this fiscal year.	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year:	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State?	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
* If "Yes", complete Schedule 4a.	
b. Did the organization receive government contributions (grants)?	<input checked="" type="checkbox"/> Yes* <input type="checkbox"/> No
* If "Yes", complete Schedule 4b.	

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form:	
a. Article 7-A filing fee	\$ 25
b. EPTL filing fee	\$ 100
c. Total fee	\$ 125
Submit only one check or money order for the total fee, payable to "NYS Department of Law"	

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments →→→
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5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type Fee Instructions

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below. The EPTL filing fee is \$0.
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below. The Article 7-A filing fee is \$0.
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments – Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All FilersFiling Fee

- ☒ Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> IRS Form 990 | <input type="checkbox"/> IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-PF |
| <input checked="" type="checkbox"/> All required schedules (including Schedule B) | <input type="checkbox"/> All required schedules (including Schedule B) | <input type="checkbox"/> All required schedules (including Schedule B) |
| <input type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T |

Additional Article 7-A Document Attachment RequirementIndependent Accountant's Report

- ☒ Audit Report (total support & revenue more than \$250,000)
- ☐ Review Report (total support & revenue \$100,001 to \$250,000)
- ☐ No Accountant's Report Required (total support & revenue not more than \$100,000)