

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014Open to Public
Inspection**A** For the 2014 calendar year, or tax year beginning **07/01/14** and ending **06/30/15****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ First return furnished☐ Amended return☐ Application pending**C** Name of organization**UNITED WAY OF MID-HUDSON VALLEY, INC****D** Doing business as**D/B/A UNITED WAY OF THE****E** Number and street (or P.O. box if mail is not delivered to street address)**DUTCHESS-ORANGE REGION****F** City or town, state or province, county, and ZIP or foreign postal code**75 MARKET STREET****G** P.O. box (if not delivered to street address)**POUGHKEEPSIE****H** State**NY****I** ZIP or foreign postal code**12601****J** Name and address of principal officer:**JEANNIE MONTANO****K** Street**75 MARKET ST****L** City or town, state or province, county, and ZIP or foreign postal code**POUGHKEEPSIE****M** State**NY****N** ZIP or foreign postal code**12601****O** Employer identification number**06-1045698****P** Telephone number**845-471-1900****Q** Gross receipts**3,416,586****R(a)** Is this a group return for subordinates? ☐ Yes ☒ No**R(b)** Are subordinates included? ☐ Yes ☒ No**R(c)** Attach a list (see instructions)**S** Gross exemption amount**T** Tax-exempt status:☒ 501(c)(3)☐ 501(c)(2)☐ 501(c)(6)☐ 501(c)(10)☐ 501(c)(29)☐ 501(c)(30)☐ 501(c)(31)☐ 501(c)(32)☐ 501(c)(33)☐ 501(c)(34)☐ 501(c)(35)☐ 501(c)(36)☐ 501(c)(37)☐ 501(c)(38)☐ 501(c)(39)☐ 501(c)(40)☐ 501(c)(41)☐ 501(c)(42)☐ 501(c)(43)☐ 501(c)(44)☐ 501(c)(45)☐ 501(c)(46)☐ 501(c)(47)☐ 501(c)(48)☐ 501(c)(49)☐ 501(c)(50)☐ 501(c)(51)☐ 501(c)(52)☐ 501(c)(53)☐ 501(c)(54)☐ 501(c)(55)☐ 501(c)(56)☐ 501(c)(57)☐ 501(c)(58)☐ 501(c)(59)☐ 501(c)(60)☐ 501(c)(61)☐ 501(c)(62)☐ 501(c)(63)☐ 501(c)(64)☐ 501(c)(65)☐ 501(c)(66)☐ 501(c)(67)☐ 501(c)(68)☐ 501(c)(69)☐ 501(c)(70)☐ 501(c)(71)☐ 501(c)(72)☐ 501(c)(73)☐ 501(c)(74)☐ 501(c)(75)☐ 501(c)(76)☐ 501(c)(77)☐ 501(c)(78)☐ 501(c)(79)☐ 501(c)(80)☐ 501(c)(81)☐ 501(c)(82)☐ 501(c)(83)☐ 501(c)(84)☐ 501(c)(85)☐ 501(c)(86)☐ 501(c)(87)☐ 501(c)(88)☐ 501(c)(89)☐ 501(c)(90)☐ 501(c)(91)☐ 501(c)(92)☐ 501(c)(93)☐ 501(c)(94)☐ 501(c)(95)☐ 501(c)(96)☐ 501(c)(97)☐ 501(c)(98)☐ 501(c)(99)☐ 501(c)(100)**U** Website: **WWW.UWDOR.ORG****V** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other**L** Year of foundation: **1987****M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO BUILD A STRONGER, HEALTHIER COMMUNITY BY RAISING RESOURCES AND DEVELOPING PARTNERSHIPS THAT MAKE A MEASURABLE DIFFERENCE IN PEOPLE'S LIVES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	1761
	Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a
7b 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
9 Program service revenue (Part VIII, line 2g)		2,767,430	2,724,928
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
11 Other revenue (Part VIII, column (A), lines 5, 6c, 8c, 9c, 10c, and 11c)		91,479	81,511
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		82,043	43,020
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,940,952	2,849,459
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,781,404	1,646,437
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11a)	1,014,517	973,760
	16b Total fundraising expenses (Part IX, column (D), line 25)		0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24c)	477,338	
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	605,386	510,469
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	3,401,307	3,130,666
	20 Total assets (Part X, line 16)	-460,355	-281,207
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	6,376,204	6,243,308
		722,688	861,715
	5,653,516	5,381,593	

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		Date	
	JEANNIE MONTANO		PRESIDENT AND CEO	
Paid Preparer Use Only	Print preparer's name	Preparer's signature	Date	Preparer's ID number
	BRENDA K. SANTORO	BK SANTORO CPA	11/12/15	13-2550103
	Firm's name	Firm's address	Firm's phone number	
	D'ARCANGELO & CO., LLP	510 HAIGHT AVE.	845-473-7774	

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

☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒

1. Briefly describe the organization's mission:

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

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

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

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

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

4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses: \$ **566,439** including grants of \$ **368,940**) (Revenue: \$)**HEALTH**

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

4b (Code:) (Expenses: \$ **684,102** including grants of \$ **445,578**) (Revenue: \$)**INCOME**

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

4c (Code:) (Expenses: \$ **726,358** including grants of \$ **473,101**) (Revenue: \$)**EDUCATION**

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

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

(Expenses: \$ **358,818** including grants of \$ **358,818**) (Revenue: \$)4e Total program service expenses **2,335,717**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 <input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 <input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(6), or 501(c)(29) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 <input checked="" type="checkbox"/>	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 <input checked="" type="checkbox"/>	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a <input checked="" type="checkbox"/>	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <input checked="" type="checkbox"/>	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f <input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <input checked="" type="checkbox"/>	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11a? If "Yes," complete Schedule G, Part I (see instructions)	17	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 <input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 8a? If "Yes," complete Schedule G, Part III	19	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II.	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 25a.		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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.		
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 11b and 18? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable	1a	8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	25
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation 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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
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	X
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	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required?	7g	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VII, line 12	10a	
b	Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 19	
b Enter the number of voting members included in line 1a, above, who are independent.	1b 19	
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	<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	<input checked="" type="checkbox"/>
b Are any governance decisions of the organization (reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	<input checked="" type="checkbox"/>

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<input checked="" type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: **NY**

18 Section 5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: **▶**

CAROLYN ZAZZARINO
POUGHKEEPSIE

75 MARKET STREET

NY 12601

845-471-1900

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (do not include hours for related organizations unless stated here)	(C) Position (do not check more than two boxes, unless person is both an officer and a director/trustee)						(D) Reportable compensation from this organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from this organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEVEN HOWELL	2.00									
BOARD CHAIR	0.00	X		X				0	0	0
(2) BARRY ROTHFELD	2.00									
FIRST VICE CHAIR	0.00	X		X				0	0	0
(3) DAVID JOLLY	2.00									
SECOND VICE CHAIR	0.00	X		X				0	0	0
(4) KEN KOSTOR	2.00									
TREASURER	0.00	X		X				0	0	0
(5) DENISE GORSKI	2.00									
SECRETARY	0.00	X		X				0	0	0
(6) SHEILA APPEL	2.00									
IMMEDIATE PAST CHAIR	0.00	X						0	0	0
(7) DANIEL ARONZON	2.00									
BOARD MEMBER	0.00	X						0	0	0
(8) CHRISTINA DANIELE	2.00									
BOARD MEMBER	0.00	X						0	0	0
(9) MAUREEN HALAHAN	2.00									
BOARD MEMBER	0.00	X						0	0	0
(10) JAMES ROLLINS, SR.	2.00									
BOARD MEMBER	0.00	X						0	0	0
(11) GIANNA FRANCO	2.00									
BOARD MEMBER	0.00	X						0	0	0

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

(A) Name and title	(B) Average amount per year (no more than \$100,000) for related organizations before 2014 and 2015	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer	Director	Trustee	Key employee	Highest compensated employee	Former			
(12) MICHELLE O'REILLY	2.00									
BOARD MEMBER	0.00	X						0	0	0
(13) ARTHUR DEDOMINICIS	2.00									
BOARD MEMBER	0.00	X						0	0	0
(14) KAREN MEJIA	2.00									
BOARD MEMBER	0.00	X						0	0	0
(15) DIANE PASSARO	2.00									
BOARD MEMBER	0.00	X						0	0	0
(16) MICHAEL ROSENBERG	2.00									
BOARD MEMBER	0.00	X						0	0	0
(17) EBEN YAGER	2.00									
BOARD MEMBER	0.00	X						0	0	0
(18) JAMES P. LAURITO	2.00									
BOARD MEMBER	0.00	X						0	0	0
(19) ALLAN J. ROSS	2.00									
BOARD MEMBER	0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								204,384		16,351
d Total (add lines 1b and 1c)								204,384		16,351

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

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

	Yes	No
3		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

4		X
---	--	---

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (Salary hours for related organizations below column (b)(2))	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-21000-MISC)	(E) Reportable compensation from related organizations (W-21000-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Local director trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DONALD HAMMOND (thru 11/2014) PRESIDENT & CEO	40.00 0.00			X				133,898	0	10,712
(13) CAROLYN ZAZZARINO VP, FINANCE & ADMIN	40.00 0.00			X				70,486	0	5,639
(14) STEVEN LANT (12/2014 - 3/2015) INTERIM PRES & CEO	40.00 0.00			X				0	0	0
(15) JEANNIE MONTANO (3/2015 - PRESENT) PRESIDENT & CEO	40.00 0.00			X				0	0	0
(16)										
(17)										
(18)										
(19)										
1b Sub-total								204,384		16,351
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	280,300			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	212,220			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,232,408			
	g Noncash contributions included in lines 1a-1f:		\$ 117,850			
	h Total. Add lines 1a-1f.		2,724,928			
Program Service Revenue	2a	Business 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)		65,513			65,513
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
Other Revenue	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exp.					
	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	498,708			
	b Less: cost or other basis & sales exp.		470,999	11,711		
	c Gain or (loss)		27,709	-11,711		
	d Net gain or (loss)		15,998	15,998		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	117,340			
	b Less: direct expenses	b	84,417			
	c Net income or (loss) from fundraising events		32,923			32,923
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a MISCELLANEOUS INCOME		10,097	10,097			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		10,097				
12 Total revenue. See instructions.		2,849,459	26,095	0	98,436	

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	1,614,537	1,614,537		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	31,900	31,900		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	190,439	82,047	45,706	62,686
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	603,309	259,424	144,793	199,092
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	33,504	14,742	8,041	10,721
9 Other employee benefits	70,441	30,994	16,906	22,541
10 Payroll taxes	76,067	33,470	18,256	24,341
11 Fees for services (non-employees):				
a Management				
b Legal	641	281	114	246
c Accounting	32,350	14,168	5,772	12,410
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees	29,242	29,242		
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	38,974	10,202	5,282	23,490
12 Advertising and promotion	38,523	28,542	2,001	7,980
13 Office expenses	78,548	29,921	15,517	33,110
14 Information technology	47,328	21,583	9,590	16,155
15 Royalties				
16 Occupancy	112,331	60,431	21,026	30,874
17 Travel	13,600	9,931	2,111	1,558
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,426	12,879	5,146	5,401
20 Interest				
21 Payments to affiliates	27,262	11,450	6,271	9,541
22 Depreciation, depletion, and amortization	36,200	19,475	6,775	9,950
23 Insurance	13,039	5,476	2,999	4,564
24 Other expenses. Nonrecurring expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM COSTS	12,346	12,346		
b DUES & SUBSCRIPTIONS	5,014	2,676	1,305	1,033
c CAMPAIGN ADMIN FEES	1,645			1,645
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	3,130,666	2,335,717	317,611	477,338
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 951-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	1,068,652	1	1,074,988
	2 Savings and temporary cash investments	1,447,737	2	442,839
	3 Pledges and grants receivable, net	874,454	3	967,294
	4 Accounts receivable, net	2,561	4	11,187
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(3) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	29,824	9	15,344
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D.	10a 897,015		
	b Less: accumulated depreciation	10b 524,582	10c 307,540	372,433
	11 Investments—publicly traded securities	2,463,175	11	3,196,935
	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.	182,261	15	162,288
16 Total assets. Add lines 1 through 15 (must equal line 34).	6,376,204	16	6,243,308	
Liabilities	17 Accounts payable and accrued expenses	185,698	17	208,156
	18 Grants payable	466,122	18	401,329
	19 Deferred revenue		19	171,880
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L.		22	
	23 Secured mortgages and notes payable to unrelated third parties.		23	
	24 Unsecured notes and loans payable to unrelated third parties.		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.	70,868	25	80,350
	26 Total liabilities. Add lines 17 through 25.	722,688	26	861,715
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,300,407	27	4,136,602
	28 Temporarily restricted net assets	1,069,366	28	961,248
	29 Permanently restricted net assets	283,743	29	283,743
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances.	5,653,516	33	5,381,593	
34 Total liabilities and net assets/fund balances.	6,376,204	34	6,243,308	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,849,459
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,130,666
3	Revenue less expenses. Subtract line 2 from line 1	3	-281,207
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,653,516
5	Net unrealized gains (losses) on investments	5	9,284
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,381,593

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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.	2c	X
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?	3a	X
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.	3b	

SCHEDULE A
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2014Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

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

Employer identification number

06-1045698**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☒ 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–8 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,095,306	3,512,602	3,319,140	2,789,604	2,740,926	14,456,578
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	2,095,306	3,512,602	3,319,140	2,789,604	2,740,926	14,456,578
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)						158,102
6 Public support. Subtract line 5 from line 4.						14,298,476

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	2,095,306	3,512,602	3,319,140	2,789,604	2,740,926	14,456,578
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,237	42,931	43,832	41,849	65,513	205,362
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)	110,436	71,357	52,468	59,869	10,097	304,021
11 Total support. Add lines 7 through 10						14,965,961
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2014 (line 6, column (f) divided by line 11, column (f))	14	95.54%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	95.71%
16a 33 1/3% support test—2014. 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—2013. 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule O, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production of collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VII)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**Section D - Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6.	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)**(i)
Excess Distributions****(ii)
Underdistributions
Pre-2014****(iii)
Distributable
Amount for 2014**

1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)**PART II, LINE 10 - OTHER INCOME DETAIL**

SPECIAL EVENTS	\$	80,055
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ADMINISTRATIVE FEES	\$	213,869
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MISCELLANEOUS INCOME	\$	10,097
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**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 5, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014Open to Public
Inspection

Name of the organization

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

Employer identification number

06-1045698**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Tuition and other accounts
1 Total number at end of year	5	
2 Aggregate value of contributions to (during year)		2,724,928
3 Aggregate value of grants from (during year)	5,505	1,640,932
4 Aggregate value at end of year	18,136	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part II Conservation Easements.

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

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

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

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	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 8/17/05, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 118 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 118 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VII, 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 118 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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 XIII and complete the following table:

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

	Amount
5c	
5d	
5e	
5f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,353,119	2,046,516	1,864,122	1,976,655	
b Contributions					2,039,636
c Net investment earnings, gains, and losses	17,335	357,743	281,486	-59,056	-7,719
d Grants or scholarships			46,569	2,500	
e Other expenditures for facilities and programs	180,631	51,140	52,523	50,977	55,262
f Administrative expenses					
g End of year balance	2,189,823	2,353,119	2,046,516	1,864,122	1,976,655

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

- a Board designated or quasi-endowment ▶ **43.73 %**
 b Permanent endowment ▶ **12.96 %**
 c Temporarily restricted endowment ▶ **43.31 %**

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

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

- (i) unrelated organizations
 (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (Investment)	(b) Cost or other basis (Other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,000		12,000
b Buildings		80,000	64,000	16,000
c Leasehold improvements		683,730	352,165	331,565
d Equipment		121,285	108,417	12,868
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				372,433

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ENERGY PENETRATION FUND PAYABLES	80,350
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	80,350

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII: ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	2,640,151
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	9,284	
b	Donated services and use of facilities	2b	85,051	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	84,417	
e	Add lines 2a through 2d		2e	178,752
3	Subtract line 2e from line 1		3	2,461,399
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	29,242	
b	Other (Describe in Part XIII.)	4b	358,818	
c	Add lines 4a and 4b		4c	388,060
5	Total revenue: Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,849,459

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	2,912,074
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	85,051	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	84,417	
e	Add lines 2a through 2d		2e	169,468
3	Subtract line 2e from line 1		3	2,742,606
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	29,242	
b	Other (Describe in Part XIII.)	4b	358,818	
c	Add lines 4a and 4b		4c	388,060
5	Total expenses: Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,130,666

Part XIII Supplemental Information.

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART X - FIN 48 FOOTNOTE

THE UNITED WAY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC 740-10 WHICH PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE UNITED WAY IS REQUIRED TO DETERMINE WHETHER THE BENEFITS OF ITS TAX POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON AUDIT BASED ON THE TECHNICAL MERITS OF THE TAX POSITION. THE PROVISIONS OF ASC 740-10 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, AND DISCLOSURE. THE UNITED WAY DID NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2015 AND IS NOT AWARE OF ANY

Part XIII Supplemental information (continued)

VIOLATIONS OF ITS TAX-EXEMPT STATUS. UNITED WAY INCLUDES INTEREST AND PENALTIES, IF ANY, IN THE STATEMENT OF ACTIVITIES UNDER A SEPARATE CAPTION. AS OF JUNE 30, 2015, FOR UNITED WAY'S AND ITS PREDECESSOR ENTITIES THE FISCAL YEAR ENDED 2012 AND LATER ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES.

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

SPECIAL EVENT EXPENSES	\$	84,417
------------------------	----	--------

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

DONOR DESIGNATED AMOUNTS	\$	358,818
--------------------------	----	---------

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

SPECIAL EVENT EXPENSES	\$	84,417
------------------------	----	--------

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

DONOR DESIGNATED AMOUNTS	\$	358,818
--------------------------	----	---------

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$10,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

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

Employer identification number

06-1045698**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?☐ Yes ☐ No**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)

(ii) Activity

(iii) Did fundraiser have custody or control of contributions?

(iv) Gross receipts from activity

(v) Amount paid to (or received by) fundraiser listed in col. (i)

(vi) Amount paid to (or received by) organization

Yes No

1

2

3

4

5

6

7

8

9

10

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

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

		(a) Event #1 CELEBRATION OF SERVICE <small>(event type)</small>	(b) Event #2 ORANGE OPEN <small>(event type)</small>	(c) Other events 2 <small>(page number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	46,970	44,185	22,325	113,480
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	46,970	44,185	22,325	113,480
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	26,318	31,070	24,693	82,081
	10 Direct expense summary. Add lines 4 through 9 in column (d)				82,081
11 Net income summary. Subtract line 10 from line 3, column (d)				31,399	

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/slot machines/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. Subtract line 7 from line 1, column (d)					

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

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

☐ Yes ☐ No

b If "No," explain:

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

☐ Yes ☐ No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted at:

a The organization's facility	13a	%
b An outside facility	13b	%

- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

- 16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

- 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

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

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

Department of the Treasury
Individual Income Tax Service

Name of the organization

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ASTOR SERVICES FOR CHILDREN AND FAM PO BOX 5005 RHINEBECK NY 12572	14-1397918	3	75,000				EDUCATION
(2)	BIG BROTHERS BIG SISTERS-ORANGE PO BOX 426 VAILS GATE NY 12584	14-1597893	3	30,000				EDUCATION
(3)	BOYS AND GIRLS CLUB OF NEWBURGH 285 LIBERTY STREET NEWBURGH NY 12550	14-1506144	3	35,000				EDUCATION
(4)	CATHARINE STREET CENTER 69 CATHARINE STREET POUGHKEEPSIE NY 12601	14-6037154	3	25,000				EDUCATION
(5)	CENTER FOR GOVERNMENT RESEARCH 1 SOUTH WASHINGTON ST., SUITE 400 ROCHESTER NY 14614	16-0754774	3	10,000				EDUCATION
(6)	GRACE SMITH HOUSE PO BOX 5205 POUGHKEEPSIE NY 12602	14-1626657	3	15,000				EDUCATION
(7)	INSPIRE FOUNDATION 2 FLETCHER STREET COSHEN NY 10924	14-1456248	3	10,000				EDUCATION
(8)	LITERACY CONNECTIONS 325 MAIN STREET POUGHKEEPSIE NY 12601	14-1710952	3	30,000				EDUCATION
(9)	MID HUDSON CHILDREN'S MUSEUM 75 NORTH WATER STREET POUGHKEEPSIE NY 12601	22-3021355	3	50,000				EDUCATION

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

▶ 37

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

▶ 0

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Employer identification number

06-1045698

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section 501(c)(3) applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SAFE HOMES OF ORANGE COUNTY PO BOX 649 NEWBURGH NY 12550	14-1679391	3	15,000				EDUCATION
(2)	UNITED WAY OF WESTCHESTER & PUTNAM 336 CENTRAL PARK AVE. WHITE PLAINS NY 10601	13-1997636	3	50,000				EDUCATION
(3)	VASSAR COLLEGE URBAN EDUCATION INIT 124 RAYMOND AVENUE POUGHKEEPSIE NY 12604	14-1338587	3	15,000				EDUCATION
(4)	CORNELL COOPERATIVE EXTENSION, DUTC 2715 ROUTE 44 SUITE ONE MILLBROOK NY 12545	14-6036882	3	50,000				INCOME
(5)	DUTCSS COUNTY COMMUNITY ACTION AG 77 CANNON ST. POUGHKEEPSIE NY 12601	14-1611857	3	25,000				INCOME
(6)	HUDSON RIVER HOUSING 313 MILL STREET POUGHKEEPSIE NY 12601	22-2456648	3	25,000				INCOME
(7)	LITERACY ORANGE 70 FULTON STREET MIDDLETOWN NY 10940	22-2562904	3	10,000				INCOME
(8)	NORTHEAST COMMUNITY CENTER P.O. BOX 35 MILLERTON NY 12546	14-1736237	3	6,000				INCOME
(9)	UNITED WAY OF WESTCHESTER & PUTNAM 336 CENTRAL PARK AVE. WHITE PLAINS NY 10601	13-1997636	3	24,000				INCOME

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

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

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

DAA

Schedule I (Form 990) (2014)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

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

Employer identification number

06-1045698

Part I General information on Grants and Assistance

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

☐ Yes ☐ No

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Nature of assistance (look, FM, or other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CATHOLIC CHARITIES CYMS SERVICES OF 224 MAIN ST GOSHEN NY 10924	32-0151927	3	30,000				HEALTH
(2)	COMMON GROUND FARM PO BOX 148 BEACON NY 12508	01-0574675	3	15,000				HEALTH
(3)	CORNELL COOPERATIVE EXTENSION, DUPT 2715 ROUTE 44 SUITE ONE MILLBROOK NY 12545	14-6036882	3	30,000				HEALTH
(4)	COUNCIL ON ADDICTION PREVENTION & 807 ROUTE 52 FISHKILL NY 12524	22-2804639	3	10,000				HEALTH
(5)	FAMILY SERVICES 29 NORTH HAMILTON STREET Poughkeepsie NY 12601	14-1338399	3	20,000				HEALTH
(6)	GIRL SCOUTS HEART OF THE HUDSON 2 GREAT OAK LANE PLEASANTVILLE NY 10570	13-2985898	3	15,000				HEALTH
(7)	GIRLS ON THE RUN HUDSON VALLEY 237 HUDSON STREET OFFICE A CORNWALL-ON-HUDSON NY 12520	22-2804639	3	15,000				HEALTH
(8)	GRACE SMITH HOUSE PO BOX 5205 Poughkeepsie NY 12602	14-1626657	3	30,000				HEALTH
(9)	HUDSON VALLEY SEED, INC. 380 MAIN STREET BEACON NY 12508	46-3267308	3	15,000				HEALTH

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

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

Schedule I (Form 990) (2014)

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

06-1045698

OMB No. 1545-0047
2014

Open to Public
Inspection

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MEDIATION CENTER OF DUTCHESS COUNTY 147 UNION ST., SUITE 102 POUGHKEEPSIE NY 12601	14-1762932	3	15,000				HEALTH
(2)	MENTAL HEALTH ASSOCIATION, ORANGE C 73 JAMES P. KELLY WAY MIDDLETOWN NY 10940	14-6024124	3	12,000				HEALTH
(3)	NORTHEAST COMMUNITY CENTER P.O. BOX 35 MILLERTON NY 12546	14-1736237	3	15,000				HEALTH
(4)	POUGHKEEPSIE FARM PROJECT P.O. BOX 3143 POUGHKEEPSIE NY 12603		3	15,000				HEALTH
(5)	SAFE HOMES OF ORANGE COUNTY PO BOX 649 NEWBURGH NY 12550	14-1679391	3	25,000				HEALTH
(6)	THE CENTER FOR THE PREVENTION OF CH 249 HOOKER AVE POUGHKEEPSIE NY 12601	14-1564091	3	30,000				HEALTH
(7)	THE GREATER HUDSON VALLEY FAMILY HE 2570 US HIGHWAY 9W, SUITE 10 CORNWALL NY 12518	06-1036715	3	35,000				HEALTH
(8)	DUTCHESS COUNTY COMMUNITY ACTION AG 77 CANNON ST. POUGHKEEPSIE NY 12601	14-1611857	3	10,000				DONOR DIRECTED
(9)	ASTOR SERVICES FOR CHILDREN AND FAM PO BOX 5003 RHINEBECK NY 12572	14-1397918	3	10,000				DONOR DIRECTED

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

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

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

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

06-1045698

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Attach to Form 990.

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 allocation criteria used to award the grants or assistance?

☐ Yes ☐ No

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Values of salaries, honoraria, and other benefits	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CATHOLIC CHARITIES - ORANGE COUNTY 224 MAIN ST GOSHEN NY 10924	32-0151827	3	10,000				DONOR DIRECTED
(2)	CATHOLIC CHARITIES, Poughkeepsie 218 Church St Poughkeepsie NY 12601	13-5562185	3	10,000				DONOR DIRECTED
(3)	DUTCHESS OUTREACH 29 N. HAMILTON ST., SUITE 222 Poughkeepsie NY 12601	22-2339537	3	15,000				DONOR DIRECTED
(4)	FOOD BANK OF THE HUDSON VALLEY 965 ALBANY SHAKER ROAD LATHAM NY 12110	22-2470885	3	60,000				DONOR DIRECTED
(5)	GRACE SMITH HOUSE PO BOX 5205 Poughkeepsie NY 12602	14-1625657	3	10,000				DONOR DIRECTED
(6)	HONORENG 38 SEWARD AVENUE MIDDLETOWN NY 10940	14-1996731	3	10,000				DONOR DIRECTED
(7)	HOUSE OF FAITH MINISTRY, INC. PO BOX 1326 WAPPINGERS FALLS NY 12590	26-0121573	3	10,000				DONOR DIRECTED
(8)	HUDSON RIVER HOUSING 313 MILL STREET POUGHKEEPSIE NY 12601	22-2456648	3	10,000				DONOR DIRECTED
(9)	JEWISH FAMILY SERVICES OF ORANGE CO 720 ROUTE 17 N MIDDLETOWN NY 10940	14-1731751	3	10,000				DONOR DIRECTED

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

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

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

Schedule I (Form 990) (2014)

SCHEDULE I
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

06-1045698

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes ☒ No ☐

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section number, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (cost, FMV, appraised value)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MENTAL HEALTH ASSOCIATION, ORANGE COUNTY 73 JAMES P. KELLY WAY MIDDLETOWN NY 10940	14-6024124	3	7,500				DONOR DIRECTED
(2)	NORTHEAST COMMUNITY CENTER P.O. BOX 35 MILLERTON NY 12545	14-1736239	3	10,000				DONOR DIRECTED
(3)	SAFE HOMES OF ORANGE COUNTY PO BOX 649 NEWBURGH NY 12550	14-1679391	3	7,500				DONOR DIRECTED
(4)	THE CENTER FOR THE PREVENTION OF CHILD ABUSE 249 HOOKER AVE POUGHKEEPSIE NY 12601	14-1584091	3	10,000				DONOR DIRECTED
(5)	THE GREATER HUDSON VALLEY FAMILY HEALING CENTER 2570 US HIGHWAY 9W, SUITE 10 CORNWALL NY 12618	06-1036715	3	7,000				DONOR DIRECTED
(6)	UNITED WAY OF WESTCHESTER & PUTNAM 336 CENTRAL PARK AVE. WHITE PLAINS NY 10601	13-1997636	3	42,684				DONOR DIRECTED
(7)	DUTCHESS COUNTY COMMUNITY ACTION AGENCY 77 CANNON ST. POUGHKEEPSIE NY 12601	14-1611857	3	20,000				DONOR DIRECTED
(8)	NORA CRONIN PRESENTATION ACADEMY 69 MAY VIEW TERRACE NEWBURGH NY 12550	35-2272987	3	10,000				DONOR DIRECTED
(9)								

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

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

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

D-4

Schedule I (Form 990) (2014)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 HOME HEATING ASSISTANCE	33	31,900			
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
 APPLICANT IS REQUIRED TO FILL OUT A COMMUNITY IMPACT APPLICATION.
 APPLICATIONS ARE REVIEWED BY AREA COUNCIL VOLUNTEERS. IF APPROVED FOR
 FUNDING, THE APPLICANT MUST SIGN A PARTNERSHIP AGREEMENT IN ADDITION TO A
 CONTRACT.

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

THE COUNCIL RESERVES THE RIGHT TO OBSERVE FUNDED PROGRAMS.

SCHEDULE M
(Form 990)**Noncash Contributions**

OMB No. 1545-0047

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Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 ▶ Attach to Form 990.
 ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

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

Employer identification number

06-1045698**Part I** **Types of Property**

	(a) Check if applies	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		15,444	THRIFT SHOP VALUE
5 Clothing and household goods	X		84,646	THRIFT SHOP VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	17,760	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

	Yes	No
30a		X
31		X
32a		X

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

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

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

b If "Yes," describe in Part II.

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

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

 Department of the Treasury
 Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

 ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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

Employer identification number

06-1045698

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

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

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

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

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

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

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

06-1045698

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

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

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

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

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

Name of the organization

UNITED WAY OF MID-HUDSON VALLEY, INC

Employer identification number

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EVALUATION IS DISCUSSED WITH THE EMPLOYEE AND A MUTUAL PLAN IS DEVELOPED FOR THE NEXT YEAR'S GOALS AND OBJECTIVES. THE PRESIDENT MAKES THE RECOMMENDATION FOR SALARY ADJUSTMENTS AND THEY ARE APPROVED BY THE BOARD AS PART OF THE ANNUAL BUDGET APPROVAL PROCESS.

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

[HTTP://WWW.UWDOR.ORG/ACCOUNTABILITY](http://www.uwdor.org/accountability)

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10021

2014
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1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2014 and Ending (mm/dd/yyyy) 06/30/2015

Check if Applicable: <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"/> Reg ID Pending	Name of Organization: UNITED WAY OF MID-HUDSON VALLEY, INC D/B/A UNITED WAY OF THE	Employer Identification Number (EIN): 06-1045698
	Mailing Address: 75 MARKET STREET	NY Registration Number: 00-00-88
	City/State/Zip: POUGHKEEPSIE NY 12601	Telephone: 845-471-1900
	Website:	Email:
	Check your organization's registration category: <input type="checkbox"/> 7A only <input type="checkbox"/> EPTL only <input checked="" type="checkbox"/> DUAL (7A & EPTL) <input type="checkbox"/> EXEMPT Find your registration category in the Charities Registry at www.CharitiesNYS.com	

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties.

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.

President or Authorized Officer:

Signature:

Title:

Date:

Chief Financial Officer or Treasurer:

Signature:

Title:

Date:

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under the category (7A and EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ **3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year. Or the organization qualifies for another 7A exemption (see instructions).

☐ **3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

☐ Yes ☒ No

4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☒ Yes ☐ No

4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here.

7A filing fee:

\$ 25

EPTL filing fee:

\$ 250

Total fee:

\$ 275

Make a single check or money order payable to:
"Department of Law"

UNITED WAY OF MID-HUDSON VALLEY, INC 06-1045698

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- ☐ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV).
- ☒ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants.

Check the financial attachments you must submit with your CHAR500:

- ☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable.
- ☒ All additional IRS Form 990 Schedules including Schedule B (Schedule of Contributors).
- ☐ IRS Form 990-T if applicable.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- ☐ Review Report if you received total revenue and support greater than \$250,000 and up to \$500,000.
- ☒ Audit Report if you received total revenue and support greater than \$500,000.
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000.

Note: The Audit and Review requirements are set to change in 2017 and 2021 in accordance with the Non Profit Revitalization Act of 2013. For more details, visit www.CharitiesNYS.com.

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- ☐ \$0, if you marked the 7A exemption in Part 3a.
- ☒ \$25, if you did not mark the 7A exemption in Part 3a.

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you marked the EPTL exemption in Part 3b.
- ☐ \$25, if the NET WORTH is less than \$50,000.
- ☐ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000.
- ☐ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000.
- ☒ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000.
- ☐ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000.
- ☐ \$1500, if the NET WORTH is \$50,000,000 or more.

Is my organization a 7A, EPTL, or DUAL filer?

- 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A").
- EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
- DUAL filers are registered under both 7A and EPTL.

Check your registration category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22.
- IRS Form 990-EZ Part I line 21.
- IRS Form 990-PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part III, line 23(b)).

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee in:

NYS Office of the Attorney General
Charities Bureau Registration Section
120 Broadway
New York, NY 10271

CHAR500Schedule 4b: Government Grants
www.CharitiesNYS.com**2014**Open to Public
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If you checked the box in question 4b in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule and list EACH government grant. Use additional pages if necessary. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

Name of Organization:

UNITED WAY OF MID-HUDSON VALLEY, INC

NY Registration Number:

00-00-88

2. Government Grants

Name of Government Agency	Amount of Grant
1. ORANGE COUNTY DEPT OF SOCIAL SERVIC	1 148,418
2. ORANGE COUNTY, NY	2 21,120
3. ORANGE COUNTY DEPT OF MENTAL HEALTH	3 42,682
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
Total Government Grants:	Total: 212,220