

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 80 WASHINGTON STREET 201 City or town, state or province, country, and ZIP or foreign postal code POUGHKEEPSIE, NY 12601 F Name and address of principal officer: MARCH GALLAGHER SAME AS C ABOVE	D Employer identification number 23-7026859 E Telephone number (845) 452-3077 G Gross receipts \$ 15,562,463. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.COMMUNITYFOUNDATIONSHV.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1969 M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 24
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 8
6	Total number of volunteers (estimate if necessary)	6 234
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.
8	Contributions and grants (Part VIII, line 1h)	3,524,562. 4,857,292.
9	Program service revenue (Part VIII, line 2g)	61,302. 70,345.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,724,704. 2,575,024.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-15,320. -17,073.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,295,248. 7,485,588.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,860,087. 2,704,431.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	582,093. 636,713.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 218,453.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	687,431. 718,839.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,129,611. 4,059,983.
19	Revenue less expenses. Subtract line 18 from line 12	1,165,637. 3,425,605.
20	Total assets (Part X, line 16)	53,671,530. 61,628,582.
21	Total liabilities (Part X, line 26)	8,005,914. 8,883,586.
22	Net assets or fund balances. Subtract line 21 from line 20	45,665,616. 52,744,996.

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 MARCH GALLAGHER, PRESIDENT & CEO Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 11/27/17	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945			
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633	Phone no. 914-381-8900			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO STRENGTHEN OUR COMMUNITIES BY OFFERING DONORS THE MEANS TO ESTABLISH CHARITABLE LEGACIES BY MAKING GRANTS, AND BY PROVIDING LEADERSHIP TO ADDRESS COMMUNITY NEEDS IN A MANNER THAT IS RESPONSIBLE, RESPONSIVE, AND LASTING.

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

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

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 \$ 3,121,735. including grants of \$ 2,704,431.) (Revenue \$ 70,345.) GRANTMAKING: ADMINISTRATION OF CHARITABLE FUNDS TO MEET COMMUNITY NEEDS BY MAKING GRANTS TO NONPROFITS FOR CHARITABLE PURPOSES. DURING 2017, \$3.1 MILLION WAS GRANTED WITH APPROXIMATELY 47% OF GRANTS MADE WERE FOR THE PURPOSE OF HEALTH AND HUMAN SERVICE RELATED ACTIVITIES, 21% FOR EDUCATIONAL PURPOSES, 16% FOR ARTS AND CULTURE, AND THE REMAINING GRANTS A MIX OF COMMUNITY IMPROVEMENT, ANIMAL WELFARE, FAITH BASED ORGANIZATION'S CHARITABLE ACTIVITIES.

4b (Code:) (Expenses \$ 390,668. including grants of \$) (Revenue \$) DONOR RELATIONS: WORKING WITH DONORS TO CONNECT THEM TO THE CAUSES THEY CARE ABOUT MOST. SERVICES INCLUDE RESEARCHING NONPROFITS AND CAUSES, PROVIDING SEMINARS ON TOPICS AND COMMUNITY NEEDS, ASSISTING DONORS IN STRUCTURING THEIR FUNDS AND ESTATE PLANS TO ACHIEVE THEIR PHILANTHROPIC GOALS AND ANSWERING QUESTIONS ABOUT CHARITABLE GIVING.

4c (Code:) (Expenses \$ 79,909. including grants of \$) (Revenue \$) NONPROFIT TECHNICAL ASSISTANCE: PROVIDING SEMINARS AND INFORMATION ON A WIDE RANGE OF TOPICS ABOUT MANAGING NONPROFITS INCLUDING BOARD GOVERNANCE, FINANCIAL MANAGEMENT, COMPLIANCE, USING DATA TO IMPROVE PROGRAMS AND FUNDRAISING, THE VALUE OF ENDOWMENT FUNDS, CREATING AND IMPLEMENTING PLANNED GIVING PROGRAMS WITH THEIR OWN DONOR BASES, AND GRANT-WRITING.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 3,592,312.

**COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.**

Part IV Checklist of Required Schedules

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

COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Check if Schedule O contains a response 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 24		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request 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: **ROKSOLANA GERAMITA - (845) 452-3077**
80 WASHINGTON STREET, NO. 201, POUGHKEEPSIE, NY 12601

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

Check 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ARTHUR R. UPRIGHT CHAIR	1.00	X		X				0.	0.	0.
(2) SHEILA E. SCOTT, CPA VICE CHAIR, AUDIT	1.00	X		X				0.	0.	0.
(3) KIMBERLEY S. WILLIAMS VICE CHAIR, DEVELOPMENT	1.00	X		X				0.	0.	0.
(4) STEVEN R. TINKELMAN VICE CHAIR, INVESTMENTS	1.00	X		X				0.	0.	0.
(5) JEFFREY D. WOOD VICE CHAIR, GRANTS	1.00	X		X				0.	0.	0.
(6) ANN C. MEAGHER VICE CHAIR, GOVERNANCE	1.00	X		X				0.	0.	0.
(7) NATHANIEL S. PRENTICE VICE CHAIR, PUTNAM	1.00	X		X				0.	0.	0.
(8) THOMAS J. MURPHY VICE CHAIR, ULSTER	1.00	X		X				0.	0.	0.
(9) WILLIAM A. BRENNER, CPA VICE CHAIR, FINANCE / TREASURER	1.00	X		X				0.	0.	0.
(10) PETER KRULEWICH SECRETARY	1.00	X		X				0.	0.	0.
(11) SANDY ARTEAGA TRUSTEE	1.00	X						0.	0.	0.
(12) ELLEN L. BAKER, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(13) PETER J. BRENT TRUSTEE	1.00	X						0.	0.	0.
(14) ELEANOR CHARWAT TRUSTEE	1.00	X						0.	0.	0.
(15) YU-SHIN CHEN TRUSTEE	1.00	X						0.	0.	0.
(16) JAMES F. DAVENPORT TRUSTEE	1.00	X						0.	0.	0.
(17) CHARLES A. FRENI, JR. TRUSTEE	1.00	X						0.	0.	0.

COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ARTHUR L. GELLERT, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(19) KEVIN HAMILTON TRUSTEE	1.00	X						0.	0.	0.
(20) KENNETH KEARNEY TRUSTEE	1.00	X						0.	0.	0.
(21) CORA MALLORY-DAVIS TRUSTEE	1.00	X						0.	0.	0.
(22) DARLENE L. PFEIFFER TRUSTEE	1.00	X						0.	0.	0.
(23) BRENDA K. SANTORO, CPA TRUSTEE	1.00	X						0.	0.	0.
(24) CHARLES SIMON TRUSTEE	1.00	X						0.	0.	0.
(25) MARCH GALLAGHER PRESIDENT & CEO	40.00			X				124,190.	0.	3,902.
(26) ROKSOLANA GERAMITA CFO	40.00			X				85,190.	0.	3,626.
1b Sub-total								209,380.	0.	7,528.
c Total from continuation sheets to Part VII, Section A								182,407.	0.	13,491.
d Total (add lines 1b and 1c)								391,787.	0.	21,019.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.

Form 990 (2016)

23-7026859 Page 9

Part VIII Statement of Revenue

Check 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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	306,362.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,550,930.			
	g Noncash contributions included in lines 1a-1f: \$		748,711.			
	h Total. Add lines 1a-1f		4,857,292.			
Program Service Revenue	2 a ADMINISTRATIVE FEES	Business Code	70,345.	70,345.		
	b	561000				
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		70,345.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,680,772.		1,680,772.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		7,959,248.		
		c Gain or (loss)		894,252.		
	d Net gain or (loss)		894,252.		894,252.	
	8 a Gross income from fundraising events (not including \$ 306,362. of contributions reported on line 1c). See Part IV, line 18	a		100,554.		
		b Less: direct expenses		117,627.		
c Net income or (loss) from fundraising events			-17,073.		-17,073.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		7,485,588.	70,345.	0.	2,557,951.	

**COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.**

Form 990 (2016)

23-7026859 Page **10**

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	2,378,078.	2,378,078.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	326,353.	326,353.		
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	421,333.	294,933.	42,133.	84,267.
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	134,614.	94,230.	13,461.	26,923.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,369.	1,658.	237.	474.
9 Other employee benefits	32,899.	23,029.	3,290.	6,580.
10 Payroll taxes	45,498.	31,849.	4,550.	9,099.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	35,000.		35,000.	
d Lobbying	1,200.		1,200.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	55,885.		55,885.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	37,214.		1,214.	36,000.
12 Advertising and promotion	74,351.		47,588.	26,763.
13 Office expenses	45,499.	19,219.	20,790.	5,490.
14 Information technology	44,890.	31,424.	4,488.	8,978.
15 Royalties				
16 Occupancy	50,374.	35,262.	5,037.	10,075.
17 Travel	5,172.		3,051.	2,121.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,551.	1,280.	6,905.	366.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,586.	4,610.	659.	1,317.
23 Insurance	3,730.		3,730.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	350,387.	350,387.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,059,983.	3,592,312.	249,218.	218,453.
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 if following SOP 98-2 (ASC 958-720)

**COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.**

Form 990 (2016)

23-7026859 Page 11

Part X Balance Sheet

Check 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	214,596.	1	359,991.	
	2 Savings and temporary cash investments	3,801,409.	2	4,067,342.	
	3 Pledges and grants receivable, net	221,348.	3	148,530.	
	4 Accounts receivable, net	176,268.	4	115,014.	
	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)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7 Notes and loans receivable, net			7	
	8 Inventories for sale or use			8	
	9 Prepaid expenses and deferred charges	38,467.	9		34,237.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 64,396.			
	b Less: accumulated depreciation	10b 49,636.	20,019.	10c	14,760.
	11 Investments - publicly traded securities	48,513,420.	11		56,206,474.
	12 Investments - other securities. See Part IV, line 11	686,003.	12		682,234.
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	53,671,530.	16		61,628,582.	
Liabilities	17 Accounts payable and accrued expenses	12,707.	17	25,392.	
	18 Grants payable	594,869.	18	458,000.	
	19 Deferred revenue	62,744.	19	63,086.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	7,335,594.	21		8,337,108.
	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			25	
	26 Total liabilities. Add lines 17 through 25	8,005,914.	26		8,883,586.
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	44,979,613.	27	52,062,762.	
	28 Temporarily restricted net assets	686,003.	28	682,234.	
	29 Permanently restricted net assets		29		
	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	45,665,616.	33		52,744,996.	
34 Total liabilities and net assets/fund balances	53,671,530.	34		61,628,582.	

Form 990 (2016)

**COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.**

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	7,485,588.
2 Total expenses (must equal Part IX, column (A), line 25)	2	4,059,983.
3 Revenue less expenses. Subtract line 2 from line 1	3	3,425,605.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	45,665,616.
5 Net unrealized gains (losses) on investments	5	3,618,253.
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	35,522.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	52,744,996.

Part XII Financial Statements and Reporting

Check 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?	2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b Were the organization's financial statements audited by an independent accountant?	2b	X	
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			
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?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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		

COMMUNITY FOUNDATIONS OF THE HUDSON

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,689,714.	4,733,783.	7,642,241.	3,524,562.	4,857,292.	26,447,592.
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	5,689,714.	4,733,783.	7,642,241.	3,524,562.	4,857,292.	26,447,592.
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)						5,816,879.
6 Public support. Subtract line 5 from line 4.						20,630,713.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	5,689,714.	4,733,783.	7,642,241.	3,524,562.	4,857,292.	26,447,592.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	780,533.	962,104.	1,373,727.	1,768,118.	1,680,772.	6,565,254.
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.)						
11 Total support. Add lines 7 through 10						33,012,846.
12 Gross receipts from related activities, etc. (see instructions)					12	188,747.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	62.49 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	62.72 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
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.		
11a		
11b		
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.		
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.		
1		
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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
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.		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government 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.			
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.			
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.			
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.			
2a			
2b			
3a			
3b			

COMMUNITY FOUNDATIONS OF THE HUDSON

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

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **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 or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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 VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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		(A) Prior Year	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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

COMMUNITY FOUNDATIONS OF THE HUDSON

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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

COMMUNITY FOUNDATIONS OF THE HUDSON

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule A Identification of Excess Contributions Included on Part II, Line 5

2016

**** Do Not File **
 *** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
ESTATE OF LESLIE ROE	2,884,204.	2,223,947.
JEANNETTE SCHLOBACH CHARITABLE TRUST	3,505,652.	2,845,395.
RUTH BEDFORD TERMINATING TRUST	818,051.	157,794.
ESTATE OF VICTOR L. SANKO	1,250,000.	589,743.
Total Excess Contributions to Schedule A, Part II, Line 5	5,816,879.	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Name of the organization

COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.

Employer identification number

23-7026859

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.	Employer identification number 23-7026859
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 425,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 122,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 102,738.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 181,566.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.	Employer identification number 23-7026859
---	---

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 134,132.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 150,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 1,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 215,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.	Employer identification number 23-7026859
---	---

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
5	M&T BANK 635 SHARES	\$ 102,738.	12/07/16
6	EXXON MOBIL 1945 SHARES	\$ 181,566.	07/08/16
8	IBM 878 SHARES	\$ 134,132.	11/03/16
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.	Employer identification number 23-7026859
---	---

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.	Employer identification number 23-7026859
---	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

COMMUNITY FOUNDATIONS OF THE HUDSON

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

COMMUNITY FOUNDATIONS OF THE HUDSON

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		1,200.
j Total. Add lines 1c through 1i			1,200.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

VAN SCOYOC ASSOCIATES, INC. \$1,200

CFHV PARTNERS WITH OTHER COMMUNITY FOUNDATIONS TO RAISE AWARENESS ABOUT THE ACTIVITIES OF COMMUNITY FOUNDATIONS NATIONALLY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 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

2016

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.** **Employer identification number** **23-7026859**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	107	
2 Aggregate value of contributions to (during year)	2,166,276.	
3 Aggregate value of grants from (during year)	768,812.	
4 Aggregate value at end of year	16,805,357.	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2016

**COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.**

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	11,257,090.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,618,253.
b	Donated services and use of facilities	2b	91,507.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	117,627.
e	Add lines 2a through 2d	2e	3,827,387.
3	Subtract line 2e from line 1	3	7,429,703.
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	55,885.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	55,885.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	7,485,588.

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

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

1	Total expenses and losses per audited financial statements	1	4,173,941.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	91,507.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	117,627.
e	Add lines 2a through 2d	2e	209,134.
3	Subtract line 2e from line 1	3	3,964,807.
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	55,885.
b	Other (Describe in Part XIII.)	4b	39,291.
c	Add lines 4a and 4b	4c	95,176.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	4,059,983.

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 IV, LINE 2B:

AGENCY FUNDS REPRESENT ASSETS HELD FOR INVESTMENTS ON BEHALF OF OTHER UNRELATED ORGANIZATIONS. BECAUSE THE FUNDS ARE CUSTODIAL AND POOLED AND INVESTED ALONG WITH THE FOUNDATIONS' INVESTMENTS ON BEHALF OF SUCH ORGANIZATIONS, A LIABILITY IS RECORDED EQUAL TO THE UNDERLYING ASSETS. THE ADDITIONS, EXPENSES, GAINS, AND LOSSES ARE NOT REPORTED IN THE STATEMENT OF ACTIVITIES.

PART V, LINE 4:

THE FOUNDATION MAINTAINS VARIOUS DONOR-DESIGNATED ENDOWMENT FUNDS AND BOARD DESIGNATED ENDOWMENT FUNDS WHOSE PURPOSE IS TO PROVIDE LONG TERM SUPPORT FOR ITS CHARITABLE PROGRAMS AND OPERATIONS. AS REQUIRED BY U.S.

Part XIII Supplemental Information (continued)

GAAP, NET ASSETS ASSOCIATED WITH ENDOWMENT FUNDS, INCLUDING FUNDS
DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS, ARE
CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED
RESTRICTIONS.

PART X, LINE 2:

THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS WHEN THEY ARE
MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE
FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL
STATEMENT RECOGNITION OR DISCLOSURE. THE COMMUNITY FOUNDATION IS NO LONGER
SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS
PRIOR TO JUNE 30, 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 117,627.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 117,627.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PRIOR YEAR GRANT REFUNDS AND CANCELLATIONS NETTED AGAINST
GRANT EXPENSE 39,291.

COMMUNITY FOUNDATIONS OF THE HUDSON

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		GARDEN PARTY	JDM FUND	13	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	168,000.	81,474.	157,442.	406,916.
	2 Less: Contributions	140,210.	79,092.	87,060.	306,362.
	3 Gross income (line 1 minus line 2)	27,790.	2,382.	70,382.	100,554.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs			30,456.	30,456.
	7 Food and beverages	8,550.		1,717.	10,267.
	8 Entertainment	640.		2,750.	3,390.
	9 Other direct expenses	29,713.	18,030.	25,771.	73,514.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				117,627.
11 Net income summary. Subtract line 10 from line 3, column (d)				-17,073.	

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

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

COMMUNITY FOUNDATIONS OF THE HUDSON

Schedule G (Form 990 or 990-EZ) 2016 VALLEY, INC.

23-7026859 Page 3

- 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 in:

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

**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" on 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

2016

Open to Public
Inspection

Name of the organization **COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.** Employer identification number **23-7026859**

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" on 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 noncash assistance	(h) Purpose of grant or assistance
ABILITIES FIRST, INC. 70 OVEROCKER ROAD POUGHKEEPSIE, NY 12603	14-1467427	501(C)(3)	5,875.	0.			GENERAL SUPPORT, EMPLOYMENT SERVICES FOR MENTALLY DISABLED ADULTS
AKINDALE REHABILITATION AND LAND CONSERVATION FUND - 323 QUAKER HILL ROAD - PAWLING, NY 12564	20-1822473	501(C)(3)	31,028.	0.			CARE FOR HORSES
AMERICAN CANCER SOCIETY - HUDSON VALLEY REGION - 121 EXECUTIVE DRIVE - NEW WINDSOR, NY 12253	13-1788491	501(C)(3)	11,192.	0.			GENERAL SUPPORT
AMERICAN RED CROSS OF THE MID-HUDSON VALLEY - 4 JEFFERSON PLAZA, SUITE 302 - POUGHKEEPSIE, NY 12601	53-0196605	501(C)(3)	10,090.	0.			GENERAL SUPPORT
ASTOR SERVICES FOR CHILDREN & FAMILIES - 6339 MILL STREET P.O. BOX 5005 - RHINEBECK, NY 12572	14-1397918	501(C)(3)	20,000.	0.			STRAUSS - 10/12/17 03:11PM WORKSHEET SCHEDULE I
BARDAVON 1869 OPERA HOUSE, INC. 35 MARKET STREET POUGHKEEPSIE, NY 12601	14-1585490	501(C)(3)	80,878.	0.			GENERAL SUPPORT, FIELD TRIPS, PROGRAMS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **88.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2016)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.**

Schedule I (Form 990)

23-7026859

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BOY SCOUTS OF AMERICA - HUDSON VALLEY COUNCIL - 6 JEANNE DRIVE - NEWBURGH, NY 12550	14-1338385	501(C)(3)	10,247.	0.			CAMP NOOTEEMING PROJECT, SUPPORT FOR DUTCHESS COUNTY PROGRAMS
BOYS AND GIRLS CLUB OF NEWBURGH 285 LIBERTY STREET NEWBURGH, NY 12550	14-1506144	501(C)(3)	20,000.	0.			THE AFTERSCHOOL PROJECT - POUGHKEEPSIE
CANCER SUPPORT TEAM, INC. 2900 WESTCHESTER AVENUE, SUITE 103 PURCHASE, NY 10577	13-2938964	501(C)(3)	20,000.	0.			GAP CARE PROGRAM
CATHARINE STREET COMMUNITY CENTER 69 CATHARINE STREET POUGHKEEPSIE, NY 12601	14-6037154	501(C)(3)	27,500.	0.			SUPPORT FOR PROGRAMS SERVING UNDERPRIVILEGED DUTCHESS COUNTY YOUTH
CENTER FOR GOVERNMENTAL RESEARCH 1 WASHINGTON STREET SOUTH, SUITE 40 ROCHESTER, NY 14614	16-0754774	501(C)(3)	10,000.	0.			GENERAL SUPPORT
CHILDREN'S HOME OF POUGHKEEPSIE 10 CHILDREN'S WAY POUGHKEEPSIE, NY 12601	14-1364662	501(C)(3)	13,566.	0.			GENERAL SUPPORT, 2017 CHP SCHOLARSHIP - FOR COSTS, SUPPLIES TO ASSIST COLLEGE BOUND STUDENTS
CHRIST EPISCOPAL CHURCH 43 SOUTH BROADWAY TARRYTOWN, NY 10591	14-1416683	501(C)(3)	40,400.	0.			GENERAL SUPPORT, SUMMER CAMP PROGRAM
COMMON GROUND FARM P.O. BOX 148 BEACON, NY 12508	01-0574675	501(C)(3)	24,500.	0.			FRESH FOOD MURAL PROJECT, COMMON GROUND FARM: BUILDING UPON SUCCESS: YEAR 4: GROWING
COMMUNITY ACTION PARTNERSHIP FOR DUTCHESS COUNTY, INC. - 77 CANNON STREET - POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	108,018.	0.			CARE FUND, GAP CARE - DUTCHESS COUNTY 2017, EMERGENCY ASSISTANCE IN DUTCHESS COUNTY

Schedule I (Form 990)

COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.

Schedule I (Form 990)

23-7026859

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CONGREGATION SCHOMRE ISRAEL OF POUGHKEEPSIE - 18 PARK AVENUE - POUGHKEEPSIE, NY 12603	14-6039550	501(C)(3)	6,651.	0.			VARIOUS SCHOMRE ISRAEL PROJECTS, FOR PROGRAMMATIC PURPOSES RELATED TO PRESERVING AND
CORNELL COOPERATIVE EXTENSION DUTCHESS COUNTY - 2715 ROUTE 44, SUITE 1 - MILLBROOK, NY 12545	14-6036882	501(C)(3)	12,365.	0.			SUPPORT FOR PROGRAMS SERVING UNDERPRIVILEGED DUTCHESS COUNTY YOUTH
CORNELL COOPERATIVE EXTENSION ORANGE COUNTY - 18 SEWARD AVENUE, SUITE 300 - MIDDLETOWN, NY 10940	14-6036889	501(C)(3)	15,000.	0.			THE GLEANMOBILE
CORNERSTONE FAMILY HEALTHCARE 147 LAKE STREET NEWBURGH, NY 12550	06-1036715	501(C)(3)	40,000.	0.			GAP CARE- ORANGE/ ROCKLAND COUNTIES 2017
DUTCHESS COUNTY HISTORICAL SOCIETY P.O. BOX 88 POUGHKEEPSIE, NY 12601	14-1505142	501(C)(3)	12,340.	0.			GENERAL SUPPORT, YEARBOOK
DUTCHESS COUNTY INTERFAITH COUNCIL, INC. - 9 VASSAR STREET - POUGHKEEPSIE, NY 12601	14-1547417	501(C)(3)	5,178.	0.			GENERAL SUPPORT
DUTCHESS COUNTY SPCA 636 VIOLET AVENUE HYDE PARK, NY 12538	14-1340058	501(C)(3)	22,972.	0.			GENERAL SUPPORT, ANIMAL CARE SUPPORT, CLINIC SUPPORT, MICROCHIP PROGRAM
DUTCHESS OUTREACH, INC. 29 NORTH HAMILTON STREET, SUITE 202 POUGHKEEPSIE, NY 12601	22-2339537	501(C)(3)	33,000.	0.			GENERAL SUPPORT, TO SUPPORT THE BEVERLY CLOSS FOOD PANTRY
FAMILY OF WOODSTOCK, INC. 39 JOHN STREET KINGSTON, NY 12401	14-1537663	501(C)(3)	109,518.	0.			EMERGENCY ASSISTANCE IN ULSTER COUNTY, ULSTER COUNTY FARM TO FOOD PANTRY COLLABORATIVE,

Schedule I (Form 990)

**COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.**

Schedule I (Form 990)

23-7026859

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FAMILY SERVICES, INC. 29 NORTH HAMILTON STREET, SUITE 1 POUGHKEEPSIE, NY 12601	14-1338399	501(C)(3)	17,435.	0.			GENERAL SUPPORT, SERVICES FOR BATTERED WOMEN & FAMILIES, DIVERSITY TRAINING, TEEN RESOURCE
FOOD BANK OF THE HUDSON VALLEY 195 HUDSON STREET CORNWALL-ON-HUDSON, NY 12520	22-2470885	501(C)(3)	40,684.	0.			GENERAL SUPPORT, FRESH FARM FOOD INITIATIVE
FOUNDATION FOR VASSAR BROTHERS MEDICAL CENTER - 45 READE PLACE - POUGHKEEPSIE, NY 12601	14-1736429	501(C)(3)	56,320.	0.			GENERAL SUPPORT
FRANCISCAN FRIARS OF THE ATONEMENT - GRAYMOOR - 40 FRANCISCAN WAY - GARRISON, NY 10524	14-1344809	501(C)(3)	10,090.	0.			GENERAL SUPPORT
FRANKLIN PIERCE UNIVERSITY 40 UNIVERSITY DRIVE RINDGE, NH 03461	02-0263136	501(C)(3)	15,000.	0.			SUPPORT FOR GENERAL ATHLETICS, FOR THE MELISSA D. BISACCIA SCHOLARSHIP
FRIENDS OF SENIORS OF DUTCHESS COUNTY, INC. - CUNNEEN-HACKETT ARTS CENTER, 9 VASSAR STREET, SUITE 24 - POUGHKEEPSIE, NY 12601	20-1714419	501(C)(3)	22,100.	0.			GENERAL SUPPORT, FUNDING TO DRIVE DIALYSIS PATIENTS TO THEIR TREATMENTS
GILDA'S CLUB WESTCHESTER 80 MAPLE AVENUE WHITE PLAINS, NY 10601	13-3939823	501(C)(3)	10,000.	0.			BREAST CANCER OUTREACH SUPPORT SERVICES
GRACE SMITH HOUSE 1 BROOKSIDE AVENUE POUGHKEEPSIE, NY 12602	14-1626657	501(C)(3)	5,150.	0.			GENERAL SUPPORT, SUPPORT FOR THE NEW CHAPTER LIBRARY
HADASSAH THE WOMEN'S ZIONIST ORGANIZATION OF AMERICA, INC. - P.O. BOX 745 - NEW YORK, NY 10101	23-7312335	501(C)(3)	21,360.	0.			STEM CELL RESEARCH, HADASSAH MEDICAL CENTER/HOSPITAL'

Schedule I (Form 990)

COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.

Schedule I (Form 990)

23-7026859

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HARRIET TUBMAN ACADEMIC SKILLS AND ENRICHMENT PROGRAM - 2381 NEW HACKENSACK ROAD - POUGHKEEPSIE, NY 12603	14-1792116	501(C)(3)	10,000.	0.			PROGRAM SUPPORT FOR HARRIET TUBMAN ACADEMIC SKILLS AND ENRICHMENT PROGRAM
HAWTHORNE VALLEY ASSOCIATION, INC. 327 COUNTY ROUTE 21C GHENT, NY 12075	13-2722428	501(C)(3)	10,000.	0.			FISCAL SPONSORSHIP FOR LONG TABLE HARVEST, GLEANING PROGRAM
HIGHLAND CENTRAL SCHOOL DISTRICT 320 PANCAKE HOLLOW ROAD HIGHLAND, NY 12528	14-6001569	CITY OF HIGHLAND	8,500.	0.			SUPPORT FOR ROBOTICS EQUIPMENT FOR THE HIGHLAND CENTRAL SCHOOL DISTRICT
HILLSIDE FOOD OUTREACH 404 IRVINGTON STREET PLEASANTVILLE, NY 10570	01-0712431	501(C)(3)	20,000.	0.			HEALTHY PLATE / HEALTH FAMILY PROGRAM
HOWLAND CHAMBER MUSIC CIRCLE P.O. BOX 224 CHELSEA, NY 12512	14-1812997	501(C)(3)	10,000.	0.			ISRAELI CHAMBER PROJECT, SUPPORT FOR THE 2017 JASPER STRING QUARTET RESIDENCY AT ARLINGTON
HUDSON RIVER HOUSING, INC. 313 MILL STREET POUGHKEEPSIE, NY 12601	22-2456648	501(C)(3)	18,500.	0.			BOSTRAUSS - 10/12/17 03:12PM WORKSHEET SCHEDULE I
HUDSON RIVER MARITIME MUSEUM 50 RONDOUT LANDING KINGSTON, NY 12401	22-2325506	501(C)(3)	12,743.	0.			GENERAL OPERATIONS, COLLECTIONS ACCESS PROJECT
HUDSON VALLEY HERO PROJECT 59 HARDEN DRIVE LAGRANGEVILLE, NY 12540	47-2637351	501(C)(3)	7,490.	0.			GENERAL SUPPORT FOR VETERANS
HUDSON VALLEY SEED P.O. BOX 223 BEACON, NY 12508	46-3267308	501(C)(3)	27,500.	0.			GENERAL SUPPORT, ART SUPPLIES FOR HUDSON VALLEY SEED SCHOOL GARDEN PROGRAMS

Schedule I (Form 990)

COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.

Schedule I (Form 990)

23-7026859

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
JEWISH FAMILY SERVICE OF ORANGE COUNTY - 720 ROUTE 17M - MIDDLETOWN, NY 10940	14-1731791	501(C)(3)	15,000.	0.			CARE FUND 2017
JEWISH FEDERATION OF DUTCHESS COUNTY, INC. - 17 COLLEGEVIEW AVENUE - POUGHKEEPSIE, NY 12603	14-1751875	501(C)(3)	16,151.	0.			GENERAL SUPPORT, COMMUNITY OUTREACH, FOR PROGRAMMATIC PURPOSES RELATED TO PRESERVING AND
MARIST COLLEGE 3399 NORTH ROAD POUGHKEEPSIE, NY 12601	14-1442493	501(C)(3)	13,475.	0.			GENERAL SUPPORT, SCHOLARSHIP PROGRAM FUNDING
MEDIATION CENTER OF DUTCHESS COUNTY, INC. - 147 UNION STREET, SUITE 102 - POUGHKEEPSIE, NY 12601	14-1762932	501(C)(3)	17,625.	0.			RESTORATIVE JUSTICE TRAINING, TO SUPPORT WALKATHON
MID-HUDSON CHILDREN'S MUSEUM 75 NORTH WATER STREET POUGHKEEPSIE, NY 12601	22-3021355	501(C)(3)	5,500.	0.			GENERAL SUPPORT, MHCM AGENCY PASS PROGRAM
MID-HUDSON CIVIC CENTER 14 CIVIC CENTER PLAZA POUGHKEEPSIE, NY 12601	51-0151858	501(C)(3)	78,174.	0.			GENERAL SUPPORT
MILL STREET LOFT, INC. 45 PERSHING AVENUE POUGHKEEPSIE, NY 12601	22-2538177	501(C)(3)	14,000.	0.			SUPPORT FOR PROGRAMS SERVING UNDERPRIVILEGED DUTCHESS COUNTY YOUTH
NEWBURGH COMMUNITY LAND BANK, INC. 15 CHAMBERS STREET NEWBURGH, NY 12550	46-0549946	501(C)(3)	10,000.	0.			NEWBURGH CITYWIDE DONATION AND GARDENING PROGRAM
NORTH EAST COMMUNITY CENTER 51 SOUTH CENTER STREET MILLERTON, NY 12546	14-1736237	501(C)(3)	25,600.	0.			GENERAL PURPOSES, MILLERTON FARMERS MARKET COMMUNITY OUTREACH AND MUSIC PROJECT

Schedule I (Form 990)

COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.

Schedule I (Form 990)

23-7026859

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NORTHERN DUTCHESS HOSPITAL FOUNDATION - 99 MONTGOMERY STREET, P.O. BOX 5002 - RHINEBECK, NY 12572	14-1776208	501(C)(3)	25,500.	0.			GENERAL SUPPORT
NORTHERN WESTCHESTER HOSPITAL FOUNDATION - 400 EAST MAIN STREET - MT. KISCO, NY 10549	13-4067064	501(C)(3)	9,000.	0.			GENERAL SUPPORT
NUBIAN DIRECTIONS II, INC. 248 MAIN STREET POUGHKEEPSIE, NY 12601	14-1777760	501(C)(3)	12,000.	0.			SUPPORT FOR PROGRAMS SERVING UNDERPRIVILEGED DUTCHESS COUNTY YOUTH
PEOPLE'S PLACE 17 ST. JAMES STREET KINGSTON, NY 12401	14-1701360	501(C)(3)	28,000.	0.			BAG SUMMER HUNGER 2017 - BECAUSE HUNGER DOESN'T TAKE A VACATION.
PHILLIES BRIDGE FARM PROJECT, INC. 45 PHILLIES BRIDGE ROAD NEW PALTZ, NY 12561	14-1816094	501(C)(3)	11,032.	0.			PHILLIES BRIDGE FARM PROJECT FARM TO FAMILIES PROGRAM
PLANNED PARENTHOOD OF THE MID-HUDSON VALLEY, INC. - 178 CHURCH STREET - POUGHKEEPSIE, NY 12601	14-1344810	501(C)(3)	81,750.	0.			GENERAL SUPPORT, DESIGNATED IUD FUND PROGRAM SUPPORT
POUGHKEEPSIE FARM PROJECT P.O. BOX 3143 POUGHKEEPSIE, NY 12603	14-1813679	501(C)(3)	30,000.	0.			FOOD SHARE PROGRAM
POUGHKEEPSIE HIGH SCHOOL 70 FORBUS STREET POUGHKEEPSIE, NY 12603	14-6004158	501(C)(3)	11,561.	0.			VARIOUS TRIPS AND PROGRAMS
POUGHKEEPSIE PUBLIC LIBRARY DISTRICT - 93 MARKET STREET - POUGHKEEPSIE, NY 12601	14-1701733	CITY OF POUGHKEEPSIE	7,000.	0.			GENERAL SUPPORT, LIBRARY ACCESS FOR ALL

Schedule I (Form 990)

COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.

Schedule I (Form 990)

23-7026859

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
RDC LOAVES AND FISHES, INC. P.O. BOX 665 DOVER PLAINS, NY 12522	27-3477999	501(C)(3)	37,000.	0.			GENERAL SUPPORT, TO SUPPORT THE FOOD BANK
RED HOOK EDUCATION FOUNDATION P.O. BOX 2 RED HOOK, NY 12571	27-3946250	501(C)(3)	5,939.	0.			BSTRAUSS - 10/12/17 03:13PM WORKSHEET SCHEDULE I
RYAN MCELROY CHILDREN'S CANCER FOUNDATION - 450 GARDNER HOLLOW ROAD - POUGHQUAG, NY 12570	14-1810853	501(C)(3)	5,613.	0.			GENERAL SUPPORT
SARGENT ELEMENTARY SCHOOL 29 EDUCATION DRIVE BEACON, NY 12508	14-6001231	501(C)(3)	7,231.	0.			FIELD TRIPS
SECOND CHANCE FOODS 1388 ROUTE 52 FISHKILL, NY 12524	81-0996695	501(C)(3)	6,000.	0.			FARM FOOD PRESERVATION PROJECT OF THE LOWER HUDSON VALLEY
SPARK MEDIA PROJECT, INC. 42 CATHARINE STREET, SUITE C-200 POUGHKEEPSIE, NY 12601	14-1775746	501(C)(3)	12,000.	0.			SUPPORT FOR PROGRAMS SERVING UNDERPRIVILEGED DUTCHESS COUNTY YOUTH
ST. MARY'S CHURCH 23 SOUTH HIGH STREET MOUNT VERNON, NY 10550	14-1340116	501(C)(3)	13,393.	0.			GENERAL SUPPORT
ST. THOMAS EPISCOPAL CHURCH 168 WEST BOSTON POST ROAD MAMARONECK, NY 10543	14-1496937	501(C)(3)	8,000.	0.			THE GIVING GARDEN - A PROJECT OF THE FOOD OF LIFE/COMIDA DE VIDA PANTRY
STANFORD FREE LIBRARY 14 CREAMERY ROAD STANFORDVILLE, NY 12581	14-1492555	501(C)(3)	12,476.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.**

Schedule I (Form 990)

23-7026859

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SUPPORT CONNECTION, INC. 40 TRANGLE CENTER YORKTOWN HEIGHTS, NY 10598	13-3900612	501(C)(3)	15,000.	0.			PEER TO PEER PROGRAM
TEMPLE BETH-EL 118 SOUTH GRAND AVENUE POUGHKEEPSIE, NY 12603	14-1467426	501(C)(3)	13,081.	0.			PROGRAM SUPPORT, FOOD FOR KIDS AT S.F.B. MORSE SCHOOL
THE CENTER FOR PERFORMING ARTS AT RHINEBECK - 661 ROUTE 308 - RHINEBECK, NY 12572	22-3051271	501(C)(3)	155,415.	0.			GENERAL SUPPORT, SUPPORT FOR DEVELOPMENT DIRECTOR POSITION
THE REAL SKILLS NETWORK INC. 29 NORTH HAMILTON STREET POUGHKEEPSIE, NY 12601	26-1086662	501(C)(3)	53,000.	0.			GENERAL SUPPORT, PROGRAM SUPPORT
THE ROOSEVELT INSTITUTE 570 LEXINGTON AVENUE, 5TH FLOOR NEW YORK, NY 10022	23-7213592	501(C)(3)	14,053.	0.			BOSTRAUSS - 10/12/17 03:14PM WORKSHEET SCHEDULE I
THE ROTARY FOUNDATION OF ROTARY INTERNATIONAL - ONE ROTARY CENTER, 1560 SHERMAN AVENUE - EVANSTON, IL 60201	36-3245072	501(C)(3)	5,300.	0.			GENERAL SUPPORT, PAUL HARRIS CLUB FELLOWSHIP
THINK DUTCHESS ALLIANCE FOR BUSINESS - 3 NEPTUNE ROAD - POUGHKEEPSIE, NY 12601	27-3106797	501(C)(3)	14,250.	0.			GENERAL SUPPORT
TOWN OF WAPPINGERS LITTLE LEAGUE ASSOC. INC. - P.O. BOX 133 - WAPPINGERS FALLS, NY 12590	14-1539410	501(C)(3)	8,200.	0.			GENERAL SUPPORT
TRUSTEES OF COLUMBIA UNIVERSITY-MITO DISEASE PROJECT - 615 WEST 131ST STREET, MC 8741 - NEW YORK, NY 10027	13-5598093	501(C)(3)	20,000.	0.			MITO DISEASE RESEARCH

Schedule I (Form 990)

COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.

Schedule I (Form 990)

23-7026859

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNITARIAN UNIVERSALIST CONGREGATION OF THE CATSKILLS - 320 SAWKILL ROAD - KINGSTON, NY 12401	14-6088215	501(C)(3)	6,000.	0.			TO FUND BUILDING REHABILITATION
UNITARIAN UNIVERSALIST FELLOWSHIP 67 SOUTH RANDOLPH AVE POUGHKEEPSIE, NY 12601	14-6025106	501(C)(3)	23,570.	0.			COMING HOME PROGRAM SUPPORT
UNITED MITOCHONDRIAL DISEASE FOUNDATION - 8085 SALTSBURG ROAD, SUITE 201 - PITTSBURGH, PA 15239	25-1767180	501(C)(3)	6,100.	0.			GENERAL SUPPORT
UNITED WAY OF THE DUTCHESS-ORANGE REGION - 75 MARKET STREET - POUGHKEEPSIE, NY 12601	06-1045698	501(C)(3)	12,200.	0.			GENERAL SUPPORT, COMMUNITY FUND PROGRAM SUPPORT
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE - DEPARTMENT OF NEUROLOGY 1120 NW 14TH STREET, #1427 - MIAMI, FL 33136	59-0624458	501(C)(3)	17,500.	0.			FOR RESEARCH IN NEUROMETABOLIC DISEASES
VASSAR TEMPLE 140 HOOKER AVENUE POUGHKEEPSIE, NY 12601	14-1422084	501(C)(3)	7,151.	0.			REFUGEE SUPPORT, FOR PROGRAMMATIC PURPOSES RELATED TO PRESERVING AND STRENGTHENING JEWISH
VASSAR-WARNER HOME 52 SOUTH HAMITON STREET POUGHKEEPSIE, NY 12601	23-7334637	501(C)(3)	22,061.	0.			GENERAL SUPPORT, INTERGENERATIONAL ARTS PROGRAM
WOODSTOCK BYRDCLIFFE GUILD 34 TINKER STREET WOODSTOCK, NY 12498	14-6026681	501(C)(3)	6,000.	0.			GENERAL SUPPORT FOR ARTISTS IN RESIDENCE
WORLD GOLF FOUNDATION, INC. ONE WORLD GOLF PLACE ST. AUGUSTINE, FL 32092	59-2998925	501(C)(3)	12,000.	0.			SUPPORT FOR THE FIRST TEE GOLF PROGRAM IN THE NORTH EAST DUTCHESS COUNTY SCHOOLS

Schedule I (Form 990)

COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP AWARDS	165	326,353.	0.		

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:

BOARD APPROVED COMMITTEES REVIEW AND EVALUATE GRANT APPLICATIONS TO
 DETERMINE HOW THE FUNDS ARE SPENT. EACH GRANTEE RECEIVES AN AWARD LETTER
 AND GRANT AGREEMENT DETAILING THE TERMS AND CONDITIONS OF THE AWARD. FUNDS
 ARE RELEASED UPON RECEIPT OF THE SIGNED GRANT AGREEMENT. GENERALLY, A
 GRANTEE HAS A FULL CALENDAR YEAR TO UTILIZE THE FUNDS AWARDED. AT THE CLOSE
 OF THE YEAR THEY MUST SUBMIT A FINAL REPORT DETAILING THE USE OF THE FUNDS,
 INCLUDING AN UPDATED GRANT BUDGET FORM. GRANTEES MAY ATTACH RECEIPTS,
 PHOTOS, AND TESTIMONIALS RELATED TO THE AWARD AS WELL. ADDITIONALLY,

Part IV Supplemental Information

COMMUNITY FOUNDATIONS STAFF PERIODICALLY CONDUCTS SCHEDULED OR UNSCHEDULED SITE VISITS WITH GRANTEEES TO SEE THE USE OF THE FUNDS DIRECTLY. SHOULD CONCERNS ARISE REGARDING THE USE OF FUNDS, STAFF WILL REQUEST ADDITIONAL DOCUMENTATION AND/OR SITE VISITS TO ENSURE THE FUNDS WERE USED ACCORDING TO THE PARAMETERS OF THE GRANT AGREEMENT. IF THE GRANTEE IS UNABLE TO FULFILL THE TERMS OF THE AGREEMENT, OR HAS MISUSED THE FUNDS, THEY WILL BE DIRECTED TO RETURN THE FUNDS TO THE FOUNDATIONS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: COMMON GROUND FARM

(H) PURPOSE OF GRANT OR ASSISTANCE: FRESH FOOD MURAL PROJECT, COMMON GROUND FARM: BUILDING UPON SUCCESS: YEAR 4: GROWING OPERATIONS & FOOD DONATION PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

CONGREGATION SCHOMRE ISRAEL OF POUGHKEEPSIE

(H) PURPOSE OF GRANT OR ASSISTANCE: VARIOUS SCHOMRE ISRAEL PROJECTS, FOR PROGRAMMATIC PURPOSES RELATED TO PRESERVING AND STRENGTHENING JEWISH CULTURE

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY OF WOODSTOCK, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY ASSISTANCE IN ULSTER COUNTY, ULSTER COUNTY FARM TO FOOD PANTRY COLLABORATIVE, 2017 CARE FUND GRANT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, SERVICES FOR BATTERED WOMEN & FAMILIES, DIVERSITY TRAINING, TEEN RESOURCE ACTIVITY

Part IV Supplemental Information

CENTER

NAME OF ORGANIZATION OR GOVERNMENT: HOWLAND CHAMBER MUSIC CIRCLE

(H) PURPOSE OF GRANT OR ASSISTANCE: ISRAELI CHAMBER PROJECT, SUPPORT FOR THE 2017 JASPER STRING QUARTET RESIDENCY AT ARLINGTON HIGH SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT:

JEWISH FEDERATION OF DUTCHESS COUNTY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT, COMMUNITY OUTREACH, FOR PROGRAMMATIC PURPOSES RELATED TO PRESERVING AND STRENGTHENING JEWISH CULTURE

NAME OF ORGANIZATION OR GOVERNMENT: VASSAR TEMPLE

(H) PURPOSE OF GRANT OR ASSISTANCE: REFUGEE SUPPORT, FOR PROGRAMMATIC PURPOSES RELATED TO PRESERVING AND STRENGTHENING JEWISH CULTURE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.** Employer identification number **23-7026859**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	16	748,711.	AVG. HIGH/LOW VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **0**

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

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 M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTORS IS REPORTED IN COLUMN (B).

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.	Employer identification number 23-7026859
---	---

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES FOR THE 2017 FISCAL YEAR WERE TO HOLD DONOR FUNDS, INVEST THEM PRUDENTLY AND MAKE GRANT DISTRIBUTIONS TO NONPROFITS FOR CHARITABLE PURPOSES. OUR THREE MAIN PROGRAM AREAS ARE AS FOLLOWS: GRANTMAKING, DONOR RELATIONS, AND NONPROFIT TECHNICAL ASSISTANCE.

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

COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC. HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION IS COMPLETE AND ACCURATE. MANAGEMENT CONFERS WITH THE OUTSIDE ACCOUNTING FIRM IN THE PREPARATION OF THE FORM 990. WHEN THE 990 HAS BEEN PREPARED, MANAGEMENT REVIEWS IT WITH THE OUTSIDE ACCOUNTING FIRM. IT IS THEN PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND SUBSEQUENTLY TO THE BOARD OF TRUSTEES FOR APPROVAL. ONCE THE BOARD HAS APPROVED THE RETURN IT IS FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

A. THE COMMUNITY FOUNDATIONS CODE OF CONDUCT (CODE) WHICH INCLUDES OUR CONFLICT OF INTEREST POLICY APPLIES TO THE FOLLOWING MEMBERS OF THE COMMUNITY: 1) INDIVIDUALS WHO ARE PAID BY THE FOUNDATIONS WHEN THEY ARE WORKING FOR THE FOUNDATIONS, INCLUDING OFFICERS AND STAFF; 2) CONSULTANTS, VENDORS, AND CONTRACTORS WHEN THEY ARE DOING BUSINESS WITH THE FOUNDATIONS; 3) TRUSTEES; 4) ADVISORY BOARD MEMBERS; AND 5) INDIVIDUALS WHO PERFORM SERVICES FOR THE FOUNDATIONS AS VOLUNTEERS. THE CODE REFERS TO ALL THESE PERSONS COLLECTIVELY AS "MEMBERS OF THE FOUNDATIONS COMMUNITY" OR

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.	Employer identification number 23-7026859
---	---

"COMMUNITY MEMBERS."

B. STAFF, BOARD AND VOLUNTEERS MUST READ AND EXECUTE A CONFIRMATION AND DISCLOSURE AS A PART OF THE CONFLICT OF INTEREST POLICY EACH YEAR. A POTENTIAL CONFLICTS REVIEW IS CONDUCTED ANNUALLY FOR TRUSTEES AND STAFF AND MONITORED BY THE GOVERNANCE COMMITTEE OF THE BOARD OF TRUSTEES ANNUALLY AND BY STAFF ON AN ONGOING BASIS THROUGHOUT THE YEAR WITH RESPECT TO GRANT REVIEW AND CONTRACTUAL RELATIONSHIPS. REVIEW OF CONFLICTS BY VOLUNTEERS IS MONITORED BY STAFF ON AN ONGOING BASIS THROUGH THE GRANT REVIEW PROCESS.

C. ANNUAL DISCLOSURES STATEMENTS ARE FILED AND COLLECTED. TRUSTEES EXECUTE THEIRS IN SEPTEMBER AND THE LAST SET WAS COLLECTED THIS PAST MONTH. THE ADVISORY BOARDS AND GRANT COMMITTEE VOLUNTEERS EXECUTE THEM ANNUALLY DURING AT THE TIME OF GRANT REVIEWS.

D. PROCEDURES FOR CONFLICTS REQUIRE THE CONFLICTED COMMUNITY MEMBER TO DISCLOSE THE CONFLICT IN WRITING, RECUSE THEMSELVES FROM DECISION MAKING ON THE MATTER, FORGO PARTICIPATION IN DISCUSSION ON THE TOPIC AND ABSTAIN FROM VOTES. CONFLICTS ARE DOCUMENTED IN MINUTES OF DECISION MAKING BOARDS AND COMMITTEES.

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

THE GOVERNANCE COMMITTEE SURVEYS THE BOARD OF TRUSTEES ANNUALLY TO EVALUATE THE PRESIDENT & CEO USING A SURVEY MAILED TO EACH MEMBER. ONCE COMPLETED, THE RESULTS ARE COMPILED BY THE GOVERNANCE COMMITTEE CHAIR. THE GOVERNANCE COMMITTEE THEN REPORTS ITS FINDINGS TO THE BOARD OF TRUSTEES AND TO THE PRESIDENT AND CEO. THE STAFF ALSO REVIEWED THE PRESIDENT & CEO, ANSWERS TO A SURVEY WERE COMPILED BY AN UNAFFILIATED NONPROFIT EXECUTIVE DIRECTOR AND SHARED WITH THE CEO. IN SETTING COMPENSATION FOR THE PRESIDENT & CEO THE GOVERNANCE COMMITTEE MAKES A RECOMMENDATION TO THE BOARD OF TRUSTEES FOR DISCUSSION AND APPROVAL. INFORMATION USED TO MAKE THIS RECOMMENDATION

Name of the organization	COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.	Employer identification number	23-7026859
--------------------------	--	--------------------------------	------------

INCLUDES AMOUNT AVAILABLE IN THE APPROVED OPERATING BUDGET, EXPERIENCE OF THE PRESIDENT & CEO, AND COMPENSATION DATA FROM THE COUNCIL ON FOUNDATIONS FOR SIMILAR SIZED COMMUNITY FOUNDATIONS NATIONALLY AND REGIONALLY. LOCAL AND REGIONAL NONPROFIT COMPENSATION DATA IS ALSO TAKEN INTO ACCOUNT WHERE AVAILABLE. THE PROCEDURE USED TO RECOMMEND AND APPROVE COMPENSATION MUST BE CAPTURED IN THE MINUTES OF THE BOARD OF TRUSTEES MEETINGS. THE LAST REVIEW OF THE PRESIDENT & CEO WAS CONDUCTED SEPTEMBER 2017 AND WILL BE DISCUSSED AT THE NOVEMBER 2017 BOARD MEETING. PRIOR SALARY HAD BEEN SET DURING THE RECRUITMENT OF THE CURRENT PRESIDENT & CEO IN SEPTEMBER OF 2016.

COMPENSATION FOR STAFF IS DECIDED BY THE PRESIDENT & CEO BASED ON AN ANNUAL EVALUATION OF STAFF PERFORMANCE. THIS INCLUDES CONSIDERATION OF A COST OF LIVING ADJUSTMENT AND MERIT RAISE IF WARRANTED. THE GROSS AMOUNT FOR RAISES ARE APPROVED BY THE BOARD OF TRUSTEES AS A PART OF THE ANNUAL OPERATING BUDGET. COMPENSATION DATA FROM THE COUNCIL ON FOUNDATIONS AND OTHER REGIONAL DATA IS REFERENCED. ANNUAL STAFF PERFORMANCE REVIEWS WERE CONDUCTED IN JULY OF 2017 WITH SALARY ADJUSTMENTS MADE ON THE ONE YEAR ANNIVERSARY OF THE LAST INCREASE IN SALARY OR TITLE CHANGE.

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

THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. IN ADDITION, THE FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND BY-LAWS ARE ALSO AVAILABLE UPON WRITTEN REQUEST AT 80 WASHINGTON STREET, POUGHKEEPSIE, NY 12601...OR BY CALLING THE ORGANIZATION DIRECTLY AT (845) 452-3077.

Name of the organization COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.	Employer identification number 23-7026859
---	---

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF LIFE INSURANCE POLICIES	-15,931.
CHANGE IN VALUE OF CHARITABLE REMAINDER UNITRUST	12,162.
PRIOR YEAR GRANT REFUNDS AND CANCELLATIONS NETTED AGAINST	
GRANT EXPENSE	39,291.
TOTAL TO FORM 990, PART XI, LINE 9	35,522.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.** Employer identification number **23-7026859**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
COMMUNITY FOUNDATIONS REAL ESTATE, LLC - 47-2901304, 80 WASHINGTON STREET, SUITE 201, POUGHKEEPSIE, NY 12601	REAL ESTATE	NEW YORK	0.	0.	COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
FOUNDATION FOR COMMUNITY HEALTH, INC. - 20-0057897, 478 CORNWALL BRIDGE ROAD, SHARON, CT 06069	GRANTMAKING	CONNECTICUT	501(C)(3)	LINE 12A, I	N/A		X

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

Schedule R (Form 990) 2016

COMMUNITY FOUNDATIONS OF THE HUDSON

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.**

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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).
- Our organization was eligible for and filed an IRS 990-N e-postcard. We have included an IRS Form 990-EZ for state purposes only.

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 \$750,000.
- Audit Report if you received total revenue and support greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

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

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked 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

Send Your Filing

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

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

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

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.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm 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 II, line 23(b)).