

PKF O'CONNOR DAVIES, LLP
500 MAMARONECK AVENUE
HARRISON, NY 10528-1633

COMMUNITY FOUNDATIONS OF THE HUDSON
VALLEY, INC.
80 WASHINGTON STREET, NO. 201
POUGHKEEPSIE, NY 12601

|||||||

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 80 WASHINGTON STREET 201</p> <p>City or town, state or province, country, and ZIP or foreign postal code POUGHKEEPSIE, NY 12601</p> <p>F Name and address of principal officer: SALLY J. CROSS SAME AS C ABOVE</p>	<p>D Employer identification number 23-7026859</p> <p>E Telephone number (845) 452-3077</p> <p>G Gross receipts \$ 28,267,119.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>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</p>		
<p>J Website: ▶ WWW.COMMUNITYFOUNDATIONS.HV.ORG</p>		
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		<p>L Year of formation: 1969 M State of legal domicile: NY</p>

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	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	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	12
	6	Total number of volunteers (estimate if necessary)	6	265
	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 39	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 30,386,593.	Current Year 13,949,582.
	9	Program service revenue (Part VIII, line 2g)	81,945.	68,412.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,675,818.	2,779,337.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-55,835.	-45,852.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,088,521.	16,751,479.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	27,337,592.
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)	839,060.	874,354.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 87,627.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	734,584.	1,299,575.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,911,236.	11,288,750.
	19	Revenue less expenses. Subtract line 18 from line 12	4,177,285.	5,462,729.
	20	Total assets (Part X, line 16)	Beginning of Current Year 83,677,901.	End of Year 76,848,247.
	21	Total liabilities (Part X, line 26)	20,886,513.	12,833,193.
22	Net assets or fund balances. Subtract line 21 from line 20	62,791,388.	64,015,054.	

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	<p>Signature of officer</p> <p>SALLY J. CROSS, PRESIDENT & CEO</p> <p>Type or print name and title</p>	<p>Date</p>
Paid Preparer Use Only	<p>Print/Type preparer's name GARRETT M. HIGGINS</p> <p>Firm's name ▶ PKF O'CONNOR DAVIES, LLP</p> <p>Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633</p>	<p>Preparer's signature GARRETT M. HIGGINS</p> <p>Date 01/27/21</p> <p>Firm's EIN ▶ 27-1728945</p> <p>Phone no. 914-381-8900</p>

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 \$ 5,008,562. including grants of \$ 9,114,821.) (Revenue \$ 68,412.) GRANT-MAKING: ADMINISTRATION OF CHARITABLE FUNDS TO MEET COMMUNITY NEEDS BY MAKING GRANTS TO NONPROFITS FOR CHARITABLE PURPOSES. DURING 2019, \$27.7 MILLION WAS GRANTED WITH APPROXIMATELY 24% OF GRANTS MADE FOR THE PURPOSE OF HEALTH AND HUMAN SERVICE RELATED ACTIVITIES, 32% FOR ARTS AND CULTURE, 35% FOR COMMUNITY INVOLVEMENT, 4% FOR EDUCATIONAL PURPOSES, AND THE REMAINING GRANTS A MIX OF ANIMAL WELFARE AND FAITH BASED ORGANIZATIONS' CHARITABLE ACTIVITIES.

4b (Code:) (Expenses \$ 4,688,866. including grants of \$) (Revenue \$) DONOR RELATIONS: WORKING WITH DONORS TO CONNECT THEM TO THE CAUSES THEY CARE ABOUT MOST. BRINGING DONORS TOGETHER TO FUND PROGRAMS AND AGENCIES THAT ACHIEVE THEIR PHILANTHROPIC GOALS. 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 \$ 959,086. including grants of \$) (Revenue \$) NONPROFIT TECHNICAL ASSISTANCE: PROVIDING SEMINARS, BOARD AND EXECUTIVE COUNSELLING AND INFORMATION ON A WIDE RANGE OF TOPICS ABOUT MANAGING NONPROFITS INCLUDING BOARD GOVERNANCE, FINANCIAL MANAGEMENT, COMPLIANCE, USING DATA TO IMPROVE PROGRAMS AND FUNDRAISING, ENDOWMENT, CREATING AND IMPLEMENTING PLANNED GIVING PROGRAMS WITH THEIR OWN DONOR BASES, AND GRANT-WRITING.

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

4e Total program service expenses 10,656,514.

**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 donor-restricted endowments or in 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
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	

COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.

Form 990 (2019)

23-7026859 Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	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, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 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>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 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	1a 38	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		12
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
b	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).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the 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.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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 on 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 on Schedule O.		
	1a	21	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	21	
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, 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
7b			
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	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		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	
12b			
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			
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	
15a			
b	Other officers or key employees of the organization	X	
15b			
	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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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 **▶**
DARCY KELLY - (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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per 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) ROKSOLANA GERAMITA CFO, THRU APRIL 2020	40.00			X			109,602.	0.	4,816.	
(2) SALLY J. CROSS, CFRE VICE PRESIDENT, PHILANTHROPY	40.00			X			95,802.	0.	4,999.	
(3) KEVIN QUILTY VICE PRESIDENT, ULSTER	40.00			X			86,677.	0.	2,548.	
(4) NEVILL SMYTHE INTERIM PRESIDENT AND CEO	40.00			X			41,000.	0.	0.	
(5) NANCY ROSSI BROWNELL VICE PRESIDENT, PUTNAM	20.00			X			39,730.	0.	795.	
(6) DARCY KELLY CFO, AS OF APRIL 2020	40.00			X			0.	0.	0.	
(7) JEFFREY D. WOOD CHAIR	1.00	X		X			0.	0.	0.	
(8) YU-SHIN CHEN VICE CHAIR, GRANTS	1.00	X		X			0.	0.	0.	
(9) BRENDA K. SANTORO, CPA VICE CHAIR, AUDIT	1.00	X		X			0.	0.	0.	
(10) STEVEN R. TINKELMAN VICE CHAIR, INVESTMENTS	1.00	X		X			0.	0.	0.	
(11) ELEANOR CHARWAT VICE CHAIR, GOVERNANCE	1.00	X		X			0.	0.	0.	
(12) NATHANIEL S. PRENTICE VICE CHAIR, PUTNAM	1.00	X		X			0.	0.	0.	
(13) THOMAS J. MURPHY VICE CHAIR, DEVELOPMENT	1.00	X		X			0.	0.	0.	
(14) CHARLES A. FRENI, JR. VICE CHAIR, DUTCHESS	1.00	X		X			0.	0.	0.	
(15) DARLENE L. PFEIFFER VICE CHAIR, ULSTER	1.00	X		X			0.	0.	0.	
(16) WILLIAM A. BRENNER, CPA VICE CHAIR, FINANCE / TREASURER	1.00	X		X			0.	0.	0.	
(17) PETER KRULEWICH SECRETARY	1.00	X		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) AZIZ AHSAN, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(19) ELLEN L. BAKER, ESQ. TRUSTEE	1.00	X						0.	0.	0.
(20) PETER J. BRENT TRUSTEE	1.00	X						0.	0.	0.
(21) WESLEY J. LEE TRUSTEE	1.00	X						0.	0.	0.
(22) LINDA B. CLARKE TRUSTEE	1.00	X						0.	0.	0.
(23) KEVIN HAMILTON TRUSTEE	1.00	X						0.	0.	0.
(24) CORA MALLORY-DAVIS TRUSTEE	1.00	X						0.	0.	0.
(25) MYRNA SAMETH TRUSTEE	1.00	X						0.	0.	0.
(26) CHARLES SIMON TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								372,811.	0.	13,158.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								372,811.	0.	13,158.

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, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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>		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>		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 (2019)

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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	249,234.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,700,348.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,510,610.			
	h Total. Add lines 1a-1f			13,949,582.			
Program Service Revenue			Business Code				
	2 a	ADMINISTRATIVE FEES	561000	68,412.	68,412.		
	b						
	c						
	d						
	e						
	g Total. Add lines 2a-2f			68,412.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,415,429.		1,415,429.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 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				
				12,761,167.			
	7 b	Less: cost or other basis and sales expenses		11,397,259.			
	7 c	Gain or (loss)		1,363,908.			
d Net gain or (loss)				1,363,908.		1,363,908.	
8 a	Gross income from fundraising events (not including \$ 249,234. of contributions reported on line 1c). See Part IV, line 18	8a	72,529.				
8 b	Less: direct expenses	8b	118,381.				
c Net income or (loss) from fundraising events				-45,852.		-45,852.	
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
9 b	Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a					
10 b	Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a						
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total revenue. See instructions				16,751,479.	68,412.	0.	2,733,485.

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

Form 990 (2019)

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	8,750,720.	8,750,720.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	364,101.	364,101.		
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	456,119.	296,478.	132,274.	27,367.
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	249,819.	162,382.	72,448.	14,989.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,211.	3,387.	1,511.	313.
9 Other employee benefits	100,060.	65,039.	29,017.	6,004.
10 Payroll taxes	63,145.	39,185.	20,343.	3,617.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	34,000.		34,000.	
d Lobbying	4,500.		4,500.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	71,817.		71,817.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	105,424.		105,424.	
12 Advertising and promotion	94,590.	67,046.	5,358.	22,186.
13 Office expenses	60,949.	41,780.	16,378.	2,791.
14 Information technology	92,852.	59,808.	27,524.	5,520.
15 Royalties				
16 Occupancy	54,739.	35,585.	15,870.	3,284.
17 Travel	5,234.	3,710.	296.	1,228.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,956.	12,494.	1,462.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,467.	3,554.	1,585.	328.
23 Insurance	4,802.		4,802.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	751,245.	751,245.		
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,288,750.	10,656,514.	544,609.	87,627.
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 (2019)

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	335,879.	1	482,482.
	2 Savings and temporary cash investments	17,140,793.	2	11,909,699.
	3 Pledges and grants receivable, net	750,000.	3	0.
	4 Accounts receivable, net	105,901.	4	111,449.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	2,235,304.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	67,373.	9	27,209.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 61,843.		
	b Less: accumulated depreciation	10b 50,530.	10,963.	10c 11,313.
	11 Investments - publicly traded securities	64,605,774.	11	61,766,480.
	12 Investments - other securities. See Part IV, line 11	661,218.	12	304,311.
	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 33)	83,677,901.	16	76,848,247.	
Liabilities	17 Accounts payable and accrued expenses	57,042.	17	262,746.
	18 Grants payable	11,333,105.	18	4,352,913.
	19 Deferred revenue	58,218.	19	29,177.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	9,438,148.	21	8,188,357.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	20,886,513.	26	12,833,193.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	61,410,796.	27	63,758,247.
	28 Net assets with donor restrictions	1,380,592.	28	256,807.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	62,791,388.	32	64,015,054.
33 Total liabilities and net assets/fund balances	83,677,901.	33	76,848,247.	

Form **990** (2019)

**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	16,751,479.
2 Total expenses (must equal Part IX, column (A), line 25)	2	11,288,750.
3 Revenue less expenses. Subtract line 2 from line 1	3	5,462,729.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	62,791,388.
5 Net unrealized gains (losses) on investments	5	-4,198,152.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-40,911.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	64,015,054.

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 on 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 on 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3524562.	4857292.	19424900.	30386593.	13949582.	72142929.
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	3524562.	4857292.	19424900.	30386593.	13949582.	72142929.
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)						41701682.
6 Public support. Subtract line 5 from line 4.						30441247.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	3524562.	4857292.	19424900.	30386593.	13949582.	72142929.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1768118.	1680772.	1968431.	2272325.	1415429.	9105075.
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						81248004.
12 Gross receipts from related activities, etc. (see instructions)					12	360,627.
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 2019 (line 6, column (f) divided by line 11, column (f))	14	37.47 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	37.32 %
16a 33 1/3% support test - 2019. 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 - 2018. 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 - 2019. 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 - 2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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.		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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

OMB No. 1545-0047

2019

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).

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	_____ _____ _____	\$ 301,814.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 4,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 510,307.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 1,003,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 3,203,001.	Person <input checked="" 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
1	DONATED STOCK _____ _____ _____	\$ 301,814.	12/26/19
3	DONATED STOCK _____ _____ _____	\$ 510,307.	12/23/19
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

2019

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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) 2019**

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 (grassroots 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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		4,500.
j Total. Add lines 1c through 1i			4,500.
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. \$4,500

CFHV PARTNERS WITH OTHER COMMUNITY FOUNDATIONS TO RAISE AWARENESS ABOUT THE ACTIVITIES AND VALUE 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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

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	154	
2 Aggregate value of contributions to (during year)	6,990,828.	
3 Aggregate value of grants from (during year)	6,322,100.	
4 Aggregate value at end of year	23,638,565.	
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 (for example, 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 7/25/06, 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?

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)?

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 FASB 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 FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 FASB 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) 2019

COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	42,156,876.	41,899,404.	38,606,214.	33,307,705.	30,029,070.
b Contributions	4,086,210.	1,130,735.	2,127,661.	2,281,914.	956,495.
c Net investment earnings, gains, and losses	-1,275,113.	1,026,903.	2,778,718.	4,848,663.	-246,257.
d Grants or scholarships	1,412,942.	1,425,756.	1,145,321.	1,396,770.	1,131,858.
e Other expenditures for facilities and programs					
f Administrative expenses	819,955.	474,410.	467,868.	435,298.	421,306.
g End of year balance	42,735,076.	42,156,876.	41,899,404.	38,606,214.	29,186,144.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 99.40 %
 - b Permanent endowment _____ %
 - c Term endowment .60 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		61,843.	50,530.	11,313.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,313.

**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 FASB 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	12,625,954.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-4,198,152.	
b	Donated services and use of facilities	2b	98,592.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	45,852.	
e	Add lines 2a through 2d	2e		-4,053,708.
3	Subtract line 2e from line 1	3		16,679,662.
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	71,817.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		71,817.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		16,751,479.

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	11,361,377.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	98,592.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	45,852.	
e	Add lines 2a through 2d	2e		144,444.
3	Subtract line 2e from line 1	3		11,216,933.
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	71,817.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		71,817.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		11,288,750.

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 FOUNDATIONS RECOGNIZES THE EFFECTS OF INCOME TAX POSITIONS WHEN THEY
ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT
THE FOUNDATIONS HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE
FINANCIAL STATEMENT RECOGNITION AND/OR DISCLOSURE. THE FOUNDATIONS IS NO
LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR
PERIODS PRIOR TO JUNE 30, 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 45,852.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED IN PART VIII, LINE 8B 45,852.

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 (add col. (a) through col. (c))
		GARDEN PARTY (event type)	RODRIGUEZ FOUNDATION E (event type)	3 (total number)	
Revenue	1	186,386.	87,733.	47,644.	321,763.
	2	147,638.	57,730.	43,866.	249,234.
	3	38,748.	30,003.	3,778.	72,529.
Direct Expenses	4				
	5				
	6	18,203.			18,203.
	7	21,050.	31,015.		52,065.
	8	1,260.			1,260.
	9	16,111.		30,742.	46,853.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			
11	Net income summary. Subtract line 10 from line 3, column (d) ▶				-45,852.

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))
Revenue	1				
	2				
Direct Expenses	3				
	4				
	5				
6	<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) 2019 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.

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

OMB No. 1545-0047

2019

**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)	8,225.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
ADRIANCE MEMORIAL LIBRARY 93 MARKET STREET POUGHKEEPSIE, NY 12601	14-1801084	501(C)(3)	5,554.	0.			GENERAL OPERATING SUPPORT
AKINDALE REHABILITATION & LAND CONSERVATION FUND - 323 QUAKER HILL ROAD - PAWLING, NY 12564	20-1822473	501(C)(3)	26,625.	0.			GENERAL OPERATING SUPPORT
ALZHEIMER'S RESEARCH FOUNDATION, FISHER CENTER - 110 E. 42ND STREET, 16TH FL. - NEW YORK, NY 10017	13-3859563	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
AMERICAN CANCER SOCIETY - HUDSON VALLEY REGION - 121 EXECUTIVE DRIVE - NEW WINDSOR, NY 12553	13-1788491	501(C)(3)	12,113.	0.			GENERAL OPERATING SUPPORT
AMERICAN CONSERVATIVE UNION FOUNDATION - 201 N. UNION ST., SUITE 370 - ALEXANDRIA, VA 22314-2650	52-1294680	501(C)(3)	8,334.	0.			GENERAL OPERATING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 146.**

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) (2019)

**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
AMERICAN RED CROSS OF THE MID-HUDSON VALLEY - 4 JEFFERSON STREET, SUITE 302 - POUGHKEEPSIE, NY 12601	53-0196605	501(C)(3)	11,037.	0.			GENERAL OPERATING SUPPORT
ANGEL FOOD EAST PO BOX 3813 KINGSTON, NY 12401	14-1747271	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
BARDAVON 1869 OPERA HOUSE, INC. 35 MARKET STREET POUGHKEEPSIE, NY 12601	14-1585490	501(C)(3)	35,463.	0.			GENERAL OPERATING SUPPORT
BASILICA ARTS 110 S. FRONT STREET HUDSON, NY 12534	36-4791870	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
BEACON HEBREW ALLIANCE PO BOX 7 BEACON, NY 12508	14-6039468	501(C)(3)	17,086.	0.			GENERAL OPERATING SUPPORT
BOY SCOUTS OF AMERICA - HUDSON VALLEY COUNCIL - 6 JEANNE DRIVE - NEWBURGH, NY 12550	14-1338385	501(C)(3)	33,885.	0.			GENERAL OPERATING SUPPORT
CAMP HERRLICH 101 DEACON SMITH HILL ROAD PATTERSON, NY 12563	13-2729777	CITY OF KINGSTON	5,451.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
CANCER RESEARCH INSITUTE 29 BROADWAY, FLOR 4 NEW YORK, NY 10006	13-1837442	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
CANCER SUPPORT TEAM, INC. 2900 WESTCHESTER AVENUE, SUITE 103 PURCHASE, NY 10577	13-2938964	501(C)(3)	12,500.	0.			GENERAL OPERATING 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
CARE USA 151 ELLIS STREET, NE ATLANTA, GA 30303	13-1685039	501(C)(3)	5,076.	0.			GENERAL OPERATING SUPPORT
CARY INSTITUTE OF ECOSYSTEM STUDIES - 2801 SHARON TURNPIKE, P.O. BOX AB - MILLBROOK, NY 12545	22-3232968	501(C)(3)	5,934.	0.			GENERAL OPERATING SUPPORT
CENTER FOR GOVERNMENTAL RESEARCH 1 SOUTH WASHINGTON STREET, SUITE 40 ROCHESTER, NY 14614-1135	16-0754774	501(C)(3)	10,800.	0.			GENERAL OPERATING SUPPORT
CHANGEPOINT CHURCH 260 MILL STREET POUGHKEEPSIE, NY 12601	13-3099287	501(C)(3)	5,500.	0.			GENERAL OPERATING SUPPORT
CHARITY NAVIGATOR 139 HARRISTOWN ROAD, SUITE 101 GLEN ROCK, NJ 17452	13-4148824	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
CHILDREN'S HOME OF POUGHKEEPSIE 10 CHILDREN'S WAY POUGHKEEPSIE, NY 12601-1437	14-1364662	501(C)(3)	28,072.	0.			GENERAL OPERATING SUPPORT
CHRIST EPISCOPAL CHURCH 20 CARROLL STREET POUGHKEEPSIE, NY 12601	14-1416683	501(C)(3)	22,170.	0.			GENERAL OPERATING SUPPORT
CLINTON COMMUNITY LIBRARY 1215 CENTRE ROAD RHINEBECK, NY 12572	14-1699640	501(C)(3)	27,000.	0.			GENERAL OPERATING SUPPORT
COMMON GROUND FARM PO BOX 148 BEACON, NY 12508	01-0574675	501(C)(3)	43,500.	0.			GENERAL OPERATING 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
COMMUNITY ACTION PARTNERSHIP FOR DUTCHESS COUNTY, INC. - 77 CANNON STREET - POUGHKEEPSIE, NY 12601	14-1611857	501(C)(3)	109,255.	0.			GENERAL OPERATING SUPPORT
COMMUNITY VOICES HEARD 115 EAST 106TH STREET NEW YORK, NY 10029	13-3901997	501(C)(3)	11,800.	0.			GENERAL OPERATING SUPPORT
CONGREGATION SCHOMRE ISRAEL OF POUGHKEEPSIE - 18 PARK AVENUE - POUGHKEEPSIE, NY 12603	14-6039550	501(C)(3)	7,319.	0.			GENERAL OPERATING SUPPORT
CORNELL COOPERATIVE EXTENSION DUTCHESS COUNTY - 2715 RT. 44, SUITE 1 - MILLBROOK, NY 12545-5510	14-6036882	501(C)(3)	35,914.	0.			GENERAL OPERATING SUPPORT
CORNERSTONE FAMILY HEALTHCARE 147 LAKE STREET NEWBURGH, NY 12550	06-1036715	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
COVECARE CENTER 1808 ROUTE 6 CARMEL, NY 10512	06-1485158	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	12,100.	0.			GENERAL OPERATING SUPPORT
DUTCHESS COMMUNITY COLLEGE FOUNDATION, INC. - 53 PENDELL ROAD - POUGHKEEPSIE, NY 12601-1512	22-2484101	501(C)(3)	59,730.	0.			GENERAL OPERATING SUPPORT
DUTCHESS COUNTY ART ASSOCIATION INC. - 55 NOXON STREET - POUGHKEEPSIE, NY 12601	14-6027959	501(C)(3)	10,058.	0.			GENERAL OPERATING 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
DUTCHESS COUNTY HISTORICAL SOCIETY P.O. BOX 88 POUGHKEEPSIE, NY 12602-0088	14-1505142	501(C)(3)	14,287.	0.			GENERAL OPERATING SUPPORT
DUTCHESS COUNTY SPCA 636 VIOLET AVENUE HYDE PARK, NY 12538	14-1340058	501(C)(3)	26,248.	0.			GENERAL OPERATING SUPPORT
DUTCHESS LAND CONSERVANCY INC. PO BOX 138 MILLBROOK, NY 12545	14-1667526	501(C)(3)	6,500.	0.			GENERAL OPERATING SUPPORT
DUTCHESS OUTREACH, INC. 29 N. HAMILTON ST., STE. 223 POUGHKEEPSIE, NY 12601-2541	22-2339537	501(C)(3)	68,387.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
ELEANOR ROOSEVELT CENTER AT VAL-KILL - 106 VALKILL PARK ROAD, P.O. BOX 255 - HYDE PARK, NY 12538	14-1590637	501(C)(3)	8,881.	0.			GENERAL OPERATING SUPPORT
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY, AL 36104	63-1135091	501(C)(3)	5,200.	0.			GENERAL OPERATING SUPPORT
EXODUS TRANSITIONAL COMMUNITY 97-99 CANNON ST POUGHKEEPSIE, NY 12601	31-1731465	501(C)(3)	14,335.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
FALL KILL CREATIVE ARTS WORKS 485 MAIN STREET POUGHKEEPSIE, NY 12601	45-2487236	501(C)(3)	15,639.	0.			GENERAL OPERATING SUPPORT
FAMILY OF WOODSTOCK, INC. 39 JOHN STREET, P.O. BOX 3516 KINGSTON, NY 12402	14-1537663	501(C)(3)	92,287.	0.			GENERAL OPERATING 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
FAMILY SERVICES, INC. 29 N. HAMILTON STREET #109 POUGHKEEPSIE, NY 12601	14-1338399	501(C)(3)	69,000.	0.			GENERAL OPERATING SUPPORT
FAREGROUND COMMUNITY KITCHEN, INC. PO BOX 615 BEACON, NY 12508	46-1049590	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
FISHKILL RURAL CEMETERY 891 ROUTE 9 FISHKILL, NY 12524	14-0662900	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
FOOD BANK OF THE HUDSON VALLEY 195 HUDSON STREET CORNWALL-ON-HUDSON, NY 12520-1619	22-2470885	501(C)(3)	187,610.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
FOUNDATION FOR VASSAR BROTHERS MEDICAL CENTER - 45 READE PLACE - POUGHKEEPSIE, NY 12601	14-1736429	501(C)(3)	14,221.	0.			GENERAL OPERATING SUPPORT
FRANCISCAN FRIARS OF THE ATONEMENT - GRAYMOOR - 1350 ROUTE 9, PO BOX 300 - GARRISON, NY 10524-0301	14-1344809	501(C)(3)	11,038.	0.			GENERAL OPERATING SUPPORT
FRIENDS OF GREEN CHIMNEYS 400 DOANSBURG ROAD BREWSTER, NY 10509	13-3897106	501(C)(3)	7,000.	0.			GENERAL OPERATING SUPPORT
GATEWAY TO ENTREPRENEURIAL TOMORROWS, INC. - PO BOX 8 - POUGHKEEPSIE, NY 12602	20-2138478	501(C)(3)	11,500.	0.			GENERAL OPERATING SUPPORT
GLYNWOOD PO BOX 157 COLD SPRING, NY 10516	13-3852957	501(C)(3)	15,000.	0.			GENERAL OPERATING 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
GRACE EPISCOPAL CHURCH 3326 FRANKLIN AVENUE MILLBROOK, NY 12545	31-1629166	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT
GRACE SMITH HOUSE 1 BROOKSIDE AVENUE POUGHKEEPSIE, NY 12601	14-1626657	501(C)(3)	18,642.	0.			GENERAL OPERATING SUPPORT
GUIDING EYES FOR THE BLIND 611 GRANITE SPRINGS RD. YORKTOWN HEIGHTS, NY 10598	13-1854606	501(C)(3)	6,312.	0.			GENERAL OPERATING SUPPORT
HARMBEE 8 HONE STREET KINGSTON, NY 12401	83-1353544	501(C)(3)	5,058.	0.			GENERAL OPERATING SUPPORT
HARMONY PROJECT HUDSON 35 E 20TH ST. 2ND FLOOR NEW YORK, NY 10003	82-1930685	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HAWTHORNE VALLEY ASSOCIATION, INC. 327 COUNTY ROUTE 21C GHENT, NY 12075	13-2722428	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
HILLSDALE COLLEGE 33 EAST COLLEGE STREET HILLSDALE, MI 49242	38-1374230	501(C)(3)	8,334.	0.			GENERAL OPERATING SUPPORT
HILLSIDE FOOD OUTREACH 39 OLD RIDGEBURY ROAD, SUITE 16 DANBURY, CT 06810	01-0712431	501(C)(3)	22,500.	0.			GENERAL OPERATING SUPPORT
HOWLAND CHAMBER MUSIC CIRCLE P.O. BOX 224 CHELSEA, NY 12512-0224	14-1812997	501(C)(3)	10,100.	0.			GENERAL OPERATING 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
HUDSON RIVER HOUSING, INC. 313 MILL STREET POUGHKEEPSIE, NY 12601	22-2456648	501(C)(3)	23,100.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
HUDSON RIVER SLOOP CLEARWATER, INC. - 724 WOLCOTT AVENUE - BEACON, NY 12508	14-6049022	501(C)(3)	26,100.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
HUDSON VALLEY COMMUNITY SERVICES, INC. - 40 SAW MILL RIVER ROAD - HAWTHORNE, NY 10532	13-3322100	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
HUDSON VALLEY HOSPICE FOUNDATION, INC. - 80 WASHINGTON STREET, SUITE 204 - POUGHKEEPSIE, NY 12601	14-1824200	501(C)(3)	8,758.	0.			GENERAL OPERATING SUPPORT
HUDSON VALLEY LGBTQ COMMUNITY CENTER, INC. - PO BOX 3994 - KINGSTON, NY 12402	20-3721531	501(C)(3)	5,300.	0.			GENERAL OPERATING SUPPORT
HUDSON VALLEY MANUFACTURING WORKFORCE CENTER - 6 ALBANY POST ROAD - NEWBURGH, NY 12501	82-5190478	501(C)(3)	24,000.	0.			GENERAL OPERATING SUPPORT
HUDSON VALLEY MANUFACTURING WORKFORCE CENTER - 6 ALBANY POST ROAD - NEWBURGH, NY 12501	82-5190478	501(C)(3)	24,000.	0.			GENERAL OPERATING SUPPORT
HUDSON VALLEY SEED P.O. BOX 223 BEACON, NY 12508	46-3267308	501(C)(3)	23,000.	0.			GENERAL OPERATING SUPPORT
INTERNATIONAL RESCUE COMMITTEE, INC. - PO BOX 6068 - ALBERT LEA, MN 56007	13-5660870	501(C)(3)	9,000.	0.			GENERAL OPERATING 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
JEWISH FEDERATION OF DUTCHESS COUNTY, INC. - PO BOX 2525 - POUGHKEEPSIE, NY 12603-2525	14-1751875	501(C)(3)	20,952.	0.			GENERAL OPERATING SUPPORT
JOYCE MEYER MINISTRIES 700 GRACE PARKWAY FENTON, MO 63026	43-1382734	501(C)(3)	14,000.	0.			GENERAL OPERATING SUPPORT
KIAWAH CONSERVANCY 80 KESTREL COURT KIAWAH ISLAND, SC 29455	58-2359979	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT
KINGSTON YMCA FARM PROJECT 507 BROADWAY KINGSTON, NY 12401	14-1338342	501(C)(3)	17,250.	0.			GENERAL OPERATING SUPPORT
LUCKY ORPHANS HORSE RESCUE, INC. 2699 NY-22 DOVER PLAINS, NY 12522	26-2729197	501(C)(3)	16,000.	0.			GENERAL OPERATING SUPPORT
LUTHERAN CENTER AT POUGHKEEPSIE, INC. - 965 DUTCHESS TURNPIKE - POUGHKEEPSIE, NY 12603	22-3408456	501(C)(3)	8,100.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
MARIST COLLEGE 3399 NORTH ROAD POUGHKEEPSIE, NY 12601	14-1442493	501(C)(3)	102,520.	0.			GENERAL OPERATING SUPPORT
MEDIATION CENTER OF DUTCHESS COUNTY INC. - 205 SOUTH AVENUE, STE. 200 - POUGHKEEPSIE, NY 12601	14-1762932	501(C)(3)	22,402.	0.			GENERAL OPERATING SUPPORT
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE - NEW YORK, NY 10021	13-1924236	501(C)(3)	8,534.	0.			GENERAL OPERATING 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
MENTAL HEALTH AMERICA OF DUTCHESS COUNTY - 253 MANSION STREET - POUGHKEEPSIE, NY 12601	14-1402059	501(C)(3)	1,017,543.	0.			GENERAL OPERATING SUPPORT
MID-HUDSON AQUATICS, INC. 393 VASSAR RD. POUGHKEEPSIE, NY 12603	47-3097347	501(C)(3)	11,269.	0.			GENERAL OPERATING SUPPORT
MID-HUDSON CIVIC CENTER 14 CIVIC CENTER PLAZA POUGHKEEPSIE, NY 12601-3118	51-0151858	501(C)(3)	90,359.	0.			GENERAL OPERATING SUPPORT
MILES OF HOPE BREAST CANCER FOUNDATION - P.O. BOX 405 - LAGRANGEVILLE, NY 12540	13-4281796	501(C)(3)	70,938.	0.			GENERAL OPERATING SUPPORT
MUTUAL AID BEACON 23 NORTH BRETT ST BEACON, NY 12508	01-0574675	501(C)(3)	6,000.	0.			GENERAL OPERATING SUPPORT
NEW WORLD FOUNDATION 680 WEST END AVENUE #1C NEW YORK, NY 15762	13-1919791	501(C)(3)	100,000.	0.			GENERAL OPERATING SUPPORT
NEW YORK CATHOLIC FOUNDATION 1011 FIRST AVE. NEW YORK, NY 15981	20-4763501	501(C)(3)	12,000.	0.			GENERAL OPERATING SUPPORT
NOBODY LEAVES MID-HUDSON EDUCATION FUND - 29 N. HAMILTON ST., SUITE L05 - POUGHKEEPSIE, NY 12601	94-3462187	501(C)(3)	12,300.	0.			GENERAL OPERATING SUPPORT
NORTH EAST COMMUNITY CENTER 51 SOUTH CENTER STREET, P.O. BOX 35 MILLERTON, NY 12546	14-1736237	501(C)(3)	36,000.	0.			GENERAL OPERATING 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
NUBIAN DIRECTIONS II, INC. 248 MAIN STREET POUGHKEEPSIE, NY 12601	14-1777760	501(C)(3)	37,905.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
OBERLIN CATALYST COMMUNITY DEVELOPMENT CORPORATION - PO BOX 743 - HUDSON, NY 12534	65-1177449	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
PEOPLE'S PLACE 17 ST. JAMES STREET KINGSTON, NY 12401	14-1701360	501(C)(3)	25,150.	0.			GENERAL OPERATING SUPPORT
PHILIPSTOWN BEHAVIORAL HEALTH HUB, INC - PO BOX 317 - COLD SPRING, NY 10516	84-2402163	501(C)(3)	9,400.	0.			GENERAL OPERATING SUPPORT
PHILLIES BRIDGE FARM PROJECT INC. 45 PHILLIES BRIDGE ROAD NEW PALTZ, NY 12561	14-1816094	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
PINE PLAINS UNITED METHODIST CHURCH - 2852 CHURCH STREET - PINE PLAINS, NY 12567	13-5562279	501(C)(3)	5,950.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC. - PO BOX 97166 - WASHINGTON, NY 20090	13-1644147	501(C)(3)	10,370.	0.			GENERAL OPERATING SUPPORT
PLANNED PARENTHOOD OF GREATER NEW YORK - 178 CHURCH STREET - POUGHKEEPSIE, NY 12601	13-2621497	501(C)(3)	67,750.	0.			GENERAL OPERATING SUPPORT
POUGHKEEPSIE FARM PROJECT P.O. BOX 3143 POUGHKEEPSIE, NY 12603-3143	14-1813679	501(C)(3)	51,235.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF

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
POUGHKEEPSIE HIGH SCHOOL C/O POUGHKEEPSIE CITY SCHOOL DISTRICT - 70 FORBUS STREET - POUGHKEEPSIE, NY 12601	14-6004158	TOWN OF POUGHKEE	11,421.	0.			GENERAL OPERATING SUPPORT
POUGHKEEPSIE MIDDLE SCHOOL C/O POUGHKEEPSIE CITY SCHOOL DISTRICT - 55 COLLEGE AVENUE - POUGHKEEPSIE, NY 12603	14-6004158	TOWN OF POUGHKEE	7,050.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
POUGHKEEPSIE PUBLIC LIBRARY DISTRICT - 93 MARKET STREET - POUGHKEEPSIE, NY 12601	14-1701733	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT
PUBLIC POLICY AND EDUCATION FUND OF NY INC. - 388 ANN ST - NEWBURGH, NY 12550	13-3364209	501(C)(3)	11,500.	0.			GENERAL OPERATING SUPPORT
RADIO KINGSTON CORPORATION 535 FIFTH AVENUE, 33 FLOOR NEW YORK, NY 10017	82-1753945	501(C)(3)	4,500,000.	0.			GENERAL OPERATING SUPPORT
RAMAPO FOR CHILDREN PO BOX 266 RHINEBECK, NY 12572	13-5600422	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
RDC LOAVES AND FISHES, INC. 7 MARKET STREET, PO BOX 665 DOVER PLAINS, NY 12522	27-3477999	501(C)(3)	26,500.	0.			GENERAL OPERATING SUPPORT
REBUILDING TOGETHER DUTCHESS COUNTY - PO BOX 3695 - POUGHKEEPSIE, NY 12603	22-3153808	501(C)(3)	8,500.	0.			GENERAL OPERATING SUPPORT
REHER CENTER FOR IMMIGRANT CULTURE AND HISTORY - 99 BROADWAY - KINGSTON, NY 12401	14-1374486	501(C)(3)	10,000.	0.			GENERAL OPERATING 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
RURAL & MIGRANT MINISTRY, INC. P.O. BOX 4757 POUGHKEEPSIE, NY 12602-4757	22-2527596	501(C)(3)	17,688.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
RYAN MCELROY CHILDREN'S CANCER FOUNDATION - 450 GARDNER HOLLOW ROAD - POUGHQUAG, NY 12570	14-1810853	501(C)(3)	6,681.	0.			GENERAL OPERATING SUPPORT
SAINT COLUMBA PARISH ROMAN CATHOLIC CHURCH - PO BOX 428 - HOPEWELL JUNCTION, NY 12533-0428	14-1757547	501(C)(3)	11,000.	0.			GENERAL OPERATING SUPPORT
SALVATION ARMY - POUGHKEEPSIE CORPS - 19 PERSHING AVENUE - POUGHKEEPSIE, NY 12601	13-5562351	501(C)(3)	15,334.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
SCHUMACHER CENTER FOR A NEW ECONOMICS - 140 JUG END RD. - GREAT BARRINGTON, MA 12581	46-1421645	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
SECOND CHANCE FOODS P.O. BOX 93 CARMEL, NY 10512	81-0996695	501(C)(3)	16,900.	0.			GENERAL OPERATING SUPPORT
SPARROW'S NEST OF THE HUDSON VALLEY - 942 ROUTE 376, SUITE 217 - WAPPINGERS FALLS, NY 12590	46-2573747	501(C)(3)	20,205.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
ST. DENIS/ST. COLUMBA SCHOOL 849 ROUTE 82 HOPEWELL JUNCTION, NY 12533-0428	46-3261645	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
ST. MARY'S-ST. JOSEPH'S PARISH 231 CHURCH STREET POUGHKEEPSIE, NY 12601	14-1340116	501(C)(3)	14,456.	0.			GENERAL OPERATING 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
ST. THOMAS EPISCOPAL CHURCH 40 LEEDSVILLE ROAD AMENIA, NY 12501	14-1496937	501(C)(3)	14,100.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
STANFORD FREE LIBRARY 14 CREAMERY ROAD STANFORDVILLE, NY 12581	14-1492555	501(C)(3)	16,235.	0.			GENERAL OPERATING SUPPORT
SULLIVAN COUNTY DIVISION OF PLANNING AND COMMUNITY DEVELOPMENT - 100 NORTH STREET - MONTICELLO, NY 12701	14-6002812	STATE OF NEW YOR	12,000.	0.			GENERAL OPERATING SUPPORT
SUPPORT CONNECTION, INC. 40 TRIANGLE CENTER, SUITE 100 YORKTOWN HEIGHTS, NY 10598	13-3900612	501(C)(3)	15,000.	0.			GENERAL OPERATING SUPPORT
TACONIC RESOURCES FOR INDEPENDENCE, INC. - 82 WASHINGTON STREET, STE. 214 - POUGHKEEPSIE, NY 12601	14-1692576	501(C)(3)	12,500.	0.			GENERAL OPERATING SUPPORT
TEMPLE BETH-EL 118 GRAND AVENUE POUGHKEEPSIE, NY 12603	14-1467426	501(C)(3)	18,292.	0.			GENERAL OPERATING SUPPORT
THE ART EFFECT 45 PERSHING AVENUE POUGHKEEPSIE, NY 12601	22-2538177	501(C)(3)	33,750.	0.			GENERAL OPERATING SUPPORT
THE CENTER FOR PERFORMING ARTS AT RHINEBECK - 661 ROUTE 308 - RHINEBECK, NY 12572-0148	22-3051271	501(C)(3)	107,989.	0.			GENERAL OPERATING SUPPORT
THE CENTER FOR THE PREVENTION OF CHILD ABUSE - 35 VAN WAGNER ROAD - POUGHKEEPSIE, NY 12603	14-1584091	501(C)(3)	25,000.	0.			GENERAL OPERATING 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
THE CHILDREN'S FOUNDATION OF ASTOR, INC - PO BOX 5005 - RHINEBECK, NY 12572	22-3056183	501(C)(3)	5,250.	0.			GENERAL OPERATING SUPPORT
THE GOOD WORK INSTITUTE 65 ST. JAMES STREET KINGSTON, NY 12401	47-3091614	501(C)(3)	31,500.	0.			GENERAL OPERATING SUPPORT
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVE NE WASHINGTON, DC 20002	23-7327730	501(C)(3)	8,334.	0.			GENERAL OPERATING SUPPORT
THE NRA FOUNDATION, INC. 11250 WAPLES MILL RD. FAIRFAX, VA 22030	52-1710886	501(C)(3)	8,334.	0.			GENERAL OPERATING SUPPORT
THE REAL SKILLS NETWORK INC. 29 N HAMILTON ST, STE 113 POUGHKEEPSIE, NY 12601	26-1086662	501(C)(3)	51,000.	0.			GENERAL OPERATING SUPPORT
THE WASSAIC PROJECT PO BOX 220 WASSAIC, NY 12592-0200	27-2691962	501(C)(3)	25,500.	0.			GENERAL OPERATING SUPPORT
ULSTER COUNTY HISTORICAL SOCIETY PO BOX 279 STONE RIDGE, NY 12484	14-1456816	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
ULSTER IMMIGRANT DEFENSE NETWORK 30 PINE GROVE AVE. KINGSTON, NY 12401	14-6084855	501(C)(3)	8,000.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
UNION CONCERNED SCIENTIST 2 BRATTLE SQUARE CAMBRIDGE, MA 12138	01-2535767	501(C)(3)	6,200.	0.			GENERAL OPERATING 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
UNITARIAN UNIVERSALIST CONGREGATION OF THE CATSKILLS - 320 SAWKILL ROAD - KINGSTON, NY 12401	14-6088215	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF THE DUTCHESS-ORANGE REGION - 75 MARKET STREET - POUGHKEEPSIE, NY 12601-4015	14-1344805	501(C)(3)	10,050.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF ULSTER COUNTY 450 ALBANY AVENUE KINGSTON, NY 12401	14-1409654	501(C)(3)	7,500.	0.			COVID-19 RELIEF
UNSHATTERED INC. 1064 ROUTE 82 HOPEWELL JUNCTION, NY 12533-0428	81-4627998	501(C)(3)	27,350.	0.			GENERAL OPERATING SUPPORT
VASSAR TEMPLE 140 HOOKER AVENUE POUGHKEEPSIE, NY 12601	14-1422084	501(C)(3)	15,690.	0.			GENERAL OPERATING SUPPORT
VASSAR-WARNER HOME 52 S. HAMILTON STREET POUGHKEEPSIE, NY 12601	23-7334637	501(C)(3)	20,000.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF
VILLAGE HALLOWEEN PARADE, INC. 118 LA BERGERIE LANE RED HOOK, NY 12571-2913	13-3020055	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WALKWAY OVER THE HUDSON 80 WASHINGTON STREET, SUITE 300 POUGHKEEPSIE, NY 12602	14-1753502	501(C)(3)	13,650.	0.			GENERAL OPERATING SUPPORT
WAPPINGERS CENTRAL SCHOOL DISTRICT PO BOX 396 HOPEWELL JUNCTION, NY 12533-0428	14-6001997	TOWN OF WAPPINGE	7,045.	0.			GENERAL OPERATING 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
WESTCHESTER COMMUNITY OPPORTUNITY PROGRAM, INC. - 121 MAIN STREET - BREWSTER, NY 10509	13-2547122	501(C)(3)	19,000.	0.			GENERAL OPERATING SUPPORT
WOODSTOCK JEWISH CONGREGATION 1682 GLASCO TURNPIKE WOODSTOCK, NY 12498	14-1699327	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
WOODSTOCK PUBLIC LIBRARY DISTRICT 5 LIBRARY LANE WOODSTOCK, NY 12498	14-1383477	501(C)(3)	9,268.	0.			GENERAL OPERATING SUPPORT
WORKER JUSTICE CENTER OF NEW YORK, INC. - 9 MAIN STREET - KINGSTON, NY 12401	16-1155130	501(C)(3)	12,600.	0.			GENERAL OPERATING SUPPORT, COVID-19 RELIEF

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	186	364,101.	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:

GRANTS ARE MONITORED IN A NUMBER OF WAYS. STAFF MONITORS THE TAX STATUS, GOVERNANCE, LEADERSHIP AND FINANCIAL POSITION OF GRANTEEES BY REVIEWING IRS FILINGS FOR EACH GRANTEE APPLYING FOR A COMPETITIVE GRANT. STAFF REVIEWS LOCAL AND NATIONAL NONPROFIT NEWS, CHECKS GUIDESTAR, CHARITY NAVIGATOR AND THE BETTER BUSINESS BUREAU ON A PERIODIC BASIS. COMPETITIVE GRANTS AND DONOR ADVISED FUND GRANTS OVER \$50,000 ARE MADE SUBJECT TO A GRANT AGREEMENT AND ARE REQUIRED TO FILE FOLLOW UP REPORTS WHICH ARE REVIEWED BY STAFF. SMALLER GRANTS RECOMMENDED FROM DONOR FUNDS AND DESIGNATED FOR

Part IV Supplemental Information

GENERAL OPERATING SUPPORT DO NOT REQUIRE THE EXECUTION OF A GRANT AGREEMENT OR FOLLOW UP REPORT. FINALLY, STAFF CONDUCTS SITE VISITS TO A VARIETY OF GRANTEES AWARDED GRANTS BOTH COMPETITIVELY AND THROUGH DONOR RECOMMENDATIONS.

ALL PROPOSED GRANTS ARE VETTED BY STAFF TO ENSURE THEY MEET THE CRITERIA, THE ORGANIZATION IS IN GOOD LEGAL STANDING AND THE PROPOSED GRANTS ARE FOR A CHARITABLE PURPOSE. THE SELECTION OF WHO RECEIVES ASSISTANCE DEPENDS ON THE TYPE OF FUND. ALL GRANT RECOMMENDATIONS ARE REVIEWED BY THE BOARD, OR THE EXECUTIVE COMMITTEE OF THE BOARD IF ACTING BETWEEN BOARD MEETINGS. ANY REVIEWING BOARD OR EXECUTIVE COMMITTEE MEMBER MAY REQUEST THAT A GRANT BE WITHHELD FOR FURTHER DUE DILIGENCE AND/OR BOARD APPROVAL. STAFF IS DELEGATED THE AUTHORITY TO APPROVE GRANT RECOMMENDATIONS FROM DONOR ADVISED FUNDS AND PROJECT FUND GRANTS UP TO \$50,000 WITH BOARD REVIEW. STAFF IS DELEGATED THE AUTHORITY TO MAKE GRANTS, WITH REVIEW BY THE BOARD, FROM FUNDS VETTED BY A SEPARATE COMMITTEE, AGENCY FUND DISTRIBUTIONS, AND DESIGNATED FUND DISTRIBUTIONS. ALL GRANT DISTRIBUTIONS ARE RATIFIED BY THE BOARD. COMPETITIVE GRANTS FROM FIELD OF INTEREST FUNDS SUCH AS FARM FRESH FOOD AND COMMUNITY GRANTS ARE REVIEWED BY A COMMITTEE OF COMMUNITY VOLUNTEERS, GRADED AND DISCUSSED IN A MEETING BEFORE RECOMMENDATIONS ARE MADE TO THE BOARD FOR APPROVAL.

MANY GRANTS PROCESSED SINCE MARCH 2020 WERE RELATED TO COVID-19 RELIEF. OUR SOFTWARE SYSTEM ALLOWED US TO INDICATE IF A GRANT WAS COVID RELATED BOTH FOR OUR RAPID RESPONSE FUNDS (PUTNAM COVID-19 RESPONSE AND DUTCHESS RESPONDS) AND FROM DONOR ADVISED FUNDS. DONORS HAVE THE ABILITY TO RECOMMEND GRANTS TO OUR BOARD OF TRUSTEES ON AN ONGOING BASIS, AND IF DIRECTLY RELATED TO COVID SUPPORT OR IMPACT STAFF WOULD FLAG THE GRANTS AS

Part IV Supplemental Information

SUCH. TYPICALLY DONOR ADVISED GRANTS ARE FOR GENERAL SUPPORT, OR WILL INDICATE IF THERE IS A SPECIFIC ALLOCATION. ORGANIZATIONS ARE ENCOURAGED TO PROVIDE US WITH UPDATES BUT TYPICALLY THERE ARE NO FORMAL REPORTING REQUIREMENTS. OUR TWO RESPONSE FUNDS PROVIDED DIRECT GRANTMAKING BASED ON OUTREACH AND RESEARCH AS WELL AS A SIMPLE COMPETITIVE GRANT APPLICATION ORGANIZATIONS COULD ACCESS THROUGH OUR ONLINE GRANTS PORTAL. DUE TO THE NATURE OF THESE GRANTS, THERE WAS MUCH MORE CONTACT WITH THE GRANTEES DURING THIS TIME SO WE OFTEN HAD EMAIL CORRESPONDENCE INDICATING THE USE OF THE FUNDS INCLUDING DATA AND PHOTOS. ADDITIONALLY ALL GRANTS AWARDED THROUGH OUR PORTAL HAVE A REQUIRED FOLLOW UP REPORT DUE WITHIN THE YEAR OF THE AWARD. AS THE FUNDS WERE EXPENDED QUICKLY, MANY ORGANIZATIONS HAVE COMPLETED THEIR REPORTING TO DATE. ALL GRANT PAYMENTS SENT OUT INCLUDE AN AWARD LETTER INDICATING THE ALLOWED USE OF FUNDS AND ANY REPORTING REQUIREMENTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	33	1,510,610.	AVG. SELLING PRICE
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) 2019

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 ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

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.

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

OMB No. 1545-0047

2019

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 2019 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

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. THE ADVISORY BOARDS AND GRANT COMMITTEE VOLUNTEERS EXECUTE THEM ANNUALLY 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 AND CHAIR OF THE BOARD. THE GOVERNANCE COMMITTEE THEN REPORTS ITS FINDINGS TO THE BOARD OF TRUSTEES AND TO THE PRESIDENT AND CEO. IN SETTING COMPENSATION FOR THE PRESIDENT & CEO THE BOARD OF TRUSTEES DISCUSSES AND APPROVES. INFORMATION USED TO MAKE THIS RECOMMENDATION 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

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

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 IN FALL 2018. THERE WILL NOT BE A REVIEW IN 2019 AS THERE IS AN INTERIM PRESIDENT IN PLACE.

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 AUGUST OF 2019 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.

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

CHANGE IN VALUE OF LIFE INSURANCE POLICIES -40,911.

FORM 990, PART XII, LINE 2C:

Name of the organization **COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.**

Employer identification number
23-7026859

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.

Multiple horizontal lines for additional text entry.

**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.

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

OMB No. 1545-0047

2019

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) 2019

**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)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. COMMUNITY FOUNDATIONS OF THE HUDSON VALLEY, INC.	Taxpayer identification number (TIN) 23-7026859
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 80 WASHINGTON STREET, NO. 201	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. POUGHKEEPSIE, NY 12601	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DARCY KELLY

- The books are in the care of ▶ **80 WASHINGTON STREET, NO. 201 - POUGHKEEPSIE, NY 12601**
Telephone No. ▶ **(845) 452-3077** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 17, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2019**, and ending **JUN 30, 2020**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.