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60386  
Community Foundation of Orange, Inc.

**2008 Client**

## Forms 990 / 990-EZ Return Summary

For calendar year 2008, or tax year beginning 7/01/08 , and ending 6/30/09

06-1551843

### COMMUNITY FOUNDATION OF ORANGE, INC.

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>3,761,140</u>
<b>Revenue</b>		
Contributions	<u>600,213</u>	
Program service revenue	<u>43,440</u>	
Investment income	<u>130,698</u>	
Capital gain / loss	<u>-37,003</u>	
Special events:		
Gross revenue	<u>137,123</u>	
Direct expenses	<u>97,688</u>	
Net income	<u>39,435</u>	
Other income	<u>39,435</u>	
<b>Total revenue</b>		<u>776,783</u>
<b>Expenses</b>		
Program services	<u>449,670</u>	
Management and general	<u>67,013</u>	
Fundraising	<u>44,434</u>	
<b>Total expenses</b>		<u>561,117</u>
<b>Excess / (deficit)</b>		<u>215,666</u>
Other changes		<u>-507,341</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>3,469,465</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>367,130</u>
Less:	
Unrealized gains	<u>-516,473</u>
Donated services	<u>9,132</u>
Recoveries	
Other	<u>97,688</u>
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u>776,783</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>658,805</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	<u>97,688</u>
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u>561,117</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>4,974,694</u>	<u>4,580,195</u>	
Liabilities	<u>1,213,554</u>	<u>1,110,730</u>	
Net assets	<u>3,761,140</u>	<u>3,469,465</u>	<u>-291,675</u>

#### Miscellaneous Information

Amended return  
Return / extended due date 11/16/09  
Failure to file penalty \_\_\_\_\_

Form **8879-EO**  
Department of the Treasury  
Internal Revenue Service

### IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2008, or fiscal year beginning 7/01, 2008, and ending 6/30, 2009  
▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

# 2008

Name of exempt organization: **COMMUNITY FOUNDATION OF ORANGE, INC.**  
Employer identification number: **06-1551843**  
Name and title of officer: **RICHARD J. SMITH  
PRESIDENT**

#### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<b>776,783</b>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

#### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize **VANACORE, DEBENEDICTUS, DIGOVANNI&WED** to enter my PIN **51843** as my signature  
ERO firm name **Enter five numbers, but do not enter all zeros**

on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. **14106714106**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form—See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)  
▶ The organization may have to file a copy of this return to satisfy state reporting requirements.

**A** For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

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

**C** Name of organization: **COMMUNITY FOUNDATION OF ORANGE, INC.**  
 Doing Business As: **COMMUNITY FOUNDATION OF ORANGE AND**  
 Number and street (or P.O. box if mail is not delivered to street address): **30 SCOTT'S CORNERS DRIVE** Room/suite: **202**  
 City or town, state or country, and ZIP + 4: **MONTGOMERY NY 12549**

**D** Employer identification number: **06-1551843**

**E** Telephone number: **845-769-9393**

**F** Name and address of principal officer:  
**KAREN VANHOUTEN**  
**30 SCOTT'S CORNERS DRIVE, SUITE 202**  
**MONTGOMERY NY 12549**

**G** Gross receipts: **2,025,724**

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

**H(c)** Group exemption number ▶

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

**J** Website: ▶ **WWW.CFOC-NY.ORG**

**K** Type of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1999** **M** State of legal domicile: **NY**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO ASSIST DONORS IN ACHIEVING THEIR CHARITABLE INTENTIONS THROUGH THE ESTABLISHMENT OF FUNDS THAT COLLECTIVELY CREATE PERMANENT ENDOWMENTS, AND THEREBY ENHANCE THE QUALITY OF LIFE IN THE REGION.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>24</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>24</b>	
	<b>5</b> Total number of employees (Part V, line 2a)	<b>4</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>40</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)		
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>4,664,619</b>	<b>600,213</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>47,702</b>	<b>43,440</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>212,002</b>	<b>93,695</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>160,623</b>	<b>39,435</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>5,084,946</b>	<b>776,783</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,114,528</b>	<b>244,098</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>155,158</b>	<b>186,356</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>44,434</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>150,381</b>	<b>130,663</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,420,067</b>	<b>561,117</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>664,879</b>	<b>215,666</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>4,974,694</b>	<b>4,580,195</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,213,554</b>	<b>1,110,730</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,761,140</b>	<b>3,469,465</b>

**Part II Signature Block**

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

**Sign Here**

Signature of officer: **RICHARD J. SMITH** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT**

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: **10/20/09** Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: **VANACORE, DEBENEDICTUS, DIGOVANNI & WEDDELL, 11 RACQUET RD, NEWBURGH, NY 12550** EIN: \_\_\_\_\_  
 Phone no.: **845-567-9000**

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:

**TO ASSIST DONORS IN ACHIEVING THEIR CHARITABLE INTENTIONS THROUGH THE ESTABLISHMENT OF FUNDS THAT COLLECTIVELY CREATE PERMANENT ENDOWMENTS, AND THEREBY ENHANCE THE QUALITY OF LIFE IN THE REGION.**

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

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

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

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

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

**4a** (Code: ) (Expenses \$ **449,670** including grants of \$ **244,098** ) (Revenue \$ )

**THE ORGANIZATION PROVIDES CHARITABLE GIVING SERVICES TO DONORS AND ACTS AS A CLEARING HOUSE FOR LONG TERM FUND MANAGEMENT AND DISTRIBUTION TO NOT-FOR-PROFIT ORGANIZATIONS AND OTHER CHARITABLE ENDEAVORS.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e Total program service expenses** ▶ \$ **449,670** (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>28</b>	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b>	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b>	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b>	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		<b>X</b>
<b>35</b>	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		<b>X</b>

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 7		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b>	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		
	<b>2a</b> 4		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	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>4b</b>	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
<b>1a</b>	Enter the number of voting members of the governing body .....	<b>1a</b>	<b>24</b>
<b>b</b>	Enter the number of voting members that are independent .....	<b>1b</b>	<b>24</b>
<b>2</b>	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? .....	<b>2</b>	<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .....	<b>3</b>	<b>X</b>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....	<b>4</b>	<b>X</b>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets? .....	<b>5</b>	<b>X</b>
<b>6</b>	Does the organization have members or stockholders? .....	<b>6</b>	<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....	<b>7a</b>	<b>X</b>
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....	<b>7b</b>	<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<b>8a</b>	<b>X</b>
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<b>8b</b>	<b>X</b>
<b>9a</b>	Does the organization have local chapters, branches, or affiliates? .....	<b>9a</b>	<b>X</b>
<b>b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....	<b>9b</b>	
<b>10</b>	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....	<b>10</b>	<b>X</b>
<b>11</b>	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....	<b>11</b>	<b>X</b>

**Section B. Policies**

		Yes	No
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13 .....	<b>12a</b>	<b>X</b>
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<b>12b</b>	<b>X</b>
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....	<b>12c</b>	<b>X</b>
<b>13</b>	Does the organization have a written whistleblower policy? .....	<b>13</b>	<b>X</b>
<b>14</b>	Does the organization have a written document retention and destruction policy? .....	<b>14</b>	<b>X</b>
<b>15</b>	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:		
<b>a</b>	The organization's CEO, Executive Director, or top management official? .....	<b>15a</b>	<b>X</b>
<b>b</b>	Other officers or key employees of the organization? .....	<b>15b</b>	<b>X</b>
Describe the process in Schedule O. (see instructions)			
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....	<b>16a</b>	<b>X</b>
<b>b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? .....	<b>16b</b>	

**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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website  Another's website  Upon request

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KAREN VAN HOUTEN** **30 SCOTT'S CORNER DR.**  
**MONTGOMERY** **NY 12549** **845-469-4469**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW PAVLOFF DIRECTOR		X						0	0	0
ANN BARBER SMITH DIRECTOR		X						0	0	0
ANNE PALMER MOSS ASST. SECR.		X						0	0	0
CHRIS ASHMAN DIRECTOR		X						0	0	0
DAVID COCKS VICE PRES		X						0	0	0
DAVID HAWKINS DIRECTOR		X						0	0	0
DOROTHY FEIN DIRECTOR		X						0	0	0
DR. PATRICK MICHEL DIRECTOR		X						0	0	0
JACK BERKOWITZ DIRECTOR		X						0	0	0
JOE VANDERHOOF DIRECTOR		X						0	0	0
JONAH MANDELBAUM DIRECTOR		X						0	0	0
MICHAEL BONURA DIRECTOR		X						0	0	0
PHILIP GUARNIERI DIRECTOR		X						0	0	0
SANDY LEONARD DIRECTOR		X						0	0	0
STEPHEN E. BURGER DIRECTOR		X						0	0	0
TOM SULLIVAN DIRECTOR		X						0	0	0
WILLIAM BRATTON DIRECTOR		X						0	0	0

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM DEVITT DIRECTOR		X						0	0	0
DERRIK WYNKOOP TREASURE		X		X				0	0	0
GERALD JACOBOWITZ VICE PRES.		X		X				0	0	0
JOANNE GROSS VICE PRES		X		X				0	0	0
JOSH SOMMERS SECRETARY		X		X				0	0	0
KATHARINE FITZGERALD ASST. SEC.		X		X				0	0	0
RICHARD J. SMITH PRESIDENT		X		X				0	0	0
KAREN VANHOUTEN EXEC. DIRECT	65			X				92,863	0	1,742
<b>1b Total</b>								<b>92,863</b>		<b>1,742</b>

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	48,953				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	551,260				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		3,350				
	<b>h</b> Total. Add lines 1a-1f		600,213				
Program Service Revenue	<b>2a</b> ADMINISTRATIVE FEES		Busn. Code				
	<b>b</b>		43,440	43,440			
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g</b> Total. Add lines 2a-2f		43,440				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		130,698			130,698	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				1,114,250			
		<b>b</b> Less: cost or other basis & sales exps.		1,151,253			
		<b>c</b> Gain or (loss)		-37,003			
	<b>d</b> Net gain or (loss)		-37,003			-37,003	
	<b>8a</b> Gross income from fundraising events (not including \$ 48,953 of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		137,123			
		<b>b</b> Less: direct expenses	<b>b</b>	97,688			
<b>c</b> Net income or (loss) from fundraising events			39,435			39,435	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Busn. Code					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e</b> Total. Add lines 11a-11d							
<b>12</b> Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			776,783	43,440	0	133,130	

**Part IX Statement of Functional Expenses**

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	137,771	137,771		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	106,327	106,327		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	92,863	92,863		
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	68,706	19,925	24,047	24,734
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,099	442	663	994
9 Other employee benefits	9,740	2,051	3,076	4,613
10 Payroll taxes	12,948	3,837	4,538	4,573
11 Fees for services (non-employees):				
a Management				
b Legal	685		685	
c Accounting	12,997		12,997	
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees	22,204	22,204		
g Other				
12 Advertising and promotion	3,969	1,786	1,588	595
13 Office expenses	13,882	6,941	5,553	1,388
14 Information technology				
15 Royalties				
16 Occupancy	16,129	8,065	4,839	3,225
17 Travel	2,714	571	1,286	857
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,010	1,805	1,604	601
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,525	820	487	218
23 Insurance	2,155	1,616	539	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a ADMINISTRATIVE FEES	33,500	33,500		
b COMPUTER SOFTWARE	7,103	3,552	2,131	1,420
c PRINTING AND PUBLICATIONS	4,025	1,610	1,610	805
d PROGRAM EXPENSES	2,752	2,752		
e TELEPHONE	2,738	1,232	1,095	411
f All other expenses	275		275	
25 Total functional expenses. Add lines 1 through 24f	561,117	449,670	67,013	44,434
26 Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1	Cash—non-interest bearing	2,880	1	1,153,640
	2	Savings and temporary cash investments	403,467	2	1,042,043
	3	Pledges and grants receivable, net	14,833	3	
	4	Accounts receivable, net	78,498	4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis	10,512		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	8,602		
	11	Investments—publicly traded securities	3,189	10c	1,910
	12	Investments—other securities. See Part IV, line 11	4,469,792	11	2,293,848
	13	Investments—program-related. See Part IV, line 11		12	
	14	Intangible assets	2,035	13	
	15	Other assets. See Part IV, line 11		14	1,792
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,974,694	15	86,962	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	3,606	16	4,580,195
	18	Grants payable		17	5,401
	19	Deferred revenue	15,000	18	
	20	Tax-exempt bond liabilities		19	32,500
	21	Escrow account liability. Complete Part IV of Schedule D		20	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable		23	
	25	Other liabilities. Complete Part X of Schedule D	1,194,948	24	
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,213,554	25	1,072,829
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	282,103	26	1,110,730
	28	Temporarily restricted net assets	353,383	27	204,144
	29	Permanently restricted net assets	3,125,654	28	284,322
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		29	2,980,999
	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
	32	Retained earnings, endowment, accumulated income, or other funds		31	
33	<b>Total net assets or fund balances</b>	3,761,140	32	3,469,465	
34	<b>Total liabilities and net assets/fund balances</b>	4,974,694	33	4,580,195	

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 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?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
b	If "Yes," did the organization undergo the required audit or audits?		



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,347,642	303,729	450,656	4,664,619	600,213	7,366,859
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3	1,347,642	303,729	450,656	4,664,619	600,213	7,366,859
<b>5</b> 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)						827,928
<b>6 Public support.</b> Subtract line 5 from line 4						6,538,931

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	1,347,642	303,729	450,656	4,664,619	600,213	7,366,859
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	78,301	74,530	105,221	198,896	130,698	587,646
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	121,314	134,157	182,901	331,206	180,563	950,141
<b>11 Total support.</b> Add lines 7 through 10						8,904,646
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	519,863
<b>13 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	73.4328 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	49.6198 %
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h	<b>18</b>	%

**19a 33 1/3 % support tests—2008.** 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—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**PART II, LINE 10 - OTHER INCOME DETAIL**

**DONOR INITIATED EVENTS** \$ 785,292

**MANAGEMENT FEE INCOME** \$ 164,849

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ **Attach to Form 990, 990-EZ, and 990-PF.**

OMB No. 1545-0047

**2008**

<b>Name of the organization</b>  <b>COMMUNITY FOUNDATION OF ORANGE, INC.</b>	<b>Employer identification number</b>  <b>06-1551843</b>
--	--

**Organization type** (check one):

- |                    |   |
|--------------------|---|
| <b>Filers of:</b>  | <b>Section:</b>   |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( <b>3</b> ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization   |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation  |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation            |
|                    | <input type="checkbox"/> 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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ▶ \$ .....

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

**For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.**

**Schedule B (Form 990, 990-EZ, or 990-PF) (2008)**

Name of organization <b>COMMUNITY FOUNDATION OF ORANGE, INC.</b>	Employer identification number <b>06-1551843</b>
---	---

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GERRY FOUNDATION, INC. ONE CABLEVISION CENTER PO BOX 311 LIBERTY NY 12754	\$ 12,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	ORANGE REGIONAL MEDICAL CENTER 60 PROSPECT AVENUE MIDDLETOWN NY 10940	\$ 30,766	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	DR. KENNETH I. GUMAER, DVM (ESTATE OF) PO BOX 154 STUYVESANT FALLS NY 12174	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	THE ESTATE OF CATHERINE H. LIPPERT 225 MAIN STREET GOSHEN NY 10924	\$ 133,942	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE DYSON FOUNDATION 25 HALCYON ROAD MILLBROOK NY 12545	\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	WOMENS UNIVERSITY CLUB OF MIDDLETOWN NY, INC. 18 CRAIGVILLE RD. 12-8 GOSHEN NY 10924	\$ 62,756	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> COMMUNITY FOUNDATION OF ORANGE, INC.	<b>Employer identification number</b> 06-1551843
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SILBERMAN ESTATE 237 FORESTBURGH ROAD MONTICELLO NY 12701	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	MRS. JOANN T. ATLAS 131 NEW VERNON ROAD PO BOX 589 HOWELLS NY 10932	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

COMMUNITY FOUNDATION OF ORANGE, INC.

Employer identification number

06-1551843

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

Table with 3 columns: Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement with Yes/No checkboxes.

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

Form for Part II with checkboxes for various purposes (land for public use, natural habitat, etc.), a table for 'Held at the End of the Year' with rows 2a-2d, and several questions about monitoring and reporting.

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

Form for Part III with questions 1a and 1b about reporting art and treasures, and question 2 about reporting amounts for art and treasures.

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

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

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

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

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

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

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

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

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	3,453,604				
<b>b</b> Contributions	488,040				
<b>c</b> Investment earnings or losses	-407,889				
<b>d</b> Grants or scholarships	134,860				
<b>e</b> Other expenditures for facilities and programs	128,280				
<b>f</b> Administrative expenses	31,870				
<b>g</b> End of year balance	3,238,746				

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

- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  70.00 %
- c** Term endowment  30.00 %

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

	Yes	No
<b>(i)</b> unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>(ii)</b> related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		10,512	8,602	1,910
<b>e</b> Other				

**Total.** Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) **1,910**



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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	776,783
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	561,117
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	215,666
4	Net unrealized gains (losses) on investments	4	-516,473
5	Donated services and use of facilities	5	9,132
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	-507,341
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-291,675

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

1	Total revenue, gains, and other support per audited financial statements	1	367,130
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-516,473
b	Donated services and use of facilities	2b	9,132
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	97,688
e	Add lines 2a through 2d	2e	-409,653
3	Subtract line 2e from line 1	3	776,783
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	776,783

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

1	Total expenses and losses per audited financial statements	1	658,805
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	97,688
e	Add lines 2a through 2d	2e	97,688
3	Subtract line 2e from line 1	3	561,117
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	561,117

**Part XIV Supplemental Information**

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

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS  
TO ASSIST DONORS IN ACHIEVING THEIR CHARITABLE INTENTIONS THROUGH THE  
ESTABLISHMENT OF FUNDS THAT COLLECTIVELY CREATE PERMANENT ENDOWMENTS, AND  
THEREBY ENHANCE THE QUALITY OF LIFE IN THE REGION.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER  
FUNDRAISING \$ 97,688

**Part XIV Supplemental Information** (continued)

FUNDRAISING \_\_\_\_\_ \$ -97,688

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER \_\_\_\_\_

FUNDRAISING \_\_\_\_\_ \$ 97,688

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

FUNDRAISING \_\_\_\_\_ \$ 97,688



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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		FF THOMAS J. FO	WASHINGTONVILLE	8	(Add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	46,395	23,805	98,655	168,855
	2	Less: Charitable contributions	32,473	6,480	10,000	48,953
	3	Gross revenue (line 1 minus line 2)	13,922	17,325	88,655	119,902
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	33,852	20,574	38,730	93,156
	8	Direct expense summary. Add lines 4 through 7 in column (d)				( 93,156 )
9	Net income summary. Combine lines 3 and 8 in column (d)				26,746	

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Non-cash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	Yes % No	Yes % No	Yes % No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( )
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

			Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in:			
<b>a</b>	The organization's facility .....	<b>13a</b>	%	
<b>b</b>	An outside facility .....	<b>13b</b>	%	
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶ .....			
	Address ▶ .....			
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? .....	<b>15a</b>		
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ..... and the amount of gaming revenue retained by the third party ▶ \$ .....			
<b>c</b>	If "Yes," enter name and address:			
	Name ▶ .....			
	Address ▶ .....			
<b>16</b>	Gaming manager information:			
	Name ▶ .....			
	Gaming manager compensation ▶ \$ .....			
	Description of services provided ▶ .....			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b>	Mandatory distributions:			
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? .....	<b>17a</b>		
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ .....			

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

Name of the organization **COMMUNITY FOUNDATION OF ORANGE, INC.** Employer identification number **06-1551843**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	MUSEUM VILLAGE 1010 ROUTE 17 MONROE NY 10950	14-1368612	3	20,000				FOR OPERATING FUND
	FRIENDS OF THE ORANGE COUNTY ARBORE 211 ROUTE 416 MONTGOMERY NY 12549	14-1804703	3	30,000				MEMORIAL
	ELANT FOUNDATION 46 HARRIMAN DRIVE GOSHEN NY 10924	06-1276072	3	47,323				CLOSE FUND

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

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	1	200			
SCHOLARSHIP	1	250			
SCHOLARSHIP	1	250			
SCHOLARSHIP	1	300			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			

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

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

FOR SCHOLARSHIPS GRANTED TO INDIVIDUALS WITHIN THE UNITED STATES, THE GRANTEE MUST VERIFY PROOF OF ENROLLMENT IN THE EDUCATIONAL SYSTEM, THE PROGRAM OF STUDY AND ANY OTHER INFORMATION REQUESTED BY THE COMMUNITY FOUNDATION OF ORANGE, INC. IN ORDER TO PROVE PROPER ENROLLMENT. GRANTS ARE AWARDED TO NOT-FOR-PROFIT ORGANIZATIONS FOR OPERATING EXPENSES, GIVING THE ORGANIZATIONS FLEXIBILITY FOR ITS USE. ALL GRANTS THAT ARE AWARDED ARE APPROVED BY THE GOVERNING BODY OF THE ORGANIZATION.

**Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	500			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	1,000			

**Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	1,000			
SCHOLARSHIP	1	1,250			
SCHOLARSHIP	1	1,250			
SCHOLARSHIP	1	2,000			
SCHOLARSHIP	1	2,000			
SCHOLARSHIP	1	2,000			
SCHOLARSHIP	1	2,000			
SCHOLARSHIP	1	2,000			
SCHOLARSHIP	1	2,000			

**Part II Continuation of Grants and Other Assistance to Individuals in the U.S. (Schedule I (Form 990), Part III.)**

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	1	2,000			
SCHOLARSHIP	1	2,000			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	2,500			
SCHOLARSHIP	1	1,577			
SCHOLARSHIP	1	3,000			
SCHOLARSHIP	1	3,000			



**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**Open to Public  
Inspection

Name of the organization

**COMMUNITY FOUNDATION OF ORANGE, INC.**

Employer identification number

**06-1551843****DOING BUSINESS AS - ADDITIONAL NAMES****SULLIVAN AND COMMUNITY FOUNDATION****OF SULLIVAN COUNTY****FORM 990, PART I, LINE 6**

**EACH VOLUNTER IS ASSIGNED TO A COMMITTEE OR SUBCOMMITTEE, SOMETIMES THEY ARE ALSO BOARD MEMBERS, SOMETIMES THEY ARE NOT. ALL VOLUNTEERS, ESPECIALLY THOSE ASSIGNED TO DEVELOPMENT SUBCOMMITTEES (MARKETING, PROFESSIONAL ADVISORS COUNCIL, SCHOOL DISTRICT INITIATIVE SUBCOMMITTEE) FOCUS ON RAISING AWARENESS OF THE GOOD WORK OF THE COMMUNITY FOUNDATION THROUGH EDUCATION AND EVENTS. SOME VOLUNTEERS ALSO SERVE ON THE DISTRIBUTION COMMITTEE WHICH IS RESPONSIBLE FOR OVERSEEING THE DISTRIBUTION OF GRANTS FROM CHARITABLE FUNDS AT THE COMMUNITY FOUNDATION.**

**FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS**

**THE MEMBERS OF THE ORGANIZATION CONSIST OF THE ORGANIZATION'S GOVERNING BODY.**

**FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS**

**A MOTION TO APPOINT NEW BOARD MEMBERS WILL BE PREPARED BY THE SECRETARY OF THE BOARD OF DIRECTORS OF THE ORGANIZATION AND PRESENTED DURING THE BOARD MEETING. ALL CURRENT BOARD MEMBERS WILL THEN VOTE DURING THE BOARD MEETING AS TO WHETHER ANY INDIVIDUALS NOMINATED SHOULD BE ADDED TO THE GOVERNING BODY OF THE ORGANIZATION.**

Name of the organization

COMMUNITY FOUNDATION OF ORANGE, INC.

Employer identification number

06-1551843

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990  
A COPY OF THE FEDERAL FORM 990 WILL BE GIVEN TO EACH MEMBER OF THE  
GOVERNING BODY DURING THEIR BOARD MEETING. EACH MEMBER WILL HAVE THE  
OPPORTUNITY TO REVIEW THE FEDERAL FROM 990 AND VOTE ON ITS APPROVAL PRIOR  
TO FILING WITH THE IRS.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
ALL MEMBERS OF THE GOVERNING BODY ARE REQUIRED ON AN ANNUAL BASIS TO FILE  
WITH THE ORGANIZATION AN ANNUAL DISCLOSURE STATEMENT SHOWING ANY POTENTIAL  
CONFLICTS OF INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
THE EXECUTIVE COMMITTEE REVIEWS EXECUTIVE DIRECTOR'S SALARY AS PART OF THE  
BUDGET PREPARATION PROCESS IN THE SPRING OF EACH YEAR. THE EXECUTIVE  
COMMITTEE VOTES TO ADOPT THE SALARY IN A DRAFT BUDGET PRIOR TO THE DRAFT  
BUDGET BEING PRESENTED TO THE FULL BOARD OF DIRECTORS AT THE MAY BOARD  
MEETING. IF THE FULL BOARD OF DIRECTORS APPROVES THE DRAFT BUDGET  
INCLUDING THE EXECUTIVE DIRECTOR'S SALARY, THE SALARY IS EFFECTIVE ON THE  
1ST OF JULY. THE SALARY LEVEL IS DETERMINED TAKING INTO ACCOUNT 1)  
COMPARATIVE INDUSTRY SALARY DATA, 2) COST OF LIVING, 3) THE ECONOMY AS A  
WHOLE, AND 4) THE FOUNDATION'S FINANCIAL SITUATION AS A WHOLE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
UPON REQUEST.

Form **4562**  
Department of the Treasury  
Internal Revenue Service (99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172  
**2008**  
Attachment  
Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **COMMUNITY FOUNDATION OF ORANGE, INC.** Identifying number **06-1551843**

Business or activity to which this form relates  
**INDIRECT DEPRECIATION**

**Part I Election To Expense Certain Property Under Section 179**  
**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
<b>(a) Description of property</b>		<b>(b) Cost (business use only)</b>	<b>(c) Elected cost</b>
6			
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>1,281</b>

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

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

**Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	<b>1,281</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

COMMUNITY FOUNDATION OF ORANGE, INC.06-1551843

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use:
27 Property used 50% or less in a qualified business use:
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles) (a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven
33 Total miles driven during the year. Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours? Yes No Yes No Yes No Yes No Yes No Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Yes No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions):
43 Amortization of costs that began before your 2008 tax year 43 244
44 Total. Add amounts in column (f). See the instructions for where to report 44 244

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>
STUDENT LOAN INTEREST INCOME	\$ 1,819		14	
INTEREST INCOME	128,879		14	
TOTAL	<u>\$ 130,698</u>			

**Federal Statements****Form 990, Part IX, Line 24f - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
FILING FEES	\$ 275	\$	\$ 275	\$
TOTAL	\$ 275	\$ 0	\$ 275	\$ 0

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
OSCAR GREENLEAF ESTATE	\$ 984,114	\$ 806,021
NELLIE MAZUR	200,000	21,907
JAMES OTTAWAY TRUST	100,000	
GERALD JACOBOWITZ	55,529	
MR. & MRS. R.J. SMITH	48,000	
BRUDERFHOF COMMUNITIES	10,000	
TAYLOR RECYCLING FACILITY LLP	15,000	
THE WARWICH SAVINGS FOUNDATION	30,000	
MR. JACQUES LEVINE	20,008	
WILLARD J. SCHADT ESQ.	10,208	
MR. & MRS. GERALD JACOBOWITZ	55,529	
WALDEN SAVINGS BANK	25,000	
EUSTANCE & HOROWITZ	26,174	
MRS. MARY WILLIAMSON	20,000	
CRYSTAL RUN HEALTHCARE LLP	10,000	
DR. KENNETH I. GUMAER, DVM (ESTATE O	50,000	
TD BANK NORTH	5,000	
ESTATE OF CATHERINE H. LIPPERT	133,942	
THE FIRST NATIONAL BANK OF JEFFERSON	5,000	
MR. HERBERT B. HAUSER	5,000	
THE NATIONAL FOOTBALL LEAGUE	5,000	
MR. PAUL B. HALPERN	5,000	
ROBERT GREEN CHEVROLET-OLDSMOBILE, I	5,000	
WOODSTONE DEVELOPMENT, LLC	5,000	
WURTSBORO FLIGHT MANAGEMENT LLC	5,000	
CONCORD ASSOCIATES LP	5,000	
THE MISNER AGENCY, INC.	5,000	
MRS. JOANN T. ATLAS	20,000	
MR. AND MRS. JOHN J. TAYLOR	10,704	
MR. WAYNE GEORGE	5,848	
MR. AND MRS. MARK FENTON	10,400	
ENGINE 84 LADDER 34 FIRE HOUSE FUND	6,480	
JIM TARAVELLA GOLF CLASSIC	10,000	
MR. ADAM S. HAYES	5,521	
OTHER	1,177,615	
TOTAL	<u>\$ 3,090,072</u>	<u>\$ 827,928</u>