

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 use a copy of this return to satisfy state reporting requirements.

A For the 2006 calendar year, or tax year beginning 7/01/06, and ending 6/30/07

- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
COMMUNITY FOUNDATION OF ORANGE COUNTY, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
23 WHITE OAK DRIVE

City or town, state or country, and ZIP + 4
CHESTER NY 10918

D Employer identification number
06-1551843

E Telephone number
845-469-4469

F Accounting method: Cash
 Accrual Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H and are not applicable to section 527 organizations. I
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates Yes No
- H(c)** Are all affiliates included? Yes No
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No
- I Group Exemption Number**
- M** Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: N/A

J Organization type
(check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,487,740**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	450,656		
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 450,656 noncash \$)	1e		450,656	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		41,201	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		3,412	
	5 Dividends and interest from securities	5		101,809	
	6a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	748,962	8a	
	b Less: cost or other basis and sales expenses		736,555	8b	
	c Gain or (loss) (attach schedule)		12,407	8c	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)		SEE STMT 1	8d	12,407
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ of contributions reported on line 1b)	9a	141,700		
	b Less: direct expenses other than fundraising expenses	9b	77,530		
	c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		64,170	
Revenue	10a Gross sales of inventory, less returns and allowances	10a			
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
	11 Other revenue (from Part VII, line 103)	11			
	12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		673,655	
Expenses	13 Program services (from line 44, column (B))	13	185,264		
	14 Management and general (from line 44, column (C))	14	80,761		
	15 Fundraising (from line 44, column (D))	15	71,514		
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17		337,539	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18	336,116		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	2,718,149		
	20 Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	274,801	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		3,329,066	

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) STMT 3 (cash \$ 67,550 non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	67,550	67,550	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) SEE STATEMENT 4	25a	81,726	16,345	24,518
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	41,390	20,165	14,582
27 Pension plan contributions not included on lines 25a, b, and c	27	1,972	415	623
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29	11,189	3,316	3,565
30 Professional fundraising fees	30			
31 Accounting fees	31	12,663	12,663	
32 Legal fees	32	448	448	
33 Supplies	33	7,875	3,938	3,150
34 Telephone	34	3,747	1,686	1,499
35 Postage and shipping	35			
36 Occupancy	36	6,000	3,000	1,800
37 Equipment rental and maintenance	37			
38 Printing and publications	38	8,979	3,592	3,592
39 Travel	39	7,021	1,478	3,326
40 Conferences, conventions, and meetings	40	6,024	2,711	2,410
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	839	383	317
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 5	43a	80,116	60,685	8,268
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	337,539	185,264	80,761

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;

(iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a 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.

(Grants and allocations \$ **67,550**)

If this amount includes foreign grants, check here ▶

185,264

b

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

185,264

Form **990** (2006)

Part IV Balance Sheets (See the instructions.)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
Assets	45	Cash-non-interest-bearing	14,096	45	19,304
	46	Savings and temporary cash investments	176,240	46	138,388
	47a	Accounts receivable	56,600		
	b	Less: allowance for doubtful accounts		47c	56,600
	47b		37,481		
	48a	Pledges receivable	94,250		
	b	Less: allowance for doubtful accounts		48c	94,250
	48b		185,500		
	49	Grants receivable		49	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less: allowance for doubtful accounts		51c	
	51b			52	
	52	Inventories for sale or use		53	
	53	Prepaid expenses and deferred charges		53	
	54a	Investments—publicly-traded securities SEE STATEMENT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,163,348	54a	4,289,573
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55a	Investments—land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c		
55b			56		
56	Investments—other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	7,084			
b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 8	6,683	1,010	57c	401
57b					
58	Other assets, including program-related investments (describe SEE STATEMENT 9)	2,521	58	2,278	
59	Total assets (must equal line 74). Add lines 45 through 58	3,580,196	59	4,600,794	
Liabilities	60	Accounts payable and accrued expenses	1,077	60	5,904
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe SEE STATEMENT 10)	860,970	65	1,265,824
	66	Total liabilities. Add lines 60 through 65	862,047	66	1,271,728
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	299,784	67	245,324
	68	Temporarily restricted	181,384	68	253,418
	69	Permanently restricted	2,236,981	69	2,830,324
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21))	2,718,149	73	3,329,066
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	3,580,196	74	4,600,794

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c		
d	Section 162(e) lobbying and political expenditures		
	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
	86a		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 \blacktriangleright 0 ; section 4912 \blacktriangleright 0 ; section 4955 \blacktriangleright 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 \blacktriangleright 0		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization \blacktriangleright 0		
89c			
89d			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89f			
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
89g			
90a	List the states with which a copy of this return is filed \blacktriangleright NY		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	3
91a	The books are in care of \blacktriangleright KAREN VAN HOUTEN Telephone no. \blacktriangleright 845-469-4469 23 WHITE OAK DRIVE Located at \blacktriangleright CHESTER, NY ZIP + 4 \blacktriangleright 10918		
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)? If "Yes," enter the name of the foreign country \blacktriangleright		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
		Yes	No
	91b		X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92** |

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a ADMINISTRATIVE FEES					41,201
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,412	
96 Dividends and interest from securities			14	101,809	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	12,407	
101 Net income or (loss) from special events			1	64,170	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		181,798	41,201
105 Total (add line 104, columns (B), (D), and (E))					222,999

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	ADMINISTRATIVE FEES CHARGED FOR ADMINISTRATION OF ACCOUNTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		X

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		X

(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No

Please Sign Here

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.

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

Paid Preparer's Use Only	Preparer's signature: _____	Date: 11/05/07	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X): _____
	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 Statements About Activities (See page 2 of the instructions.)

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities (Yes: 1, No: X); 2. Substantial contributors (Yes: 2a-2e, No: X); 3a. Grants (Yes: X, No: SEE STATEMENT 14); 3b. 403(b) annuity plan (Yes: X, No:); 3c. Conservation easements (Yes: 3c, No: X); 3d. Credit counseling (Yes: 3d, No: X); 4a. Donor advised funds (Yes: 4a, No: X); 4b. Taxable distributions (Yes: 4b, No:); 4c. Distribution to donor (Yes: 4c, No:); 4d. Total number of donor advised funds (Yes: 0, No:); 4e. Aggregate value of assets (Yes: 0, No:); 4f. Separate funds (Yes: 0, No:); 4g. Aggregate value of assets (Yes: 0, No:)

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Intergrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	303,729	1,347,642	364,745	1,088,816	3,104,932
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	101,651	121,314	33,693		256,658
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	74,530	78,301	7,359	23,595	183,785
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	479,910	1,547,257	405,797	1,112,411	3,545,375
24 Line 23 minus line 17	378,259	1,425,943	372,104	1,112,411	3,288,717
25 Enter 1% of line 23	4,799	15,473	4,058	11,124	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	65,774
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	3,288,717
d Add: Amounts from column (e) for lines: 18 <u>183,785</u> 19 _____	26d	183,785
22 _____ 26b _____	26e	3,104,932
e Public support (line 26c minus line 26d total)	26e	3,104,932
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	94.4117%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2005) _____ (2004) _____ (2003) _____ (2002) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A

(2005) _____ (2004) _____ (2003) _____ (2002) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____	27c	
17 _____ 20 _____ 21 _____	27d	
d Add: Line 27a total _____ and line 27b total _____	27e	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is-			
Not over \$500,000	20% of the amount on line 40		
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	41	
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

- (i) Cash
(ii) Other assets

b Other transactions:

- (i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes No (X)

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

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

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization
COMMUNITY FOUNDATION OF ORANGE
COUNTY, INC.

Employer identification number
06-1551843

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not 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 \$5,000 or 2% of the amount on line 1 of these forms. (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** check the box in the heading of their Form 990, 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 Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization

COMMUNITY FOUNDATION OF ORANGE

Employer identification number

06-1551843**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	<u>JAMES H. OTTAWAY TRUST</u> <u>PO BOX 401</u> <u>CAMPBELL HALL NY 10916</u>	\$ <u>37,500</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	<u>MR. AND MRS. R.J. SMITH</u> <u>55 MAIN STREET</u> <u>PO BOX 668</u> <u>PINE BUSH NY 12566</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	<u>RALPH E. OGDEN FOUNDTION, INC.</u> <u>PO BOX 290</u> <u>MOUNTAINVILLE NY 10953</u>	\$ <u>35,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>	<u>THE WARWICK SAVINGS FOUNDATION</u> <u>28 RAILROAD AVENUE</u> <u>WARWICK NY 10990</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>	<u>OSCAR B. GREENLEAF ESTATE</u> <u>17 EAST MAIN STREET</u> <u>PO BOX 1114</u> <u>PORT JERVIS NY 12771</u>	\$ <u>142,484</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>	<u>STATE OF NY DEPT. OF TAXATION AND</u> <u>PO BOX 22119</u> <u>ALBANY NY 12201</u>	\$ <u>20,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

COMMUNITY FOUNDATION OF ORANGE

Employer identification number

06-1551843**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>	<u>MR. AND MRS. GERALD JACOBOWITZ</u> <u>158 ORANGE AVENUE</u> <u>PO BOX 367</u> <u>WALDEN NY 12586</u>	\$ <u>55,529</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>8</u>	<u>WALDEN SAVINGS BANK</u> <u>15 SCOTT'S CORNERS DRIVE</u> <u>MONTGOMERY NY 12549</u>	\$ <u>20,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>9</u>	<u>EUSTANCE & HOROWITZ</u> <u>PO BOX 42</u> <u>CIRCLEVILLE NY 10919</u>	\$ <u>26,174</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>10</u>	<u>MRS. MARY WILLIAMSON</u> <u>28 POINTS OF VIEW</u> <u>WARWICK NY 10990</u>	\$ <u>10,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>11</u>	<u>GERRY FOUNDATION INC.</u> <u>PO BOX 311</u> <u>LIBERTY NY 12754</u>	\$ <u>25,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>12</u>	<u>JONATHAN GEORGE CONCERT FOUNDATIONS</u> <u>29 HAMPSHIRE DRIVE</u> <u>WASHINGTONVILLE NY 10992</u>	\$ <u>9,417</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

COMMUNITY FOUNDATION OF ORANGE

Employer identification number

06-1551843**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	THE DYSON FOUNDATION 25 HALCYON ROAD MILLBROOK NY 12545	 \$ <u>20,000</u>	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.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
PUBLICLY TRADED SECURITIES								
					\$ 748,962	\$ 736,555	\$	\$ 12,407
TOTAL					<u>\$ 748,962</u>	<u>\$ 736,555</u>	<u>\$ 0</u>	<u>\$ 12,407</u>

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ 207,075
PRIOR PERIOD ADJUSTMENT	67,726
TOTAL	<u>\$ 274,801</u>

Federal Statements

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations

Name Address	Date of Gift	Relationship to Org	Description of Property	Class of Activity			BV Explantr	FMV Explantr
				Cash Contrib	NonCash Contrib	Book Value		
SUNY ORANGE			NONE		MAZUR SCHOLARSHIP			
				\$ 750	\$	\$		
SUNY ORANGE			NONE		COEN SCHOLARSHIP			
				300				
SUNY CORTLAND			NONE		FELLER SCHOLARSHIP			
				1,000				
MARIST COLLEGE			NONE		GREENLEAF SCHOLARSHI			
				2,500				
IONA COLLEGE			NONE		WILLIAMSON SCHOLARSH			
				1,000				
FAIRFIELD UNIVERSITY			NONE		WILLIAMSON SCHOLARSH			
				1,000				
EAST STROUDSBURGH			NONE		SCHOLARSHIP-ROHRER			
				2,500				
CORNELL UNIVERSITY			NONE		SCHOLARSHIP-CRIST			
				4,000				
STEVENS INSTITUTE			NONE		SCHOLARSHIP-DE WAN			
				500				
SUNY ALBANY			NONE		SCHOLARSHIP-BIRMINGH			
				2,500				
ELIZABETHTOWN COLLEGE			NONE		SCHOLARSHIP-DERKACZ			
				2,500				
UNIVERSITY OF PENNSYLVANIA			NONE		FOLEY SCHOLARSHIP			
				2,000				
SUNY BINGHAMTON			NONE		GREENLEAF SCHOLARSHI			
				2,500				
MOUNT SAINT MARY COLLEGE			NONE		GREENLEAF SCHOLARSHI			
				2,500				
ST. LAWRENCE UNIVERSITY			NONE		QUINN SCHOLARSHIP			
				500				
ITHACA COLLEGE			NONE		MOULTON SCHOLARSHIP			
				250				
SUNY BUFFALO			NONE		BRATTON SCHOLARSHIP			
				2,500				

Federal Statements

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explntn
SUNY ORANGE	NONE	PINE BUSH ALUMNI SCH	\$ 500	\$			
NORWALK COMMUNITY COLLEGE	NONE	RJM SCHOLARSHIP	1,000				
NEW YORK INSTITUTE OF TECHNOLOGY	NONE	JC SMITH SCHOLARSHIP	500				
DARTMOUTH COLLEGE	NONE	GREENLEAF SCHOLARSHI	2,500				
ORANGE COUNTY LAND TRUST	NONE	KASSEL FUND	250				
HOFSTRA UNIVERSITY SCHOOL OF LAW	NONE	RESCUE 3 SCHOLARSHIP	2,000				
ITHACA COLLEGE	NONE	NORTHRIP SCHOLARSHIP	4,000				
ITHACA COLLEGE	NONE	FOLEY SCHOLARSHIP	2,000				
SOUTHERN CONNECTICUT STATE UNIVERSI	NONE	FOLEY SCHOLARSHIP	2,000				
HOOPS EXPRESS, INC.	NONE	HOOPS EXPRESS GRANT	10,000				
PENNSYLVANIA STATE UNIVERSITY	NONE	SALLY EICKMEYER SCHO	2,500				
MOUNT SAINT MARY COLLEGE	NONE	INTRANUOVO SCHOLARSH	2,500				
SUNY CORTLAND	NONE	FELLER SCHOLARSHIP	1,000				
SUNY CORTLAND	NONE	FELLER SCHOLARSHIP	1,000				
GIBSON T. CRAIG	NONE	FOLEY SCHOLARSHIP	2,000				
DARTMOUTH COLLEGE	NONE	GREENLEAF SCHOLARHIP	2,500				
QUINNIPIAC UNIVERSITY	NONE	SCHOLARSHIP-KERLEY	500				

Federal Statements

Statement 3 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantr	FMV Explantr
CAMPBELL UNIVERSITY	NONE	SCHOLARSHIP-KURZUM			\$ 500	\$	\$		
SUNY POTSDAM	NONE	SCHOLARSHIP-LOMOLINO			500				
UNITED STATES COAST GUARD ACADEMY	NONE	SCHOLARSHIP-SHADWICK			500				
SIENA COLLEGE	NONE	SCHOLARSHIP-GROSSO			500				
TOTAL					<u>\$ 67,550</u>	<u>\$ 0</u>	<u>\$ 0</u>		

Statement 4 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	\$	\$	\$
KAREN A. VAN HOUTEN COMPENSATION	16,345	24,518	40,863
TOTAL	<u>\$ 16,345</u>	<u>\$ 24,518</u>	<u>\$ 40,863</u>

Federal Statements**Statement 5 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
ADMINISTRATIVE FEES	29,050	29,050		
ANNUAL RECEPTION	1,707			1,707
INVESTMENT MANAGEMENT FEES	18,874	18,874		
OTHER PROFESSIONAL FEES				
SPECIAL EVENTS	7,069			7,069
COMPUTER SOFTWARE	5,974	2,987	1,792	1,195
INSURANCE	5,644	4,233	1,411	
ADVERTISING	7,943	3,574	3,177	1,192
PROGRAM EXPENSES	1,967	1,967		
FILING FEES	275		275	
PAYROLL SERVICE FEES	1,613		1,613	
TOTAL	<u>\$ 80,116</u>	<u>\$ 60,685</u>	<u>\$ 8,268</u>	<u>\$ 11,163</u>

Statement 6 - Form 990, Part III - Organization's Primary Exempt Purpose

TO BE A CONDUIT FOR CHARITABLE GIVING BETWEEN
PHILANTHROPICALLY MINDED DONORS, NOT FOR PROFIT
ORGANIZATIONS AND CHARITABLE PROJECTS IN ORANGE COUNTY, NY.

Federal Statements**Statement 7 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT PUBLICLY TRADED SECURITIES	\$ 1,155,084	\$ 1,713,371	MARKET
CORPORATE STOCK PUBLICLY TRADED SECURITIES	1,904,989	2,470,618	MARKET
CORPORATE BONDS PUBLICLY TRADED SECURITIES	103,275	105,584	MARKET
TOTAL	<u>\$ 3,163,348</u>	<u>\$ 4,289,573</u>	

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
OFFICE EQUIPMENT	\$ 7,084	\$ 6,074	\$ 7,084	\$ 6,683
TOTAL	<u>\$ 7,084</u>	<u>\$ 6,074</u>	<u>\$ 7,084</u>	<u>\$ 6,683</u>

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
LOGO & WEBSITE LESS ACCUM. AMORTIZAT	\$ 2,521	\$ 2,278
TOTAL	<u>\$ 2,521</u>	<u>\$ 2,278</u>

Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
AGENCY ENDOWMENTS	\$ 860,970	\$ 1,265,824
TOTAL	<u>\$ 860,970</u>	<u>\$ 1,265,824</u>

Federal Statements**Statement 11 - Form 990, Part IV-A - Other Revenue Included on Return**

Description	Amount
SPECIAL EVENT EXPENSES	\$ -77,530
TOTAL	\$ -77,530

Statement 12 - Form 990, Part IV-B - Other Expenses included on Return

Description	Amount
SPECIAL EVENT EXPENSES	\$ -77,530
TOTAL	\$ -77,530

Federal Statements

Statement 13 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
ANN BARBER SMITH 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
KAREN VANHOUTEN 23 WHITE OAK DRIVE CHESTER NY 10918	EXEC. DIRECT	65	81,726	0	0
ANNE MOSS 23 WHITE OAK DRIVE CHESTER NY 10918	ASST. SECR.	4	0	0	0
CHRIS ASHMAN 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
DAVID COCKS 23 WHITE OAK DRIVE CHESTER NY 10918	VICE PRES	4	0	0	0
DAVID HAWKINS 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
DEBBIE BOGDANSKI 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
DERRIK WYNKOOP 23 WHITE OAK DRIVE CHESTER NY 10918	TREASURER	4	0	0	0
ERIKA U. LEAL 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0

Federal Statements

Statement 13 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
GERALD JACOBOWITZ 23 WHITE OAK DRIVE CHESTER NY 10918	VICE PRES	4	0	0	0
JONAH MANDELBAUM 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
KATHARINE FITZGERALD 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
MICHAEL BONURA 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
NORMA SCHADT 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
RICHARD J. SMITH 23 WHITE OAK DRIVE CHESTER NY 10918	PRESIDENT	4	0	0	0
ROBERT A. ONOFRY 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
ROLLAND PEACOCK 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
SANDY LEONARD 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0

Federal Statements

Statement 13 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
WILLIAM BRATTON 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
WILLIAM DEVITT 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
WILLIAM VACCA 23 WHITE OAK DRIVE CHESTER NY 10918	SECRETARY	4	0	0	0
DOROTHY FEIN 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
JOANNE GROSS 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
HOWARD MILLS 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
JOSH SOMMERS 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0
JOE VANDERHOOF 23 WHITE OAK DRIVE CHESTER NY 10918	DIRECTOR	4	0	0	0

Statement 14 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications

Description

SCHOLARSHIP APPLICATIONS ARE ACCEPTED FROM STUDENTS OF VARIOUS SCHOOL DISTRICTS. COMMITTEES DETERMINE THE CANDIDATES THAT WILL RECEIVE SCHOLARSHIPS.

Depreciation and Amortization
(Including Information on Listed Property)

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

Name(s) shown on return **COMMUNITY FOUNDATION OF ORANGE COUNTY, 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	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 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 2007. 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 allowance for qualified New York Liberty or Gulf Opportunity Zone 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	341

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 2006	17	267
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 2006 Tax Year Using the General Depreciation System

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

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	608
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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? 24b If "Yes," is the evidence written? 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property... 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... 29 Add amounts in column (i), line 26...

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) 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? 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? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 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.)

Part VI Amortization

42 Amortization of costs that begins during your 2006 tax year (see instructions): 43 Amortization of costs that began before your 2006 tax year 44 Total. Add amounts in column (f). See the instructions for where to report

Depreciation and Amortization
(Including Information on Listed Property)

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

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

Business or activity to which this form relates
THOMAS J. FOLEY MEMORIAL

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	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 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 2007. 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 allowance for qualified New York Liberty or Gulf Opportunity Zone 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	

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 2006	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B-Assets Placed in Service During 2006 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					
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e	15-year property					
f	20-year property					
g	25-year property		25 yrs.		S/L	
h	Residential rental property		27.5 yrs.	MM	S/L	
i	Nonresidential real property		39 yrs.	MM	S/L	

Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	
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	

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? 24b If "Yes," is the evidence written? 25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property... 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... 29 Add amounts in column (i), line 26...

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Part VI Amortization

42 Amortization of costs that begins during your 2006 tax year (see instructions): 43 Amortization of costs that began before your 2006 tax year 44 Total. Add amounts in column (f). See the instructions for where to report